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
	S0017	A. BUILDING: _____ B. WING _____	C 04/27/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY MANOR MEMORY CARE	900 W 46TH ST DAVENPORT, IA 52806

(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 disorder: 5 Number of tenants with cognitive disorder: 18 TOTAL Census of Assisted Living Program for People with Dementia: 23 The investigation of Incident #96229-I and Complaints, #96943-C and #96955-C were completed. The following regulatory insufficiencies were identified:	A 000	POC 8/12/21	
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 policies and procedures established by the Program regarding sexuality in dementia care. This pertained to 2 of 6 tenants reviewed (Tenants #1 and #2). Findings follow: 1. Record review of a Staff Documentation/Communication to RN form, dated 4-4-21, indicated Tenant #1 and Tenant #2 were kissing and inappropriately touching. They were asked multiple times to stop and separate. Tenant #1 argued. A Staff Documentation/Communication to RN form, dated 4-10-21 at 11:00 a.m., indicated Tenant #1 and Tenant #2 were in the dining room.	A 150		

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A 150	Continued From page 1	A 150		

Tenant #1 sat on the chair and Tenant #2 stood over Tenant #1. Tenant #1 was "playing and rubbing" Tenant #2's genitals.

A Staff Documentation/Communication to RN form, dated 4-19-21 at 4:00 a.m., indicated Tenant #1 was hostile and yelled at staff that she could sleep anywhere she wanted to. She pulled down Tenant #2's pants to perform oral sex on Tenant #2. Staff tried to pull them apart and told them it was inappropriate. Tenant #1 told staff to leave her and her husband alone and staff was jealous.

2. Continued record review of Tenant #1's file revealed Tenant #1 was staged at six on the Global Deterioration Scale (GDS), which indicated severe cognitive decline. Tenant #1's primary care provider (PCP) activated the power of attorney (POA) on 6-16-20. Tenant #1's service plan was updated and signed by the Healthcare Coordinator on 4-12-21. It reflected Tenant #1 responded to redirection when she was participating in inappropriate sexual activity. The service plan was not signed by Tenant #1's legal representative and did not reflect the level of sexual activity between Tenant #1 and Tenant #2 and interventions.

Record review of Tenant #2's file revealed Tenant #2 was staged at a six on the GDS, which indicated severe cognitive decline. Tenant #2's PCP activated Tenant #2's durable power of attorney (DPOA) on 4-15-20. Tenant #2's service plan was updated and signed by the Healthcare Coordinator on 4-11-21. The service plan indicated Tenant #2 preferred the company of a female tenant and if physical/sexual behaviors arose, privacy would be provided. If it occurred in a common space staff would redirect or move the

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A 150	Continued From page 2	A 150		

other tenant from the area. Staff would attempt to redirect and provide distraction when others were present or if in common areas. According to a note from Tenant #2's spouse dated 4-1-19, which indicated if anything concerning arose regarding Tenant #2 to contact her, "as well as" her children, at the same time and not just if she was unavailable.

3. When interviewed Tenant #1's family member (legal representative) said Tenant #1 talked about another tenant there and visiting with him. He was told (by the program) they enjoyed spending time together and could not remember if he was told more than that. If it got more/too physical and they felt it was inappropriate they would not allow it.

When interviewed Tenant #2's family member (legal representative) said she was not told there there was sexual contact between Tenant #2 and the other tenant and would not want that to go on. She was told last week that there was touching.

When attempted, interviews could not be successfully completed with either Tenant #1 or Tenant #2, due to cognitive deficit.

4. When interviewed on 4-20-21 at 11:12 a.m. Staff E said approximately one to two weeks ago, Tenant #1 and Tenant #2 tried to be together. At the end of her shift she completed rounds and found Tenant #2 in Tenant #1's apartment with his pants down. Tenant #1 was fully dressed. There was nothing further observed. There was another incident in the dining room by the fireplace where Tenant #1 was touching Tenant #2 inappropriately and he let her.

