

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0020	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 12/21/2023
NAME OF PROVIDER OR SUPPLIER EILER SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 920 W GARFIELD CLARINDA, IA 51632		
(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: 27 Number of tenants with cognitive impairment: 13 TOTAL census: 40 No regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification for an Assisted Living Program. The following regulatory insufficiency was cited during the investigation of Complaint #117559-C.	A 000	See Attached POC 4/23/24	
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.	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	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the Program failed to evaluate a tenant's functional, cognitive and health status as needed with a significant change. This pertained to 1 of 4 files reviewed (Tenant #1). Findings include:</p> <p>Record review on 12/20/23 at 11:02 a.m. revealed record of a grievance filed by Tenant #1 on 11/23/23 concerning a report of a third shift staff person forcing her to walk. Tenant #1 stated she fell to her knees while walking and slid down the bathroom door. The tenant reported this staff person was aggressive and rude to her. The program interviewed the identified third shift staff person and realized Tenant #1's report was not consistent with the report given by the staff person in question. There had been no other tenant reports concerning this staff person. The Program determined walking had become painful for Tenant #1 and the report behavioral.</p> <p>When interviewed on 12/20/23 at 11:02 a.m. the Director reported following Tenant #1's filing of the grievance on 11/23/23, it was agreed Tenant #1 would be transferred to the toilet at night using a wheelchair and will have two staff as witness when providing her cares during the overnight to ensure her safety.</p> <p>Review of Tenant #1's service plan failed to include the using of a wheelchair and the two staff as witness when providing cares during the overnight.</p> <p>When interviewed on 12/21/23 at 7:55 a.m. the Director of Nursing confirmed Tenant #1's functional, cognitive and health status had not</p>	A 145			

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A 145	Continued From page 2 been completed during this change in condition and the additional changes of having two staff in the room during the overnight and the need to use a wheelchair to toilet at night had not been added to her service plan.	A 145			

Eiler Senior Living

Survey 12/21/23

POC - A145

Tenant #1's service plan was updated on 12/22/2023, to include the use of a wheelchair and the two staff as witness when providing cares during the overnight.

To ensure appropriate interventions are implemented and documentation is completed for all residents, a daily clinical huddle during shift change has been implemented 3/27/24 and will be facilitated by DON, ED, or Lead Resident Care Partner. Significant changes will be communicated with the leadership team at daily stand-up that is held Monday-Friday mornings.

ED and DON will review each resident's service by plan by 4/19/2024. DON will update any changes as indicated after reviewing with resident/responsible parties by 4/23/2024.

To ensure continued quality of care for each resident, DON will be timely in completing assessments as indicated. ED and DON will meet twice monthly x3 months to review significant changes and service plans to monitor for current and accurate documentation.