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
	S0078	A. BUILDING: _____ B. WING _____	C 12/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLOVER RIDGE PLACE	205 EHLERS LANE MAQUOKETA, IA 52060

(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: 31 Number of tenants with cognitive impairment: 18 Total census: 49 The following regulatory insufficiencies were cited during the investigation of Incident #115351-I:	A 000	See Attached POC 2/20/24	
A 150	481-67.2(3) Program Policies and Procedures 67.2(3) The program shall follow the policies and procedures established by the program. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to follow its policy and procedure related to the completion of visual checks. This pertained to 1 of 1 discharged tenant reviewed (Tenant C1). Findings follow: 1. Record review on 12/11/23 and 12/12/23 of Tenant C1's file revealed an Incident Report indicated on 8/31/23 at 3:20 a.m. Tenant C1 yelled for help and Staff A found her on laying on her bathroom doorway. Tenant C1 reported she was looking for her children and her legs gave out. Tenant C1 said that she hurt all over and Staff A noted she had a bump on the left forehead. The other staff was called to assist, vital signs were taken and the nurse on-call was notified. The nurse on-call directed staff to call	A 150		

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A 150	Continued From page 1 911. Tenant C1 was lifted off the floor by emergency medical services (EMS) and was transported to the hospital. Vital signs were as follows: blood pressure was 169/84, temperature was 97.3, pulse was 76, respiration rate was 18 and oxygen saturation was 97%. The report indicated it occurred in Tenant C1's apartment. The form also indicated Nurse #1, the on-call nurse was notified on 8/31/23. An Internal Investigation document dated 8/31/23 indicated on 8/31/23 at about 3:20 a.m. Staff A heard Tenant C1 yell out for help. Staff A found Tenant C1 on the bathroom doorway. Tenant C1 voiced complaints of pain all over and Staff A noted a bump on her forehead. Nurse #1, the on-call nurse, was notified and directed staff to send Tenant C1 to the emergency department (ED) for evaluation. At 7:00 a.m. the Healthcare Coordinator was notified by hospital staff that Tenant C1 had a left wrist fracture. Tenant C1 would return to the Program with a splint and a consult with orthopedics. The investigation noted Tenant C1 ambulated independently and did not call for assistance. Tenant C1's service plan indicated she was an assist of one with all transfers and mobility. She had visual checks scheduled eight times per shift. Staff A did not complete the visual checks timely around the time of the fall. The investigation summary indicated Tenant C1 got up without calling for assistance, fell and sustained a fracture. Staff A did not complete visual checks at 2:00 a.m. and 3:00 a.m. timely, "which could have potentially prevented the fall." Counseling documentation was provided to Staff A regarding visual checks. A Counseling Documentation Form indicated the date of the occurrence was 8/31/23 and it was a written warning for a policy or safety violation.	A 150		

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A 150	Continued From page 2	A 150		

The form indicated Staff A documented visual checks late for a tenant in memory care on third shift on 8/30/23. The corrective action indicated Staff A would complete and document all assigned tasks in live time.

2. Attempts to interview Staff A were unsuccessful. Her written statement dated 8/31/23 indicated at about 3:20 a.m. that morning Tenant C1 called for help. She found her in the bathroom doorway and Tenant C1 reported she was looking for her children. Tenant C1 was wearing a pajama top and a protective undergarment. She had a large bump on her forehead. Staff A called for the other staff to assist. Nurse #1 was notified and she told Staff A to call 911. Tenant C1's vital signs were taken and 911 was called. Staff changed Tenant C1 from her night clothes to her day clothes. The ambulance arrived and took Tenant C1.

Attempts to interview Staff B (the other third shift staff at the time of the incident) were unsuccessful. Staff B was interviewed by the Program on 8/31/23 and reported Tenant C1 fell last night and Staff A called her to assist. She saw Tenant C1 yesterday and she kept trying to get on her own and did not use her pendant.

When interviewed on 12/12/23 at 12:05 p.m. Nurse #1 said she was the nurse on-call when the incident occurred with Tenant C1. She said staff notified her Tenant C1 was found on the floor in her apartment. Her vitals signs were okay but her blood pressure was elevated. Tenant C1 had a raised area on her forehead and had generalized pain. Nurse #1 directed staff to call 911.