When interviewed on 4-22-21 at 10:03 a.m. Staff

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A 150	Continued From page 3 G said Tenant #1 and Tenant #2 had a physical/sexual relationship. In the beginning it started as Tenant #1 and Tenant #2 acting like they were married and it became physical in the last two to three weeks. Tenant #1 started most of it and Tenant #2 went along with it and sometimes he would say no. Tenant #2 would be asleep and Tenant #1 would wake him up and start touching him. When interviewed on 4-20-21 Staff F said Tenant #1 and Tenant #2 said they were married. She said they had a physical/sexual relationship. She said on Sunday on third shift in the in the common area, Tenant #1 performed oral sex on Tenant #2. There were two other tenants present in the next room by the fireplace. It was reported to the Healthcare Coordinator and she was told both families agreed with the relationship. When interviewed on 4-21-21 at 10:03 a.m. and 2:09 p.m. the Healthcare Coordinator said staff first witnessed kissing between Tenant #1 and Tenant #2 on 4-4-21. On 4-10-21 there was touching that was consensual. On 4-19-21/4-20-21 Tenant #1 performed oral sex on Tenant #2 in the common area and they were redirected. The interactions were consensual and agreeable between both tenants. She said Tenant #1's legal representative was informed there was a consensual sexual behaviors/relationship. She did not notify Tenant #1's legal representative of the incident on 4-19-21. He was informed when there was touching of the genitals. She said Tenant #2's family was notified of a sexual nature of the relationship and they said it was all Tenant #1. There was no request to stop it and the family requested if it got worse Tenant #1 be moved to the other building.	A 150		

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A 150	Continued From page 4 5. Record review of the Program's policy and procedure regarding Sexuality in Dementia reflected it was important for staff to observe, monitor and report the level of sexual behavior to the nurse to determine if interventions were needed related to safety and well-being. It also indicated the nurse and "team would engage the resident and activated DPOA in a dialogue regarding intimacy, sexual expression and their own belief system." The spouse/partner and activated DPOA would be involved if the sexual behavior if the tenant was not able to make the decisions for themselves. The tenant's wishes and risks related to well-being would be taken into account when the service plan was developed that addressed the needs. In summary, Tenant #1 and Tenant #2, both tenants with severe cognitive decline and activated legal representatives had developed a sexual relationship. The relationship escalating from kissing, to touching and oral sex. Neither tenant was able to be interviewed when attempted. Family interviews revealed the families were not aware of the level of the sexual relationship between the tenants. One of the family members did not want sexual contact between the tenants. The other family member thought the Program would stop it if was not too physical and inappropriate. The Program did not follow their policy and procedure regarding Sexuality In Dementia, including communication with activated legal representatives regarding tenant intimacy.	A 150		
A 285	481-67.5(2)f(4) Medications 67.5(2) Each program shall follow its own written	A 285		

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A 285	Continued From page 5 medication policy, which shall include the following: f. When medications are administered traditionally by the program: (4) Medications and treatments shall be administered as prescribed by the tenant's physician, advanced registered nurse practitioner or physician assistant. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to administer medications as prescribed. This pertained to 2 of 6 tenants reviewed (Tenants #2 and #5). Findings follow: 1. Record review revealed a medication error report dated 2-2-21 indicated on 2-1-21 Tenant #2 received an extra dose of Melatonin. Staff admitted to giving an extra dose to help him sleep. No adverse reactions were noted. An incident report (other) dated 2-10-21 reflected Tenant #5 had medications missing. The medication identified was Melatonin and amount of medication missing was unknown. The Program ordered a replacement card of the Melatonin and it was now being counted and locked. 2. Continued record review of a Program document completed by the Director indicated on 2-10-21 Staff A informed the Director and the Healthcare Coordinator about concerns she had regarding tenants receiving medications not theirs, including Melatonin. There were four tenants at that time prescribed Melatonin, including Tenant #2 and Tenant #5. The amount	A 285		

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A 285	Continued From page 6	A 285		

of Melatonin was reviewed and it was determined there was a discrepancy in Tenant #5's Melatonin. Through staff interviews there were six tenants that possibly received Melatonin not prescribed to them. During the interview process two staff were identified as the having administered the Melatonin to the tenants (Staff B and Staff C). Both staff were suspended pending the investigation. In an interview Staff B admitted to administering one extra Melatonin to Tenant #2 on 2-1-21.

Further record review of Investigative Questions for Staff B indicated she admitted to giving Tenant #2 one extra Melatonin with the intent of making him sleep. The Investigative Questions for Staff C indicated she heard of missing or misuse of medications and identified Melatonin. She denied any involvement with missing or misused medications.

