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 07/30/2024

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 impairment: 1 Number of tenants with cognitive impairment: 17 Total census: 18 The following regulatory insufficiencies were cited during the investigation into Complaint #114635-C.	A 000	The Plan of Correction is attached	
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 provide treatments as ordered to 1 of 1 discharged tenants reviewed (Tenant C1). Findings follow: Record review on 7/30/24 revealed a clinical coordination note from the hospice nurse on	A 285		

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A 285	Continued From page 1 10/23/23 which identified Tenant C1 had a red, sore wound to the 2nd toe on his left foot. The hospice nurse spoke with the wound nurse and received orders for program staff to apply Betadine to Tenant C1's toe and administer Doxycycline, twice daily for 14 days. A review of the October Medication Administration Record (MAR) noted Tenant C1 received his first dose of Doxycycline on 10/25/23 and the betadine treatment on 10/24/23. On 10/27/23 the hospice nurse returned to see Tenant C1 and performed wound care on his left toe. She again consulted with the wound nurse and the treatment orders were changed due to the condition of the wound. Staff were to discontinue the application of betadine to the wound. They were to cleanse Tenant C1's left 2nd second toe with tap water, pat it dry and apply a thin layer of vaseline to the wound bed. Staff were then to cover the toe with optifoam dressing and secure it with tape to keep the dressing in place. They were to ensure Tenant C1's circulation was not impeded. Caregivers were to manage the wound and the hospice nurse would assess the toe's condition weekly. The clinical coordination note for 10/27/23 identified the hospice nurse provided the Executive Director with the new wound orders on 10/27/23. A review of the October 2023 and November 2023 MARs revealed staff continued to apply the betadine to Tenant C1's wound from 10/27/23 through 11/2/23. The Betadine treatment was not discontinued. The nurse at the program did not add the 10/27/23 orders (vaseline, optifoam dressing) to Tenant C1's MAR. The hospice nurse spoke with Tenant C1's niece on 11/3/23 following a cardiology appointment.	A 285		

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A 285	Continued From page 2 The cardiologist recommended amputation of the 2nd toe on the left foot. The niece took Tenant C1 directly to the hospital. He did not return to the program. On 7/31/24 at 5:15 PM the Executive Director reported she did not recall receiving the wound orders from the hospice nurse on 10/27/23. She confirmed orders from a physician should have been implemented or discontinued when received.	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 ensure evaluations were completed with change of condition for 1 of 1 discharged tenants (Tenant C1) and 1 of 2 current tenants (Tenant #1) reviewed. Findings	A 145		

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A 145	Continued From page 3 follow: 1) Review of physician orders for Tenant C1 on 7/30/24 revealed he returned from a medical appointment on 9/27/23 with an order for Doxycycline (an antibiotic), 1 tablet twice daily for 10 days and Bacitracin to be applied topically 1 time daily for a sore on his left 2nd toe. The antibiotic and treatment were added to the September Medication Administration Record (MAR) on 9/28/23. A progress note dated 9/29/23 identified Tenant C1's niece contacted the program asking the nurse to make a mark around the outline of the redness on Tenant C1's toe to track the progress of the infection. A nursing note dated 10/13/23 reflected Tenant C1 was admitted to hospice on 10/13/23. The program nurse completed a comprehensive assessment (evaluations) on 10/18/23 for a change of condition due to beginning hospice services. The skin review portion of the health assessment noted the skin was not intact but did not identify any areas of concern. A clinical coordination note from the hospice nurse on 10/23/23 identified Tenant C1 had a red and sore wound to the 2nd toe on his left foot. The hospice nurse spoke with the wound nurse and received orders for program staff to apply Betadine to Tenant C1's toe and he started another course of Doxycycline, twice daily for 14 days. On 10/27/23, the hospice nurse returned to see Tenant C1 and performed wound care on his left toe. She again consulted with the wound nurse and the treatment orders were changed due to the condition of the wound. The hospice nurse spoke with Tenant C1's niece on 11/3/23 following a cardiology appointment. The	A 145		

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A 145	Continued From page 4 cardiologist recommended amputation of the 2nd toe on the left foot. A comprehensive assessment regarding the tenant's change in condition to his left foot requiring wound treatment, identified on 10/23/23, could not be located. 2) Review of Tenant #1's progress notes on 7/30/24 revealed she was found on the floor in the hallway on the floor on 5/20/24. A second progress note entry on 5/20/24 revealed the program nurse spoke with the tenant's neurologist and medication changes were going to be implemented to address her frequent falls. Tenant #1 also tested positive for covid on 5/20/24. On 5/22/24 Tenant #1 had a fall in her room. When the nurse went to assess Tenant #1 she was laying on her side. The nurse called the physician who stated it may be in Tenant #1's best interest to go to the hospital due to weakness, frequent falls, and diagnosis of covid. Tenant #1 was admitted to the hospital and remained there until 5/24/24. Tenant #1 returned from the hospital with a splint for her wrist and required a complete staff assistance of 1. The nurse completed a post fall assessment of the 5/22/24 incident on that date. She documented Tenant #1 was previously fully independent with mobility but had decreased ambulation and required staff assistance. A progress note dated 5/25/24 indicated the tenant had increased difficulty with ambulation and used a wheelchair at times. Evaluations could not be located following Tenant	A 145		

