PRINTED: 10/28/2020
FORM APPROVED

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0090	A. BUILDING: _____ B. WING _____	C 09/10/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PROMISE HOUSE	1320 LITCHFIELD DR HIAWATHA, IA 52233

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments Assisted Living Programs for People with Dementia are defined by the population served. The census numbers were provided by the Program at the time of the on-site. Memory Care Unit Number of tenants without cognitive disorder: 2 Number of tenants with cognitive disorder: 12 TOTAL Census of Assisted Living Program for People with Dementia : 14 The following regulatory insufficiencies were cited during the investigation into Complaints #92749-C, #92753-C, #92756-C, #92757-C, #92758-C and #92759-C.	A 000	This shall serve as a credible allegation of compliance. All deficiencies will be corrected by the completion date. V 11/17/20	11/28/2020
A 023	481-67.4(2) Program Notification to Department 481-67.4(231B,231C,231D) Program notification to the department. The director or the director's designee shall be notified within 24 hours, or the next business day, by the most expeditious means available: 67.4(2) When damage to the program is caused by a natural or other disaster. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the program failed to notify the department of damage to the building following a natural disaster. Findings follow: Observation of the building conducted on 8/14/20 at 12:20 PM. with the Director and Assistant Director of Nursing revealed work being	A 023	Promise House will notify the DIA within 24 hours or the next business day by the most expeditious means available when the program is damaged by natural or other disaster. Compliance shall be maintained by the QA committee routinely checking to assure proper notification is completed.	11/28/2020

11/17/20

PRINTED: 10/28/2020
FORM APPROVED

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0090	A. BUILDING: _____ B. WING _____	C 09/10/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PROMISE HOUSE	1320 LITCHFIELD DR HIAWATHA, IA 52233

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 023	Continued From page 1 completed on the roof of the building following a storm which occurred on 8/10/20. The storm left the building without power, and as of 8/14/20 power had not been restored. The building also sustained water damage to apartments 102, 103, 104 and 206, according to the Director. Carpet had been removed from these apartments and the hallways. Additional observations revealed a strong odor in room 206. The tenant's belongings were still in the apartment. On 8/14/20 at 3:25 PM, the Administrator confirmed the Department had not been notified by the Program of the damage to the building.	A 023		
A 154	481-69.35(1)b Structural Requirements 481-69.35(231C) Structural requirements. 69.35(1) General requirements. b. The buildings and grounds shall be well-maintained, clean, safe and sanitary. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to provide a safe and sanitary environment for 14 of 14 tenants residing in the Program. Findings follow: Record review on 8/19/20 revealed an Offence/Incident report, dated 8/13/20 at 12:45 a.m., submitted to the Hiawatha Police department. The report noted living conditions at the facility had worsened since a severe storm went through Cedar Rapids on 8/10/20, knocking out power to the entire area. The officer who responded to the facility was met by Staff A. When the officer entered the building, it was	A 154	Promise House will continue to keep the building and grounds well maintained, clean, safe and sanitary. Compliance shall be maintained by the QA committee monitoring and assuring that all measures are taken to keep the facility safe, clean, and well maintained.	11/28/2020

PRINTED: 10/28/2020
FORM APPROVED

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0090	A. BUILDING: _____ B. WING _____	C 09/10/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PROMISE HOUSE	1320 LITCHFIELD DR HIAWATHA, IA 52233

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 154	Continued From page 2 completely dark and smelled of mold, which could be smelled through his mask. They walked through the east side of the building. In the first room they entered a tenant slept in a bed, which had been moved away from the wall due to water and wet carpet. The officer documented he could hear water on the carpet as he walked. Staff B noted there had been standing water in the room since 8/10/20. The officer was then shown a laundry room, which was filled with soiled clothing and linens. The musty smell was stronger in that room than in the hallway, although he noted in the report it was strong throughout the entire facility. They then walked into another room with soaked carpet and standing water. They entered a shower room which had experienced a sewage backup that came through the drain. The officer witnessed brown, foul smelling material on the floor surrounded by standing water. The officer was then shown another bedroom that had standing water. The officer saw damage to the east wall of the dining room from the ceiling to the wooden rail. The officer then was shown the west wing of the facility. He noted it smelled musty and the carpet soaked. At the end of the hallway there appeared to be water damage on the wall as it was discolored and ran down the wall in streaks. They walked into one room which was soaked and Staff A reported she moved a tenant from that room. The officer noted the floors were wet and slippery and the tenant had been sleeping on top of a puddle of water. According tot he report, Staff B reported she told her supervisors the generators weren't working, but they told her to just wait it out until morning. The officer asked the staff to call the supervisors to come on site. The Assistant Director of Nursing arrived on the scene and reported there had been no standing water in the building when she left for the day. The officer showed her the affected	A 154		

