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 10/19/2023

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 type of population served. The census numbers were provided by the Program at the time of the on-site. Number of tenants without cognitive disorder: 1 Number of tenants with cognitive disorder: 12 TOTAL census of Assisted Living Program: 13 No regulatory insufficiencies were cited during the investigation into Incident #111401-I and Complaint #11298-C. The following regulatory insufficiencies were cited during the investigation into Complaints #114550-C and #114551-C.	A 000	See Attached POC 2/12/24	
A 160	481-67.3(2) Tenant Rights 481-67.3 Tenant rights. All tenants have the following rights: 67.3(2) To receive care, treatment and services which are adequate and appropriate. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to provide appropriate care to 1 of 5 discharged tenants (Tenant C5). Findings follow: Record review on 10/17/23 revealed Tenant C5 was diagnosed with Alzheimer's disease with late onset. She had hospital discharge instructions dated 7/29/23 at 23:11 (11:11 PM) for a minor medical problem. Tenant C5 was prescribed the medication levofloxacin for seven days.	A 160		

DIVISION OF HEALTH FACILITIES STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Kaecia Mahin TITLE Director (X6) DATE 2/8/24

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A 160	Continued From page 2 something they had access to at the program. When interviewed the hospital RN documented the program was contacted many times over nine hours but did not answer their phones. The patient was discharged nine hours earlier but the hospital could not reach the program. The patient's family did not want additional care for the patient at the hospital. Record review revealed the Program's Coverage/On-call Responsibilities policy. The on-call nurse was to answer the phone or return a call within five minutes of a call. If a tenant was sent to the emergency room or hospital, the on-call nurse was to call in report to the emergency room or hospital. On 10/18/23 at 10:15 PM, the Director confirmed the findings.	A 160		
A 285	481-67.5(2)f(4) Medications 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. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to administer medication to 1 of 5	A 285		

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A 290	Continued From page 4 tenants (Tenant C5). Findings follow: Record review on 10/17/23 revealed hospital discharge instructions dated 7/29/23 which noted Tenant C5 was discharged with a minor medical problem. Tenant C5 was prescribed the medication levofloxacin for seven days. Levofloxacin is a medication used to treat infections. Tenant C5's progress notes did not document her visit to the emergency room or her use of an antibiotic. The Director confirmed the above information was not documented in the nurse's notes on 10/18/23 at 10:15 AM.	A 290		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	PROVIDER/SUPPLIER/CLIA INDENTIFICATION NUMBER: S0017	DATE SURVEY COMPLETED: 10/18/2023

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
	A290 481-69.25(1) Documentation for each tenant shall be maintained by the program and shall include: i. When any personal or health-related care is delegated to the program, the medical information sheet; documentation of health professionals' orders, such as those for treatment, therapy, and medication;		Tenant #1: progress notes were entered into tenant's chart regarding the 7/29/23 hospital visit on 11/01/2023. The Tenant was discharged from discharge on 8/2/23.	The new RN Healthcare Coordinator will be trained in accurate and timely documentation and charting by exception expectation. When the RN Health care coordinator is not the individual on-call, follow up will be completed the next working day that documentation is complete. *Effective 2/1/24, the facility is being managed by Health Dimension Group. DOW will no longer participate in multi-facility on call. He/she will only be responsible for this facility and will take call 24/7. This process will be included in the facilities adhoc QAPI program. All follow up needed we occur immediately. Staff were educated on this process 2/1/24.*	**Implementation Date:** 10/18/2023 **Completion Date:** 11/29/24 Process changes through QAPI 2/12/24 **Responsible Party:** Nurse or Designee

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.

	481—67.3(231B,231C,231D) Tenant rights. All tenants have the following rights: 67.3(3) To receive respect and privacy in the tenant's medical care program. Personal and medical records shall be confidential, and the written consent of the tenant shall be obtained for the records' release to any individual, including family members, except as needed in case of the tenant's transfer to a health care facility or as required by law or a third-party payment contract.		Staff were re-educated on carrying the community phone to ensure calls are being answered timely on 12/8/2023. *Staff were reeducated the Director/Designee will carry the facility phone24/7 on ___02/01/2023_____*	Upon hire new employees will receive training regarding ensuring the phone is with a staff member and being answerec timely. *Orientation process updated to include Director/Designee will carry the facility phone 24/7.* The Director or designee will complete random audits of phone compliance at varying times of the day/night to ensure compliance.	**Implementation Date:** 10/18/2023 **Completion Date:** Process changes through QAPI 2/12/24 **Responsible Party:** Director or Designee
Tag# 3	**481—67.5(231B,231C,231D) Medications. 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**	**Tag #**	Tenant #1 – med error was completed for tenant not receiving Levaquin as ordered by the ER physician on 7/30/23. Tenant was discharged on 8/2/23.	New RN Healthcare Coordinator will be trained in timely order processing. Training completed on 11/29/24 *Training to Health Dimensions Group Policies and Procedures will be completed on 2/12/24.*	**Implementation Date:** 10/18/2023 **Completion Date:** Process changes through QAPI 2/12/24 **Responsible Party:** Nurse or designee

Compliance Date:_____11/28/2023_____

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