3. When interviewed on 4-27-21 at 12:27 p.m. Staff B said she gave Tenant #2 a dose of Melatonin at 8:00 p.m. (scheduled) and then gave him another dose approximately two and half hours later (10:00 p.m./10:30 p.m.). He had issues sleeping and she said she should have called the nurse. She could not recall the date it occurred. She said it was her mistake and she should have contacted the nurse.

When interviewed on 4-27-21 at 9:26 a.m. Staff C she was accused of giving out Melatonin and denied the allegation. She had not witnessed any other staff giving out Melatonin.

When interviewed on 4-27-21 at 9:36 a.m. Staff D said when she was working in the back building she had left and went to the front building and

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A 285	Continued From page 7	A 285		

when she was gone Staff B gave an as needed medication to one of her tenants.

4. Record review of Tenant #2's file revealed a Medication Review Report indicated Tenant #2 had an order for Melatonin 10 milligram (mg), take one tablet at bedtime with an order date of 4-10-20. The January and February 2021 medication administration records (MARs) did not reflect the order or the administration of the Melatonin.

Continued record review of Tenant #5's file revealed a Medication Review Report indicated Tenant #5 had an order for Melatonin 3 mg, two tablets by mouth at bedtime, with an current order date of 1-20-21. Controlled Drug Receipt/Record/Disposition Form reflected Melatonin was given at 8:00 p.m. on 4-18-21. The count sheet reflected there were no doses available to count from 4-18-21 at 11:00 p.m. through 4-20-21 at 7:00 a.m. The April 2021 MAR reflected no doses were administered on 4-19-21, 4-20-21 and 4-21-21 at 8:00 p.m.

Further record review revealed a Counseling Documentation Form dated 2-24-21 indicated Staff B was terminated for a policy or safety violation. Staff B admitted during interview that she gave an extra dose of Melatonin to a tenant to make the tenant sleep. Staff B was suspended and removed from the schedule pending investigation and final decision was made on 2-24-21 to terminate Staff B's employment.

A Counseling Documentation Form dated indicated Staff C was suspended for a policy or safety violation. Staff C's name was brought up in the investigation regarding misuse of

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A 285	Continued From page 8	A 285		

medications. Staff C was suspended pending investigation.

5. When interviewed on 4-21-21 at 10:03 a.m. and 2:09 p.m. and 4-27-21 at 1:27 p.m. the Healthcare Coordinator said Staff B admitted to giving one extra Melatonin to Tenant #2. There was also a discrepancy noted in Tenant #5's Melatonin. The corrective action included counting and locking Melatonin. In February Tenant #2's Melatonin was in bottles and and now it was set up by the nurse in a medication planner. Tenant #5 had missed doses of Melatonin on the 19, 20 and 21 (April) as it was not available to to administer. It resumed on 4-22-21.

When interviewed on 4-26-21 at 10:00 a.m. the Director confirmed Staff B admitted to giving one extra dose of Melatonin to Tenant #2. The discrepancy was noted in Tenant #5's Melatonin when it was compared to pharmacy records. She said there was "possibly" a discrepancy of five to six tablets of Tenant #5's Melatonin.

In summary, staff reported concerns regarding medications, through the Program's investigation it was determined there was a discrepancy in Tenant #5's supply of Melatonin and a new card was ordered. It was also determined Staff B admitted to giving Tenant #2 an extra dose of Melatonin on 2-1-21. Tenant #2's Melatonin was not documented as administered on the MARs in January and February 2021, including on 2-1-21 when Staff B admitted to giving a scheduled and extra dose of Melatonin to Tenant #2. Corrective action provided by the Program included locking and counting Melatonin. When current count sheets were reviewed Tenant #5's count sheets

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A 285	Continued From page 9 and MARs indicated there were doses not administered (during the time of the investigation) to Tenant #5 as the medication was not available to administer. Tenant #2 and Tenant #5 did not received medications as prescribed.	A 285		
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 interview and record review the Program failed to complete evaluations as needed with significant change. This pertained to 4 of 6 tenants reviewed (Tenants #1, #2, #3 and #4). Findings follow: 1. Record review of a Staff Documentation/Communication to RN form dated 4-4-21 indicated Tenant #1 and Tenant #2 were kissing and inappropriately touching. They were asked multiple times to stop and separate. Tenant #1 argued. A Staff Documentation/Communication to RN	A 145		

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A 145	Continued From page 10	A 145		

form dated 4-10-21 at 11:00 a.m. indicated Tenant #1 and Tenant #2 were in the dining room. Tenant #1 sat on the chair and Tenant #2 stood over Tenant #1. Tenant #1 was "playing and rubbing" Tenant #2's genitals.