When interviewed on 12/12/23 the Healthcare

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A 150	Continued From page 3 Coordinator said Nurse #1 had informed her Tenant C1 had gone out to ED. The Healthcare Coordinator received a call from the hospital and was informed Tenant C1 had a left wrist fracture and a splint was placed. Tenant C1 returned later that day. The Executive Director started the internal investigation and it was determined Staff A did not document the visual checks timely. Staff A had reported she had completed the visual checks but got busy and did not document the checks. Re-education was provided to Staff A regarding visual checks. Regarding training on visual checks she said staff received nurse delegation training on visual checks. There were eight visual checks per shift and the checks were to be documented at the time they were done. Staff were also supposed to lay eyes on the tenants at the scheduled visual check. She said Tenant C1's visual checks were to be completed eight times per shift and she was a one assist with ambulation. Tenant C1 was very impulsive regarding getting up on her own. She had a walker but did not use it when she got up. When interviewed on 12/12/23 at 2:01 p.m. the Executive Director said staff notified Nurse #1, the nurse on-call, and then Nurse #1 notified the Executive Director. Nurse #1 reported Tenant C1 had fallen and was sent to the ED. An internal investigation was started and staff were interviewed including, Staff A and Staff B. Staff A said she completed the visual checks and Tenant C1 was fine (in bed) when she checked on her at 3:00 a.m. Staff A said she had not documented the checks and that she forgot. Staff B said that she was notified by Staff A of Tenant C1's fall and Staff A had called the nurse on-call. Staff changed Tenant C1's clothing before EMS arrived, as she was wearing a pajama top and protective undergarment. The Healthcare	A 150		

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A 150	Continued From page 4	A 150		

Coordinator called the hospital to follow up and Tenant C1 returned to the Program with fractured left wrist. Tenant C1 had hourly visual checks and required a one to one assistance for ambulation. She said the task of visual checks came up on the task record and staff was supposed to check the tenant and ensure safety and document in live time when the check was completed. She said staff had training on visual checks with initial nurse delegations, shadowing, with annual delegations and it was discussed at staff meetings.

3. Continued Record review of Tenant C1's file revealed Tenant C1 was staged at a five on the Global Deterioration Scale, which indicated moderately severe cognitive decline. Tenant C1's service plan dated 8/11/23 (in place at the time of the fall) revealed Tenant C1 had a history of falls and required one to one assistance with ambulation with a gait belt and walker. It also reflected Tenant C1 had eight visual checks per shift and resided in the memory care unit.

Incident reports indicated Tenant C1 had falls including on: 7/9/23 (hip fracture), 8/12/23, 8/14/23 (bruise on the back of the head extending down the neck), 8/31/23 (wrist fracture) 9/3/23 (bump on her head) and 9/5/23.

Progress Notes indicated the following:

a. On 7/9/23 it was noted Tenant #1 fell and was sent out to the hospital.

b. On 7/10/23 it was noted Tenant C1 was admitted for a left femoral head fracture.

c. On 8/11/23 it was noted Tenant C1 returned to the Program post left hip fracture and required a

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A 150	Continued From page 5 one to one assist with a gait belt and walker. d. On 8/31/23 it was noted Tenant C1 fell and staff noted a large raised area on the her left forehead and she complained of pain all over. Staff was instructed to call 911 and EMS arrived and transferred her off of the floor and she was taken to the hospital. e. On 8/31/23 it was noted a call from received from the nurse at the hospital who indicated Tenant C1 would be returning and she had a fractured left wrist. Her wrist was in a splint and Tenant C1 should follow up with orthopedics in two to three days. f. On 8/31/23 it was noted Tenant C1 returned from the ED with a diagnosis of distal radius fracture of the left wrist and had a new order for Bactrim, twice daily, for seven days. Further record review revealed hospital records indicated Tenant C1 was seen on 8/31/23 and indicated she was seen after a fall. She was found on the floor by staff and reported pain in her wrist and EMS found bruising on her left forehead. The diagnoses from the hospital indicated anemia, "Closed left radial fracture", "Closed traumatic minimally displaced fracture of styloid process of left radius with delayed healing", "Facial hematoma" and a fall. Tylenol extra strength 500 milligram (mg), take every 4 hours as needed, for 10 days as needed for pain and Bactrim DS 800-160 mg tablet, take one tablet, twice daily for 7 days was ordered. It also indicated to follow up with orthopedics. Continued record review revealed the Documentation Survey Report for August 2023 indicated the following:	A 150		

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A 150	Continued From page 6 a. On 8/30/23 the check scheduled at 10:00 p.m. was documented as completed by Staff A at 12:54 a.m. b. On 8/30/23 the check scheduled at 11:00 p.m. was documented as completed by Staff A at 12:57 a.m. c. On 8/31/23 the check scheduled at 12:00 a.m. was documented as completed by Staff A at 12:58 a.m. d. On 8/31/23 the check scheduled at 1:00 a.m. was documented as completed by Staff A at 3:39 a.m. e. On 8/31/23 the check scheduled at 2:00 a.m. was documented as completed by Staff A on 4:35 a.m. **Tenant C1's fall was documented at 3:20 a.m.** f. On 8/31/23 the check scheduled at 3:00 a.m. was documented as completed at 4:36 a.m.**Tenant C1's fall was documented at 3:20 a.m.** g. On 8/31/23 the check scheduled at 4:00 a.m. was documented as completed by Staff at 4:38 a.m. h. On 8/31/23 the check scheduled at 5:00 a.m. was documented as completed by Staff A at 4:59 a.m. Further record review of the Documentation Survey Reports for July and August 2023 revealed other dates when visual checks were not completed per policy and procedure including the following:	A 150		