PRINTED: 10/28/2020
FORM APPROVED

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0090	A. BUILDING: _____ B. WING _____	C 09/10/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PROMISE HOUSE	1320 LITCHFIELD DR HIAWATHA, IA 52233

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 154	Continued From page 3 rooms with standing water. The Assistant Director of Nursing reported a clean up company would be working on the building the following day. She reported the drywall and carpet would be removed sometime in the future. According to the report, the Assistant Director of Nursing also told the officer Roto Rooter fixed the sewage back up in the shower room and second shift workers were to have cleaned up the mess. Staff A denied being asked to clean up the shower room to the officer. On 9/10/20 at 10:08 AM a representative of Roto Rooter reported they were contacted on 8/13/20 by the program to deal with a sewage issue, which they addressed on 8/13/20. When interviewed on 8/14/20 at 4:00 p.m. Staff A reported there had been no lighted exit signs in the building. She felt she had to contact the police on 8/13/20 due to the tenants feeling sick. She knew she felt sick and was aware of at least two tenants experiencing visual signs of illness which was runny noses. Staff A reported Tenant #1 slept in her room on 8/13/20 while there was standing water on the floor. During an interview on 8/17/20 at 7:54 p.m., Staff C reported being very upset there were no lights or air conditioning for the tenants following the storm on 8/10/20. Staff C was concerned there were no lights at the facility overnight. She stated there was a terrible odor at the facility. Tenants who had rooms affected by water damage were allowed to sleep in the living room because of the condition of the their rooms; however Tenant #2 was kept in his room despite the water in it. Staff C reported when Tenant #4 took a shower last week and reported to her it was cold due to not having any hot water. While receiving the shower,	A 154		

PRINTED: 10/28/2020
FORM APPROVED

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0090	A. BUILDING: _____ B. WING _____	C 09/10/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PROMISE HOUSE	1320 LITCHFIELD DR HIAWATHA, IA 52233

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 154	Continued From page 4 sewage backed up all over Staff D's shoes. Staff D told Staff C they had to give everyone showers, even though there was no hot water. Staff C stated her concern was the safety of the tenants because she didn't think others would have done this to their family members. When interviewed on 8/14/20 at 1:45 p.m. Staff D reported the smell in the building improved once the carpets were removed from the building on 8/14/20. She stated she experienced a headache and itchy eyes following her eight hour shifts at the facility. Staff D stated she believed it was worse for the tenants of the program, although they didn't have the words to tell her how they felt due to their cognitive impairment. When interviewed on 8/14/20 at 2:45 p.m. Staff E reported she did not think it was right for the tenants to be living at the program while it did not have power. She said if it was up to her, the tenants would be relocated. Staff E was concerned because the tenants were receiving cold showers and the building did not have alarms on the doors. She was aware of two tenants who had falls during the night. Staff E reported there were no running lights or emergency lights at the program during the night. The only lights available were from staffs' flash lights. There were residents who were independent with toileting who tried to get up to use the bathroom. It was pitch black in their rooms. Tenant #1 and Tenant #3 were upset by the conditions at the program. On 8/14/20 at 2:30 p.m., Staff F reported she worked on the west side of the building and smelled like mold. She reported they were keeping many of the tenants in the living room to sleep.	A 154		

PRINTED: 10/28/2020
FORM APPROVED

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0090	A. BUILDING: _____ B. WING _____	C 09/10/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PROMISE HOUSE	1320 LITCHFIELD DR HIAWATHA, IA 52233