A Staff Documentation/Communication to RN form dated 4-19-21 at 4:00 a.m. indicated Tenant #1 was hostile and yelled at staff that she could sleep anywhere she wanted to. She pulled down Tenant #2's pants to perform oral sex on Tenant #2. Staff tried to pull them apart and told them it was inappropriate. Tenant #1 told staff to leave her and her husband alone and staff was jealous.

2. When interviewed on 4-20-21 at 11:12 a.m. Staff E said approximately one to two weeks ago, Tenant #1 and Tenant #2 tried to be together. At the end of her shift she completed rounds and found Tenant #2 in Tenant #1's apartment with his pants down. Tenant #1 was fully dressed. There was nothing further observed. There was another incident in the dining room by the fireplace where Tenant #1 was touching Tenant #2 inappropriately and he was letting her.

When interviewed on 4-22-21 at 10:03 a.m. Staff G said Tenant #1 and Tenant #2 physical/sexual relationship. In the beginning it started as Tenant #1 and Tenant #2 acting like they were married and it became physical in the last two to three weeks. Tenant #1 started most of it and Tenant #2 went along with it and sometimes he would say no. Tenant #2 would be asleep and Tenant #1 would wake him up and start touching him.

When interviewed on 4-20-21 at 4:01 p.m. 6:01 p.m. Staff F said Tenant #1 and Tenant #2 say there were married. She said they had a physical/sexual relationship. She said on Sunday

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A 145	Continued From page 11	A 145		

on third shift in the in the common area, Tenant #1 performed oral sex on Tenant There were two other tenants present in the next room by the fireplace. It was reported to the Healthcare Coordinator and was told both families agree.

When interviewed on 4-21-21 at 10:03 and 2:09 p.m. the Healthcare Coordinator said staff first witnessed kissing between Tenant #1 and Tenant #2 on 4-4-21. On 4-10-21 there was touching that was consensual. On 4-19-21/4-20-21 Tenant #1 performed oral sex on Tenant #2 in the common area and they were redirected. The interactions were consensual and agreeable between both tenants.

3. Record review of Tenant #1's file revealed Tenant #1 was staged at six on the Global Deterioration Scale (GDS), which indicated severe cognitive decline. Tenant #1's primary care provider (PCP) had activated the power of attorney (POA) on 6-16-20. Evaluations were completed on 4-12-21 related to a significant change for sexual behaviors with another tenant. Evaluations were completed; however, were not completed when the behaviors were observed including on 4-4-21. Evaluations were not completed as needed in a timely manner.

Continued record review of Tenant #2's file revealed Tenant #2 was staged at a six on the GDS, which indicated severe cognitive decline. Tenant #2's PCP activated Tenant #2's durable power of attorney (DPOA) on 4-15-20. Evaluations were completed on 4-10-21 for a significant change including behaviors of a sexual nature with another tenant. Evaluations were completed;however, were not completed when the behaviors were observed including on 4-4-21. Evaluations were not completed as needed in a

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A 145	Continued From page 12	A 145		

timely manner.

4. When interviewed on 4-22-21 at 10:03 a.m. Staff G said Tenant #3 and Tenant #4 had a physical relationship. Tenant #3 told staff she had gone the "long way" with Tenant #4. Staff had seen Tenant #3 leaving Tenant #4's room. Both tenants were in agreement and the nurse was aware. It was about a month ago.

When interviewed on 4-21-21 at 2:09 p.m. the Healthcare Coordinator said there was nothing physical witnessed between Tenant #3 and Tenant #4. They had a close relationship. It started in late March or April.

5. Continued record review of Tenant #3's file revealed Tenant #3 was staged at four on the GDS, which indicated moderate cognitive decline. Tenant #3 had an activated DPOA. The most recent evaluations provided were dated 3-12-21 (30 day evaluations). Progress Notes dated 4-1-21 indicated Tenant #3 preferred the company of a male tenant. Both families were aware and were agreeable to the relationship. If the tenants wanted intimacy, then it would be provided. Staff were to observe for any unwanted touching and to notify the nurse. If intimacy was noted in the common areas they would be redirected to the apartment. Evaluations were not completed as needed when a close and possible sexual relationship occurred between Tenant #3 and Tenant #4.