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A 150	Continued From page 7 -On 7/9/23 at 10:00 p.m. and 11:00 p.m. and on 7/10/23 hourly from 12:00 a.m. to 5:00 a.m. visual checks for Tenant C1 were documented as completed. -On 7/10/23 hourly from 5:00 p.m. to 11:00 p.m. and on 7/11/23 hourly from 12:00 a.m. to 5:00 a.m. visual checks for Tenant C1 were documented as completed. Visual checks were documented on the dates and times above as completed; however, Tenant C1 fell on 7/9/23 at 8:00 p.m., sustained a hip fracture and was sent to the hospital. Tenant C1 was not in the building when the checks above were documented as completed. -On 8/25/23 the hourly visual checks from 12:00 a.m. to 5:00 a.m. were all documented between 5:00 a.m. and 5:59 a.m. 4. Continued record review revealed the Program's Nurse Delegation For Visual Checks indicated to enter the tenant apartment, make visual contact of the tenant (sleeping or awake), document the visual check according to the scheduled time. Visual checks were to be completed as close to the scheduled time as possible. 5. When interviewed on 12/12/23 at 3:18 p.m. the Executive Director confirmed all task records requested for Tenant C1 were provided. In summary, Tenant C1 who had a history of falls including a recent fall with hip fracture, had scheduled visual checks eight times per shift and required assistance of one and gait belt and walker with ambulation. On 8/31/23 at 3:20 a.m.	A 150		

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A 150	Continued From page 8 Staff A heard Tenant C1 calling for help and found her on the floor. She had a raised area on her forehead and had complaints of generalized pain. Staff A called the nurse on-call and she sent out to the hospital for evaluation. Tenant C1 sustained a left wrist fracture and returned with a splint and to follow up with orthopedics. Review of visual checks indicated the visual checks were not documented as completed at the scheduled times on 8/31/23 including around the time of Tenant C1's fall. Further review of visual checks indicated there were other instances when checks were not completed per policy and procedure including when Tenant C1 was out of the building and checks were documented as completed. The policy and procedure for the completion of visual checks was not followed related to Tenant C1.	A 150		
A 370	481-69.26(3)a Service Plans 69.26(3) When a tenant needs personal care or health-related care, the service plan shall be updated within 30 days of the tenant's occupancy and as needed with significant change, but not less than annually. a. If a significant change triggers the review and update of the service plan, the updated service plan shall be signed and dated by all parties. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to obtain signatures on service plans updated with significant change. This pertained to 1 of 1 discharged tenant reviewed (Tenant C1). Findings follow:	A 370		

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A 370	Continued From page 9 1. Record review on 12/11/23 and 12/12/23 of Tenant C1's file revealed a service plan was updated on 5/23/23 related to a change in condition post fall with a fractured nasal bone, elbow suture, and the start of physical therapy and occupational therapy. The service plan was not signed by a health care or human services professional or Tenant C1 or Tenant C1's legal representative. Continued record review revealed Tenant C1's service plan was updated on 8/11/23 related to a change in condition post fall with hip fracture and gastrointestinal bleed. The service plan was signed by the Healthcare Coordinator and Executive Director; however, was not signed by Tenant C1 or Tenant C1's legal representative. Further record review revealed Tenant C1's service plan was updated on 8/31/23 related to a change in condition due to frequent falls and a new fall with a left wrist fracture. The service plan was signed by the Healthcare Coordinator and Executive Director; however, was not signed by Tenant C1 or Tenant C1's legal representative. 2. When interviewed on 12/12/23 at 3:18 p.m. the Executive Director confirmed all service plans requested were provided for the tenant listed above.	A 370		
A 395	481-69.26(4)a Service Plans 69.26(4) The service plan shall be individualized and shall indicate, at a minimum: a. The tenant's identified needs and preferences for assistance	A 395		

