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
	S0074	A. BUILDING: _____ B. WING _____	C 02/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAWTON SENIOR LIVING	200 E CHAR-MAC DR LAWTON, IA 51030

(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. Number of tenants without cognitive impairment: 12 Number of tenants with cognitive impairment: 5 TOTAL census: 17 The following regulatory insufficiency was cited during the investigation of Complaint #115186-C.	A 000	See Attached POC 4/11/24	
A 145	481-69.22(3) Evaluation of Tenant 69.22(3) Evaluation annually and with significant change. A program shall evaluate each tenant's functional, cognitive and health status as needed with significant change, but not less than annually, to determine the tenant's continued eligibility for the program and to determine any changes to services needed. The evaluation shall be conducted by a health care professional, a human service professional, or a licensed practical nurse via nurse delegation when the tenant has not exhibited a significant change. A licensed practical nurse shall not complete the evaluation when the tenant has exhibited a significant change. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review the Program failed evaluate a tenant's functional,	A 145		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 145	Continued From page 1	A 145		

cognitive and health status as needed with a significant change to determine the tenant's continued eligibility for the Program and to determine any changes to services needed on 1 of 3 files reviewed (Tenant C-1). Findings include:

1. Record review on 2/26/24 record review revealed Tenant C-1 was admitted to the facility on 8/22/19. Tenant C-1's diagnosis included dementia, obesity and anxiety. On 2/13/23 Tenant C-1's Global deterioration scale was noted at 6 that indicated severe cognitive decline.

Continued record review revealed Tenant C1's progress notes documented on 8/13/23 staff communicated a blistered area to Tenant C-1's right intergluteal fold, upon observation the area was without blister and red shiny appearance the size of a pencil eraser. New orders received to cover with mepilex 4 x 4" 1 bandage to affected area every other day. Notify physician if no improvement. On 8/15/23 Tenant C-1's NP-C visited at the request of staff.. The Np-C noted Tenant C-1 to have two small open areas above her coccyx that were open blisters. The Program was to clean and apply mepilex and change every other day.

When interviewed on 2/27/24 at 9:05 a.m. the Registered Nurse (RN) confirmed Tenant C-1's service plan signed on 2/14/23 was the last service plan available for review. The RN confirmed the evaluations of the functional, cognitive and health status of Tenant C-1 were last completed on 2/13/23. During additional interview on 2/27/24 at 2:01 p.m., the RN confirmed the Program failed to complete evaluations following the noted significant change in Tenant C-1's condition.

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A 145	Continued From page 2 2. Further review revealed on 8/25/23 Tenant C-1 was taken to the emergency room for decreased urine output. While Tenant C-1 was in the emergency room, a bloodied belly fold rash of Tenant C-1's abdomen was identified. Tenant C-1 was not admitted to the hospital and returned to the Program with new orders to apply Zinc Oxide or barrier cream to lower abdomen twice daily for the next Seven days. Medication Administration Record review revealed staff applied Zinc Oxide 20% ointment to C-1's lower abdomen two times per day times seven day started at 8:00 p.m. on 8/26/23. Following Tenant C-1's return to the program from the emergency room with new orders for barrier cream to her lower abdomen. The assessments of the functional, cognitive and health status for a change in condition had not been completed. On 2/27/24 at 2:25 p.m. the RN confirmed these findings and noted the area resolved three days later.	A 145		

Jami Fuldo 4-11-2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	PROVIDER/SUPPLIER/CUA INDENTIFICATION NUMBER: S0074	DATE SURVEY COMPLETED: 2/27/2024

Tag#	SUMMARY STATEMENT OF DEFICIENTCIES {EACH DEFICIENCY SHOULD BE PRECEDE BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PLAN OF CORRECTION {EACH CORRECTIVE ACTION SHOULD BE CROSS-**REFERRED** TO THE **APPROPRIATE DEFICIENCY**	Identify what changes to the provider's systems and practices were made to ensure compliance with the specific statute(s). Include information about how the provider will maintain compliance in the future.	COMPLETION DATE
Tag# 1	**Regulation and Reg Number** 481-69.22(3) Evaluation of Tenant	**Tag# A145**	**What initial correction was made?** C-1 Expired on 10/15/2023, no evaluation was able to be completed due to residents passing.	**How will we ensure and maintain compliance going forward?** RN will update progress notes on residents with wounds or with any changes to the residents' condition. RN will complete a change of condition assessment following any inpatient Hospitalizations to update assessments and service plan needs. RN will audit resident assessments and Progress notes on a weekly, monthly, as needed, as determined by the Director or designee to ensure documentation and or assessments have been completed as needed.	**Implementation Date:** **2-27-2024** Completion **Date:** ongoing **Responsible Party:** **Director, Nurse or designee**

Compliance Date: 4/11/2024

Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of regulatory insufficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of state law.