Further record review of Tenant #4's file revealed Tenant #3 was staged at a three on the GDS, which indicated mild cognitive decline. The most recent evaluations provided were dated 5-26-20. Progress Notes dated 4-1-21 indicated Tenant #4 preferred the company of a female tenant. Both

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0017	A. BUILDING: _____ B. WING _____	C 04/27/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY MANOR MEMORY CARE	900 W 46TH ST DAVENPORT, IA 52806

(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 145	Continued From page 13 families were aware and were agreeable to the relationship. If the tenants wanted intimacy, then it would be provided. Staff were to observe for any unwanted touching and to notify the nurse. It intimacy was noted in the common areas they would be redirected to the apartment. Evaluations were not completed when a close and possible sexual relationship occurred between Tenant #4 and Tenant #3. 6. When interviewed on 4-27-21 at 1:27 p.m. the Healthcare Coordinator confirmed all evaluations for the tenants listed above were provided.	A 145		
A 350	481-69.26(1) Service Plans 69.26(1) A service plan shall be developed for each tenant based on the evaluations conducted in accordance with subrules 69.22(1) and 69.22(2) and shall be designed to meet the specific service needs of the individual tenant. The service plan shall subsequently be updated at least annually and whenever changes are needed. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to update service plans, failed to base service plans on evaluations and failed to develop service plans to reflect identified needs of tenants. This pertained to 4 of 6 tenants reviewed (Tenants #1, #2, #3 and #4). Findings follow: 1. Record review of a Staff Documentation/Communication to RN form dated 4-4-21 indicated Tenant #1 and Tenant #2 were kissing and inappropriately touching. They were	A 350		

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A 350	Continued From page 14	A 350		

asked multiple times to stop and separate. Tenant #1 argued.

A Staff Documentation/Communication to RN form dated 4-10-21 at 11:00 a.m. indicated Tenant #1 and Tenant #2 were in the dining room. Tenant #1 sat on the chair and Tenant #2 stood over Tenant #1. Tenant #1 was "playing and rubbing" Tenant #2's genitals.

A Staff Documentation/Communication to RN form dated 4-19-21 at 4:00 a.m. indicated Tenant #1 was hostile and yelled at staff that she could sleep anywhere she wanted to. She pulled down Tenant #2's pants to perform oral sex on Tenant #2. Staff tried to pull them apart and told them it was inappropriate. Tenant #1 told staff to leave her and her husband alone and staff was jealous.

2. When interviewed on 4-20-21 at 11:12 a.m. Staff E said approximately one to two weeks ago, Tenant #1 and Tenant #2 tried to be together. At the end of her shift she completed rounds and found Tenant #2 in Tenant #1's apartment with his pants down. Tenant #1 was fully dressed. There was nothing further observed. There was another incident in the dining room by the fireplace where Tenant #1 was touching Tenant #2 inappropriately and he was letting her.

When interviewed on 4-22-21 at 10:03 a.m. Staff G said Tenant #1 and Tenant #2 physical/sexual relationship. In the beginning it started as Tenant #1 and Tenant #2 acting like they were married and it became physical in the last two to three weeks. Tenant #1 started most of it and Tenant #2 went along with it and sometimes he would say no. Tenant #2 would be asleep and Tenant #1 would wake him up and start touching him.

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A 350	Continued From page 15 When interviewed on 4-20-21 at 4:01 p.m. 6:01 p.m. Staff F said Tenant #1 and Tenant #2 say there were married. She said they had a physical/sexual relationship. She said on Sunday on third shift in the in the common area, Tenant #1 performed oral sex on Tenant There were two other tenants present in the next room by the fireplace. It was reported to the Healthcare Coordinator and was told both families agree. When interviewed on 4-21-21 at 10:03 and 2:09 p.m. the Healthcare Coordinator said staff first witnessed kissing between Tenant #1 and Tenant #2 on 4-4-21. On 4-10-21 there was touching that was consensual. On 4-19-21/4-20-21 Tenant #1 performed oral sex on Tenant #2 in the common area and they were redirected. The interactions were consensual and agreeable between both tenants. 3. Record review of Tenant #1's file revealed Tenant #1 was staged at six on the Global Deterioration Scale (GDS), which indicated severe cognitive decline. Tenant #1's primary care provider (PCP) had activated the power of attorney (POA) on 6-16-20. Tenant #1's service plan was updated on 4-12-21 and signed by the Healthcare Coordinator. It reflected Tenant #1 responded to redirection when she was participating in inappropriate sexual activity. The service plan was updated on 4-12-21; however, the physical relationship started between Tenant #1 and Tenant #2 on 4-4-21 and the service plan was not updated at that time. The service plan did not reflect the sexual relationship between Tenant #1 and another tenant and interventions. Continued record review of Tenant #2's file revealed Tenant #2 was staged at a six on the GDS, which indicated severe cognitive decline.	A 350		