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A 145	Continued From page 5 #1's return from the hospital on 5/24/24 assessing her cognitive, health and functional status. On 7/30/24 at 11:20 AM the Director of Wellness stated Tenant #1 used a wheelchair for mobility at the time of the interview. Tenant #1 no longer wore the splint. The Director of Wellness confirmed she did not complete new health, cognitive and functional evaluations upon Tenant #1's return to the program from the hospital on 5/24/24. 3) On 7/30/24 at 5:15 PM the Executive Director confirmed these findings.	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 ensure service plans were updated as needs changed for 1 of 1 discharged tenants (Tenant C1) and 2 of 2 current tenants (Tenant #1 and Tenant #2) reviewed. Findings include:	A 350		

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A 350	Continued From page 6 1) Review of physician orders for Tenant C1 on 7/30/24 revealed he returned from a medical appointment on 9/27/23 with an order for Doxycycline (an antibiotic), 1 tablet by mouth, 2 times daily for 10 days and Bacitracin to be applied topically 1 time daily for a sore on his left 2nd toe. The mediction and treatment were added to the September 2023 Medication Administration Record (MAR) on 9/28/23. A nursing note dated 10/13/23 reflected Tenant C1 admitted to hospice on 10/13/23. Physician orders from the hospice agency dated 10/23/23 directed staff to use Betadine to left 2nd toe and start another course of Doxycycline, twice daily for 14 days. On 11/3/23, Tenant C1 went to a cardiology appointment and subsequently taken to the hospital to have his toe amputated. Tenant C1's most recent service plan (dated 10/18/23) was not updated to address the wound to his toe. 2) On 7/30/24 review of Tenant #1's progress notes revealed on 5/20/24 she was found in the hallway on the floor. A second progress note on 5/20/24 revealed the program nurse spoke with the tenant's neurologist and medication changes were going to be implemented to address her frequent falls. Tenant #1 also tested positive for covid on 5/20/24. Progress notes reflected on 5/22/24 Tenant #1 had a fall in her room. The nurse called the physician who stated it may be in Tenant #1's best interest to go to the hospital due to weakness, frequent falls, and a diagnosis of covid. Tenant #1 was admitted to the hospital and remained there until 5/24/24. Tenant #1 returned	A 350		

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A 350	Continued From page 7 from the hospital with a splint for her wrist and required staff assist of 1. On 5/25/24 the tenant had increased difficulty with ambulation, and used a wheelchair at times. Tenant #1's most recent service plan (dated 3/21/24) was not updated to reflect her increased weakness, splint usage, and the need for extra staff assistance. 3) Review of Tenant #2's record on 7/29/24 revealed a wandering assessment was completed on 7/29/24 identifying she was at high risk for wandering. Tenant #2 needed to be redirected from other tenants' rooms. On 7/29/24 at 12:15 pm Staff A stated Tenant #2 wandered into other tenants' rooms, fiddled with their personal items, and sat or laid in other tenants' beds. On 7/30/24 at 8:30 am, Staff B reported Tenant #2 wandered into other tenants' rooms and picked up things. During an interview on 7/29/24 at 3:20 PM, Tenant #3 said there were two tenants in the building who wandered. They came into his room often and sometimes took his food. His first night at the program, a tenant climbed in bed with him. He confirmed Tenant #2 was one of the tenants he was referring to. Tenant #2 had a service plan dated 7/18/24. The service plan identified she was an elopement risk but did not address wandering. 4) On 7/30/24 at 11:20 am the Director of Wellness confirmed her awareness of Tenant #2's wandering into others' apartment and	A 350		

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A 350	Continued From page 8 confirmed it was not addressed on the service plan. On 7/30/24 at 5:15 pm the Executive Director confirmed these findings.	A 350		

Country Manor Memory Care

Plan of Correction

Citation	POC
Service Plans	1. Director of Wellness (DOW) will complete the resident roster that identifies all the residents, their move-in dates, in-house and outside services they receive including home health services by 8/30/2024 2. DOW will review all the resident service plans that reflect all their identified needs and update as necessary when changes to resident needs or change of condition occurs by 8/30/2024. 3. DOW or designee will obtain residents' representatives' signatures for those with service plan updates by 8/30 4. DOW or designee will communicate specific changes to the resident service plans by 8/30/2024 5. DOW or designee will continue to update the resident roster weekly and update the service plans based on the identified resident needs as necessary when changes to resident needs or change of condition occurs. 6. DOW or designee will develop an Ad Hoc QAPI and review during morning stand-up by 10/15/2024 7. Regional nurse will review updated resident roster with the DOW every other week for compliance.
Evaluation	1. DOW will develop a change of condition/ hospitalization resident tracker 2. DOW or designee will review residents who have change of condition, return from hospitalization, and hospice admission in collaboration with the caregivers daily 3. DOW or designee will track identified residents using the tracker and update as needed. 4. DOW will complete resident assessment for change of condition, return from hospitalization and hospice admission and update the care plan as identified 5. DOW, ED or Designee will discuss the residents with change of condition, return from hospitalization and/or hospice admission the following business day during morning stand-up. 6. DOW will obtain signature from resident POA/representative for the updated service plan as needed. 8. DOW or designee will develop an Ad Hoc QAPI and review during morning stand-up by 10/15/2024

Medication Administration	1. DOW to educate outside providers via email or written letter regarding new order communication by 9/21/24 2. All new orders will be communicated directly to the DOW via email, phone call or fax as stated in the notification letter 3. DOW or designee will educate all clinical staff regarding new order receiving process by 9/25/24 4. DOW will review all the new orders daily and implement the new order(s) immediately. 5. DOW or designee will develop an Ad Hoc QAPI and review during morning stand-up by 10/15/2024

ED Name and Signature: Karecia Marmeis Date: 09/26/2024

DOW Name and Signature: Danielle Brown RN Date: 9/26/24