

ok

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/28/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PEARL CITY PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 2807 CEDAR ST MUSCATINE, IA 52761
---	---

(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	<p>Initial Comments</p> <p>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.</p> <p>Number of tenants without cognitive disorder: 29 Number of tenants with cognitive disorder: 6</p> <p>Total census: 35</p> <p>The following regulatory insufficiencies were cited during the investigation into Complaint #110531-C, Complaint #111252-C and Incident #109321-I.</p>	A 000	<p>POC 5/5/23</p>	
A 150	<p>481-67.2(3) Program Policies and Procedures</p> <p>67.2(3) The program shall follow the policies and procedures established by the program.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the program failed to follow established policy regarding pets. This pertained to 1 of 3 tenant apartments observed (Tenant #1). Findings follow:</p> <p>A tour of tenant apartments with the Director on 2/23/23 revealed no concerns until the viewing of apartment 112 at 1:49 PM. The Director informed the monitor prior to entering the apartment there would be a very strong odor as the tenant had an older dog who suffered from incontinence. The Director reported the housekeeper did weekly deep cleaning. Staff also took the tenant's dog out for walks and to use the bathroom.</p>	A 150	<p>POC- reevaluate service plans of residents who have pets on site immediately x1. Then every 90 days with reevaluation of service plans. Pet agreements will also be reviewed during admission process. Results of all observations/audits will be brought to the QA committee for review and action plans developed if indicated.</p>	<p>Implemented- 5/1/2023</p> <p>Completed- Ongoing</p>

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/28/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PEARL CITY PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 2807 CEDAR ST MUSCATINE, IA 52761
---	---

(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 150	<p>Continued From page 1</p> <p>Upon observation, the apartment had little furniture. The dog was laying on the floor. There was no visible excrement on the floor but there was a strong odor.</p> <p>When interviewed on 2/28/23 at 10:50 AM, Staff C reported a concern regarding the cleanliness of Tenant #1's apartment. She suggested Tenant #1 get an air purifier due to the odor. She wore a mask in the apartment as she got a scratchy feeling in her throat. Staff took his dog out for toileting. As soon as they got him back in, he would go to the bathroom inside. Tenant #1 might leave clothing on the floor and the dog soiled it.</p> <p>On 2/28/23 at 2:48 PM, Staff D reported concern regarding Tenant #1's pet. She noted the dog was blind and deaf. It had snapped at them. It urinated in the apartment. She felt the carpet was so soaked with urine, she didn't think the odor would come out.</p> <p>On 2/28/23 at 3:10 PM, Staff B referred to Tenant #1's apartment as disgusting. She noted she had shared her concerns with the Director.</p> <p>Record review revealed the program's pets policy noted the Resident's pet shall not be allowed if the pet has been found to cause damage to property or created unacceptable odors.</p> <p>On 2/28/23 at 3:25 PM, the Director confirmed she was aware of the concerns and Tenant #1 was not following the program's pet policy.</p>	A 150		
A 160	481-67.3(2) Tenant Rights	A 160		

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/28/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PEARL CITY PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 2807 CEDAR ST MUSCATINE, IA 52761
---	---

(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 160	<p>Continued From page 2</p> <p>481-67.3 Tenant rights. All tenants have the following rights:</p> <p>67.3(2) To receive care, treatment and services which are adequate and appropriate.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interviews and record review, the Program failed to ensure staff received adequate and appropriate care as directed by the service plan. This pertained to 1 of 1 discharged tenants (Tenant C1). Findings follow:</p> <p>Record review on 2/28/23 revealed Tenant C1 had an incident report dated 11/13/22 at 1:10 PM. Tenant C1 had a fall in the public restroom and was observed on the floor. She reported pain to her right hip. The CNA was taking Tenant C1 to the bathroom when the tenant refused to change her clothing. The CNA left to grab the phone to get assistance. Tenant C1 began walking out of the bathroom by herself, lost her balance, stumbling backwards and fell on her right hip. Tenant C1 only reported pain to her left leg. A towel was placed under her head and the CNA called for help.</p> <p>Tenant C1 had a service plan dated 10/28/22. The service plan noted under toileting, the tenant had a history of refusing cares. Staff were to approach Tenant C1 in a calm voice. If she continued to refuse assistance, re-attempt at a later time or re-approach with a different staff member. With mobility, it noted, "she is one to one with a caregiver during ambulation and cares. She will follow cues once she is up and</p>	A 160	<p>Service plans are evaluated prior to admit, 30 days after admission, 14 days after a continuous change in condition, and per Omega service plans-every 90 days. The Communication book for staff has the Resident service summary and these are updated on a PRN basis. POC - is to audit service agreements on 8 residents weekly x4weeks then monthly visual observations on resident cares x10. Results of all observations/audits will be brought to the QA committee for review and action plans developed if indicated.</p>	<p>Implemented 5/1/2023</p> <p>Completed-Ongoing</p>
-------	--	-------	--	--

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/28/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PEARL CITY PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 2807 CEDAR ST MUSCATINE, IA 52761
---	---