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A 350	Continued From page 16	A 350		

Tenant #2's PCP activated Tenant #2's durable power of attorney (DPOA) on 4-15-20. Tenant #2's service plan was updated and signed by the Healthcare Coordinator on 4-11-21. The service plan indicated Tenant #2 preferred the company of a female tenant and if physical/sexual behaviors arose, privacy would be provided. If it occurred in a common space staff would redirect or move the other tenant from the area. Staff would attempt to redirect and provide distraction when others were present or if in common areas. The service plan was updated on 4-11-21; however, the physical relationship started between Tenant #1 and Tenant #2 on 4-4-21 and it the service plan was not updated at that time. The service plan did not reflect the extent of the sexual relationship between Tenant #1 and another tenant and interventions.

4. When interviewed on 4-22-21 at 10:03 a.m. Staff G said Tenant #3 and Tenant #4 had a physical relationship. Tenant #3 told staff she had gone the "long way" with Tenant #4. Staff had seen Tenant #3 leaving Tenant #4's room. Both tenants were in agreement and the nurse was aware. It was about a month ago.

When interviewed on 4-21-21 at 2:09 p.m. the Healthcare Coordinator said there was nothing physical witnessed between Tenant #3 and Tenant #4. They had a close relationship. It started in late March or April.

5. Continued record review of Tenant #3's file revealed Tenant #3 was staged at four on the GDS, which indicated moderate cognitive decline. Tenant #3 had an activated DPOA. The most recent evaluations provided were dated 3-12-21 (30 day evaluations). Progress Notes dated 4-1-21 indicated Tenant #3 preferred the

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A 350	Continued From page 17	A 350		

company of a male tenant. Both families were aware and were agreeable to the relationship. If the tenants wanted intimacy, then it would be provided. Staff were to observe for an unwanted touching and to notify the nurse. It intimacy was noted in the common areas they would be redirected to the apartment. A service plan was updated on 4-10-21 and reflected the information in the Progress Note listed above regarding the preferred the company of a male tenant. The service plan was updated on 4-10-21; however, was not updated when the relationship started and was not based on evaluations.

Further record review of Tenant #4's file revealed Tenant #4 was staged at a three on the GDS, which indicated mild cognitive decline. Progress Notes dated 4-1-21 indicated Tenant #4 preferred the company of a female tenant. Both families were aware and were agreeable to the relationship. If the tenants wanted intimacy, then it would be provided. Staff were to observe for any unwanted touching and to notify the nurse. It intimacy was noted in the common areas they would be redirected to the apartment. The service plan was updated on 4-10-21 and reflected Tenant #4 preferred the company of a female tenant and "both desire to have intimacy" the family and PCPs were aware. Privacy was to be provided as needed. The service plan was updated; however, it was not updated when the relationship started and was not based on evaluations.

6. When interviewed on 4-27-21 at 1:27 p.m. the Healthcare Coordinator confirmed all current service plans for the tenants listed above were provided.

COUNTRY MANOR
MEMORY CARE

ok

July 19, 2021

Country Manor Incident #96229-I and Complaint #96943-C and #96955-C

Iowa Department of Inspection & Appeals
Catie Campbell
Program Coordinator - Adult Services Bureau
Lucas State Office Building
321 East 12th Street
Des Moines, IA 50319-0083

To Whom It May Concern,

Please consider this as our plan of correction for the regulatory insufficiency cited during 4/15/-21- 4/27/21 incident and complaint visit completed by the Department of Inspection and Appeals (DIA) in accordance with the Code of Iowa, section 231C and Iowa Administrative Code, chapter 481-69, pertaining to regulatory insufficiencies.

