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
	S0095	A. BUILDING: _____ B. WING _____	C 06/21/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELM SPRINGS INDEPENDENT AND ASSISTED	1011 SEVENTH STREET WEST ALLISON, IA 50602

(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 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: 17 Number of tenants with cognitive disorder: 1 Total census of Assisted Living Program: 18 The following regulatory insufficiencies were cited during the investigation of complaint #98127-C and the recertification visit conducted to determine compliance with certification rules for an Assisted Living Program.	A 000		
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 ensure tenants received care, treatment and services which were adequate and appropriate affecting 1 of 3 tenants reviewed (Tenant #1). Finding follows: Record review on 6/21/22 revealed an Incident Report (IR) for Tenant #1 dated 6/15/22. According to the IR, Tylenol 3 doses scheduled for 2200/10:00 p.m. were missed on 6/3/22,	A 160	The Plan of Correction is attached.	

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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A 160	Continued From page 1 6/4/22, 6/6/22, 6/7/22 and 6/8/22. Program staff missed an additional dose at 1400/2:00 p.m. on 6/5/22. The Program used the nursing staff from the affiliated nursing facility to administer narcotics and medications after 8:00 p.m. Further record review revealed Tenant #1 had a diagnosis of chronic pain due to trauma, low back pain and pain in unspecified joints. When interviewed on 6/21/22 at 11:55 a.m. the delegating nurse confirmed the Program failed to administer Tenant #1's Tylenol 3 on the above dates.	A 160		
A 345	481-67.9(4)b Staffing 67.9(4) Nurse delegation procedures. The program's registered nurse shall ensure certified and noncertified staff are competent to meet the individual needs of tenants. Nurse delegation shall, at a minimum, include the following: b. Within 30 days of beginning employment, all program staff shall receive training by the program's registered nurse(s). This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to consistently ensure staff received training/delegation within 30 days of employment affecting 2 of 2 staff reviewed (Staff B and C) Finding follows: Record review on 6/21/22 revealed Staff B's delegations were completed on 3/2/22. The Program listed Staff B's date of hire as 11/4/21. Further review revealed Staff C's delegations	A 345		

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A 345	Continued From page 2 were completed on 3/6/22. The Program listed Staff C's date of hire as 1/13/22. When interviewed the delegating nurse and Director confirmed the Program failed to ensure delegations were completed within 30 days of employment for Staff B and C.	A 345		

June 28, 2022

Elm Springs Assisted Living
1011 7th St.
Allison, IA 50602

Plan of Correction for Survey Completed June 21, 2022

Preparation and implementation of the plan of correction should not be construed as an admission of the deficiencies cited. This plan of correction is prepared solely because it is required under federal or state law.

F000 Correction Date: June 22, 2022

A160 – Tenant Rights – 481-67.3 (2)
All tenants have the right to receive care, treatment, and services which are adequate and appropriate.

1. The Assisted Living Registered Nurse discussed scheduled pain medications with the tenant. This tenant reported her preference would be to have pain medication doses scheduled and administered later in the morning and earlier in the evening to accommodate her sleep schedule. This information was presented to her primary care physician for consideration. The tenant's morning dose was moved to 7am and the evening dose to 7pm so they could be administered during her wakeful hours per the discretion of her physician and based on tenant preference.
2. Education was provided to loaned and contracted nurses on and before June 9, 2022 regarding evening doses of pain medication that had not been administered to the tenant. Education was also provided regarding assisted living tasks that the nurse should complete during the evening shift.
3. A checklist pertaining to assisted living tasks was created for nurses to self-audit their work before departing their shift. Additionally, during the orientation period of their shift, education will be provided to new, loaned, and/or agency nurses regarding assisted living requirements for medication administration.
4. Through the quality assurance process, the Assisted Living Registered Nurse, Assisted Living Manager, or designee will audit medication administration for tenants three times a week for 3 months and then weekly for 3 additional months to monitor compliance.

ok 7/15/22

A345 Staffing – 481-67.9(4)b

The program's registered nurse shall ensure certified and non-certified staff are competent to meet the individual needs of tenants. Nurse delegation, at minimum shall include the following: within 30 days of beginning employment, all program staff shall receive training by the program's registered nurse.

1. Delegations were completed for assisted living staff under the new Assisted Living Registered Nurse during the first week of March 2022.
2. A review of the process was completed. Effective 6/22/2022, delegations for new staff will be scheduled with new hire paperwork. Floor shifts will not be scheduled for new staff until after their delegations have been completed and required documentation for completed delegations have been filed in the Human Resources office.
3. Through the quality assurance process, the Assisted Living Manager will complete audits the first and third Monday of each month for 6 months to verify new hires have been on boarded with delegations completed.