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 154	Continued From page 5 When interviewed on 8/14/20 at 1:00 p.m. Staff G reported the past few days at the program had been awful. She said the roofers working on the building pulled up the carpeting that morning. Tenant #1 slept in her apartment until 8/12/20 at which time she began sleeping in the living room due to wetness on her carpet. On 8/14/20 at 1:25 p.m., Staff H reported there had been a smell in the facility. She didn't notice it on Monday, but did so by Tuesday afternoon and Wednesday. Staff H stated apartments 102, 103, 104 and 206 received the most water damage. They put flash lights in the apartments of two tenants who were independent with toileting so they had lights if they needed to get up at night. When interviewed on 8/14/20 at 3:05 p.m. Staff I reported the smell in the building was horrendous before the wet carpet was removed on 8/14/20. She described the tenants as having snotty noses due to the conditions in the building. Staff I stated it was pitch black at night except for light from employee's flash lights from Monday through Wednesday at which time the program got a generator and a lamp was plugged in in the living room. She stated tenants who got up in the middle of the night had no light and were unable to see in their rooms She recalled two residents fell during the night. Staff I described the conditions as unsafe. When interviewed on 8/14/20 at 12:20 p.m. Staff J reported tenants slept in their apartments with water saturated carpet until 8/13/20. She said each day the smell in the building got worse until the carpet was removed on 8/14/20. Staff J was especially concerned about the smell of mold in apartments 106, 107 and 110. She stated in	A 154		

PRINTED: 10/28/2020
FORM APPROVED

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0090	A. BUILDING: _____ B. WING _____	C 09/10/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PROMISE HOUSE	1320 LITCHFIELD DR HIAWATHA, IA 52233

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 154	Continued From page 6 Apartment 206 the carpeting was still wet and in place at the time of the interview. Upon observation, there was a strong odor coming from apartment 206. Staff K reported on 8/14/20 at 12:40 p.m. she worked on 8/11/20 and noticed an odor. She said she felt sick every day she worked after that date. Staff K said once the carpet was removed from the apartments on 8/14/20, staff mopped the rooms and the smell improved. Staff K said they assisted tenants to shower and toilet in the pitch black and the tenants were scared. She said staff were supposed to be advocates for the tenants and she did not feel they were doing so. Staff K described a couple of tenants as acting in a lethargic manner. When she reported this to her supervisors she said she was told to give them water. On 8/18/20 at 5:21 p.m., Staff L stated she was concerned by the condition of the facility because at night it was totally dark. The exit signs were not lit. She said the tenants had no flash lights in their rooms, even the ones who were independent with toileting. She stated two tenants slept in their rooms with water on the carpet, a strong mold smell and the temperature in the building was 88 degrees. Staff L described the tenants as hot and sweating during the days without electricity. She believed there should have been a back up plan for the tenants. Staff L said there was feces in the shower due to the sewage back up for 2-3 days. Her supervisor told her to shut the door. Record review on 8/26/20 revealed a Fall Scene Investigation Report for Tenant #5 dated 8/13/20. Tenant #5 was found on the floor of his room at 10:15 p.m.	A 154		

PRINTED: 10/28/2020
FORM APPROVED

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0090	A. BUILDING: _____ B. WING _____	C 09/10/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PROMISE HOUSE	1320 LITCHFIELD DR HIAWATHA, IA 52233

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 154	Continued From page 7 A Fall Scene Investigation Report was completed for Tenant #6 on 8/11/20 at 6:00. Tenant #6 reported she was going to the bathroom when she fell. Tenant #6 experienced another fall on 8/13/20 at 9:30 p.m. She was found on the floor of her bedroom. Tenant #6 reported she lost her balance and was found with a bump on the top of her head. The Administrator put strings of Christmas lights along the hallways on 8/14/20 so lighting was available for staff and tenants if exit was needed at night. The Assistant Director of Nursing reported power was restored to the facility on 8/15/20. The Director and Assistant Director of Nursing acknowledged these findings on 9/10/20 at 1:35 p.m.	A 154		