481-67.2(3) Program Policies and Procedures
A 150
67.2(3) The program shall follow the policies and procedures established by the program.

1. **Elements detailing how the program will correct the regulatory insufficiency.**
    a. Tenant #1 and #2 POAs have been contacted regarding the extent of sexual contact and progress notes with specific information have been documented.
    b. ISP signatures have been obtained for tenant #1 and #2.
    c. Interventions have been updated regarding sexual involvement.

2. **What measures will be taken to ensure the problem does not recur?**
    a. Progress notes of tenants with a preference for intimate relationships will be reviewed to ensure detailed information and POA awareness.
    b. ISPs will be reviewed to ensure signatures and/or documentation of attempts to obtain signatures are present.
    c. HCC, Director or designee will review all resident's service plans with a preference for sexual relationships to ensure appropriate interventions are in place.

3. **How the program plans to monitor performance to ensure compliance.**
    a. HCC, Director or designee will review progress notes of tenants with a preference for intimate relationships to ensure detailed communication and POA

awareness weekly for two weeks, every two weeks for four weeks and as designated by Director.

4. **Date by which the regulatory insufficiency will be corrected.**
    a. Regulatory Insufficiency will be corrected by 08/12/21.

481-67.5(2)f(4) Medications
A285
67.5(2) Each program shall follow its own written medication policy, which shall include the following:

f. When medications are administered traditionally by the program:

(4) Medications and treatments shall be administered as prescribed by the tenant's physician, advanced registered nurse practitioner or physician assistant.

1. **Elements detailing how the program will correct the regulatory insufficiency.**
    a. All tenant medications are available for administration.
    b. Melatonin will be counted by two staff at shift change and reviewed by HCC, Director or designee weekly.

2. **What measures will be taken to ensure the problem does not recur?**
    a. HCC, Manager or designee will complete training with staff by 8/5/21 regarding notification to HCC, Director or designee of unavailable medications, missing EMAR documentation and appropriate practices of medication administration.
    b. Melatonin will be counted by two staff at shift change and reviewed by HCC, Director or designee.

3. **How the program plans to monitor performance to ensure compliance.**
    a. HCC, Director or designee will review EMAR for missing documentation and unavailable medications daily for three weeks and then as scheduled by the Program Director, HCC or designee.
    b. Melatonin will be counted by two staff at shift change and reviewed by HCC, Director or designee three times weekly for 3 weeks.

4. **Date by which the regulatory insufficiency will be corrected?**
    a. Regulatory Insufficiency will be corrected by 8/12/21.

481-69.22(3) Evaluation of Tenant
A145
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.

1. **Elements detailing how the program will correct the regulatory insufficiency.**
    a. Resident COC has been completed and will review all ISPs to ensure accuracy.

2. **What measures will be taken to ensure the problem does not recur?**
    a. HCC, Manager or designee will review current resident service plans and complete COC assessments for significant changes as warranted.

3. **How the program plans to monitor performance to ensure compliance.**
    a. HCC, Manager or designee will review a random sample of service plans for accuracy weekly for three weeks and then as scheduled by the Program Manager, HCC or designee.

4. **Date by which the regulatory insufficiency will be corrected?**
    a. Regulatory Insufficiency will be corrected by 8/12/21.

481-69.26(1) Service Plans
A350
481-69.26(1) Service plans.

69.26(1) A service plan shall be developed for each tenant based on the evaluations conducted in accordance with subrules 69.22(1) and 69.22(2) and shall be designed to meet the specific service needs of the individual tenant. The service plan shall subsequently be updated at least annually and whenever changes are needed.

1. **Elements detailing how the program will correct the regulatory insufficiency.**
    a. Resident concerns with service plans have been reviewed with HCC.

2. **What measures will be taken to ensure the problem does not recur?**
    a. All current resident service plans will be reviewed for accuracy of services provided and resident preferences.

3. **How the program plans to monitor performance to ensure compliance.**
    a. HCC, Manager or designee will review a random sample of service plans weekly for four weeks and then as scheduled by the Program Manager, HCC or designee.

4. **Date by which the regulatory insufficiency will be corrected.**
    a. Regulatory Insufficiency will be corrected by 8/12/21.

COUNTRY MANOR
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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.

Thank you for your time and consideration in correcting these important matters.

Sincerely,

Miranda Lewis
Manager