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A 395	Continued From page 10 This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to develop a service plan that reflected the identified needs of the tenant. This pertained to 1 of 1 discharged tenant reviewed (Tenant C1). Findings follow: 1. Record review on 12/11/23 and 12/12/23 of Tenant C1's file revealed the August and September 2023 medication administration records (MARs) reflected an order for Tubigrips, put on in the a.m. and remove at bedtime, with a order date of 6/5/23. The MARs reflected staff assisted with the ordered treatment. The service plan dated 8/31/23 did not reflect the staff assistance with Tubigrips, twice daily. 2. When interviewed on 12/12/23 the 2:01 p.m. Executive Director said there was a change in the legal representative for Tenant C1 in late August or September. The prior Power of Attorney (POA) for Tenant C1 was revoked. 3. Continued record review revealed a Revocation of Power of Attorney document for Tenant C1 was signed on 8/24/23. The Durable Power of Attorney (DPOA) For Health Care document dated 8/24/23 identified a change in the agent designated for Tenant C1. Further record reivew revealed Tenant C1's Progress Notes indicated the following: a. On 9/11/23 it was noted staff reported on 9/10/23 Tenant C1's current legal representative arrived to the Program to get some of her belongings and Tenant C1 had not returned.	A 395		

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A 395	Continued From page 11 b. On 9/12/23 it was noted the Executive Director spoke with the prior legal representative for Tenant C1 regarding the current legal representative taking Tenant C1 out of the building. The current legal representative gave notice for Tenant C1 (and her spouse) moving out and provided the "voided" POA document. It was suggested the former legal representative seek guardianship. The former legal representative was very upset that Tenant C1 had been removed from the building. 4. Continued record review revealed Tenant C1's service plan dated 8/31/23 identified the prior legal representative related to Tenant C1's decision making. It also indicated to let leadership staff know if anyone wanted to take Tenant C1 out of the building besides the two people listed on the service plan, including the former legal representative. The service plan was not updated to reflect the change in legal representatives related to decision making and to update the special instructions related to who could take Tenant C1 out of the building. The service plan did not reflect Tenant C1's identified needs related to the staff assist with Tubigrips or the change with legal representative and instructions related to leaving the building. 5. When interviewed on 12/12/23 at 3:18 p.m. the Executive Director confirmed all service plans requested for the tenant listed above were provided.	A 395		

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Tag #1	**Regulation and Reg Number 481-67.2(3) Program Policies and Procedures 67.2(3) The program shall follow the policies and procedures established by the program.** This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to follow its policy and procedure related to the completion of visual checks. This pertained to 1 of 1 discharged tenant reviewed (Tenant C1)	A 150	The community has completed re-training of staff that included redelegation on visual checks and instant in-service on live documentation on 1/15/24.	*The Program Director, Nurse or designee will ensure all employees receive training on live documentation and visual checks upon hire and quarterly.* *All resident task records will be audited daily, weekly, monthly, as needed as determined by Program Director, Nurse or designee for completion.*	Implementation Date: 12/12/23 Completion Date: Ongoing Responsible Party: Director or Designee
Tag #2	**Regulation and Reg Number 481-69.26(3)a Service Plans 69.26(3) When a tenant needs personal care or health-related are, the service plan shall be updated within 30 days of the tenant's occupancy and as needed with significant change, but not less than annually.** **a. If a significant change triggers the review and update of the service plan, the updated service plan shall be signed and dated by all parties.** This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to	A370	The Program Director, Nurse or designee with clearly document on the service plan at least three good faith attempts to obtain signatures on all service plans. Instant in-service completed with community RNs regarding obtaining signatures on service plans on 2/20/24.	*The Program Director, Nurse or designee will ensure that all service plans are signed by all parties. All attempts to obtain signatures will be made and documented on the physical service plan.* *An initial audit of all service plan signatures was completed on 12/20/23. Quarterly audits by the Program Director or designee will be ongoing.*	Implementation Date: 12/12/23 Completion Date: Ongoing Responsible Party: Director or Designee

	obtain signatures and service plans updated with significant change. This pertained to 1 or 1 discharged tenant reviewed (Tenant C1).				
Tag #3	**Regulation and Reg Number** **481-69.26(4)a Service Plans 69.26(4) The service plan shall be individualized and shall indicate, at a minimum:** **a. the tenant's identified needs and preferences for assistance** This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to develop a service plan that reflected the identified needs of the tenant. This pertained to 1 of 1 discharged tenant reviewed (Tenant C1).	A395	*An initial audit comparing all assigned tasks to service plans was completed on 1/22/24.* An initial audit of all responsible parties was completed by Program Director on 1/22/24. .	The Program Director and Nurse will ensure that all tasks assigned to each resident is accurately reflected in the resident's service plan. *Quarterly audits by the Program Director or designee will be ongoing.* *The Program Director will ensure proper legal representatives are recorded in community EHR for each resident as applicable*	Implementation Date: 12/12/23 Completion Date: Ongoing Responsible Party: Director or Designee

Date of Compliance: 2/20/24

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.