(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 160	<p>Continued From page 3</p> <p>walking".</p> <p>On 2/28/23 at 11:45 AM, former Staff A stated she took Tenant C1 to the public bathroom because the tenant was soiled. Staff A removed the tenant's incontinence undergarment. Tenant C1 then became combative, swinging her arm at Staff A. Staff A then left the bathroom. Tenant C1 was holding on to a grab bar in the restroom. Staff A left the bathroom to call for assistance from another staff member. As she reached for the phone, Tenant C1 came walking out of the bathroom and fell. When Tenant C1 fell, she was obviously upset, but she didn't call out in pain. Staff A placed a towel under Tenant C1's head. As looked she looked over Tenant C1's leg, it was turned sideways. Another co-worker called Tenant C1's family and 911.</p> <p>On 3/1/23 at 1:40 PM, Tenant C1's spouse reported his wife suffered a fractured hip from the fall. She underwent surgery and spent 4-5 days in the hospital. Tenant C1 moved to a long term care facility. She was unable to walk or stand at the time of the interview.</p> <p>On 2/28/23 at 12:30 PM, the Divisional Director of Health and Wellness confirmed Staff A did not provide 1:1 supervision as noted on the service plan. The Divisional Director of Health and Wellness said she would have stayed in the bathroom with the tenant.</p>	A 160		
A 200	<p>481-67.4(1)a(2) Program Notification to Department</p> <p>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</p>	A 200		

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/28/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PEARL CITY PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 2807 CEDAR ST MUSCATINE, IA 52761
---	---

(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 200	<p>Continued From page 4</p> <p>next business day, by the most expeditious means available:</p> <p>67.4(1) Of any accident causing major injury. For the purposes of this rule, "major injury" shall also mean a substantial injury.</p> <p>a. "Major injury" shall be defined as any injury which:</p> <p>(2) Requires admission to a higher level of care for treatment, other than for observation</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to notify the Department in a timely manner following a major injury sustained by 1 of 3 discharged tenants (Tenant C1). Findings follow:</p> <p>Record review on 2/28/23 revealed an incident report for Tenant C1 dated 11/13/22 at 1:10 PM noted Tenant C1 had a fall in the public restroom and was observed on the floor. She reported pain to her right hip. The CNA took Tenant C1 to the bathroom when the tenant refused to change her clothing. The CNA left to grab the phone to get assistance. Tenant C1 began walking out of the bathroom by herself, lost her balance, stumbling backwards and falling on her right hip. Tenant C1 only reported pain to her left leg. A progress note indicated an ambulance arrived at 1:37 PM. Tenant C1 was transferred to the Emergency Room via ambulance. On 11/14/22, the program was updated Tenant C1 had a hip fracture. She would have a hip repair surgery that day at 1:00 PM. An entry on 11/17/22 noted the Department was notified of Tenant C1's injury</p>	A 200	<p>POC- immediately reeducate staff on the policies of reporting incidents and major injury to the director or director designate. Staff is to notify RN or ED immediately when incident occurs so that a nursing evaluation may be completed, and a plan initiated at time of incident. incidents will be brought to the QA committee for review and action plans developed if indicated.</p> <p>Mandatory staff Inservice and education completed 4/26/2023 & 4/28/2023</p>	<p>Implemented- 4/26/2023</p> <p>Completed- Ongoing</p>
-------	---	-------	---	---

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/28/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PEARL CITY PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 2807 CEDAR ST MUSCATINE, IA 52761
---	---

(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 200	Continued From page 5 with hospitalization. On 3/1/23 at 2:12 PM, the Director of Divisional Operations confirmed Tenant C1's major injury was not reported to the department within 24 hours or next business day.	A 200		
A 215	481-69.24(1)a Involuntary Transfer from Program 69.24(1) Program initiation of transfer. If a program initiates the involuntary transfer of a tenant and the action is not the result of a monitoring, including a complaint investigation or program-reported incident investigation, by the department and if the tenant or tenant's legal representative contests the transfer, the following procedures shall apply: a. The program shall notify the tenant or tenant's legal representative, in accordance with the occupancy agreement, of the need to transfer the tenant and of the reason for the transfer and shall include the contact information for the office of long-term care ombudsman. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to provide notice of involuntary discharge to the tenant and/or representative. This affected 1 of 3 discharged tenants reviewed (Tenant C2). Finding follows: Record review on 2/23/23 of progress notes revealed Tenant C2 went to the hospital on 2/21/23 for increased foot pain. A review of Tenant C2's Emergency Department (ED) notes revealed the following on 2/21/23:	A 215	How will we ensure and maintain compliance going forward? The program will notify the tenant or tenant's legal representative, in accordance with the occupancy agreement, of the need to transfer, the reason for the transfer, and the contact information for the long-term care ombudsman. POC- will review any/all discharges or upcoming discharges monthly to determine proper notice has been given. The QA committee will review and action plans will be developed if indicated.	Implemented- 5/5/2023 Completed- Ongoing

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/28/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PEARL CITY PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 2807 CEDAR ST MUSCATINE, IA 52761
---	---

(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 215	<p>Continued From page 6</p> <p>5:59 PM - ED Registered Nurse (RN) spoke with Staff B. Staff B stated she was going to get Non-emergency transportation set up for Tenant C2 to transport him back to the program.</p> <p>6:11 PM - Staff B called back to state they were not taking the patient back due to him needing more assistance than what they can provide. This was not previously conveyed in report and patient was unaware of this. The ED RN was given a phone number to speak with the Director who stated she cannot explain this to the ED RN and will have the program RN speak with her.</p> <p>6:27 PM - The ED RN spoke with the program RN who stated she would like Tenant C2 to stay overnight until she can find alternative placement for him because they cannot care for him when he was wheelchair bound. The program RN stated Tenant C2 missed a wound appointment today because he was a poor historian.</p> <p>8:40 PM - Tenant C2 told the ED RN he did not want to go to a nursing home and wanted to return to his apartment at the program.</p> <p>8:53 PM - the Program was again refusing to take the patient back.</p> <p>On 2/23/23 at 1:00 PM, the program RN reported her only contact with the ED was when they called and asked her if Tenant C1 could return if he was on Intravenous (IV) morphine. She said someone could not be at an assisted living program on IV morphine.</p> <p>On 2/23/23 at 2:40 PM, the Director confirmed the program RN told the hospital Tenant C2 could not return to the program.</p>	A 215		