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
	S0037	A. BUILDING: _____ B. WING _____	10/05/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LANDSMEER RIDGE RETIREMENT COMM	1007 7TH STREET NE ORANGE CITY, IA 51041

(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. General Population Program Number of tenants without cognitive disorder: 30 Number of tenants with cognitive disorder: 0 Total Population of Program at time of on-site: 30 TOTAL census of Assisted Living Program: 30 The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification of an Assisted Living Program. No regulatory insufficiencies were cited during the onsite infection control survey.	A 000	POC attached 12/8/22	
A 380	481-67.9(6) Staffing 67.9(6) Dependent adult abuse training. Program staff shall receive training relating to the identification and reporting of dependent adult abuse as required by Iowa Code section 235B.16. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to provide two hours of dependent adult abuse training as required within six months of employment for 3 of 7 staff reviewed (Staff A, Staff B, and Staff C). Findings follow: Record review of staff files on 10-5-21 revealed the following:	A 380		

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A 380	Continued From page 1 1. Staff A was hired 12-29-2020. No dependent adult abuse training could be located. 2. Staff B was hired 6-29-2020. No dependent adult abuse training could be located. 3. Staff C was hired 7-20-2020. No dependent adult abuse training could be located. The Administrator confirmed these findings on 10-5-21 at 9:47 a.m.	A 380		
A 140	481-69.22(2) Evaluation of Tenant 69.22(2) Evaluation within 30 days of occupancy. A program shall evaluate each tenant's functional, cognitive and health status within 30 days of occupancy. 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. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to evaluate each tenant's cognitive status within 30 days of occupancy for 1 of 3 tenants reviewed (Tenant #2). Findings follow: Record review of tenant files on 10-5-21 revealed the following: 1. Tenant #1 was admitted on 1-11-21. No 30 day cognitive evaluation could be located. The Administrator confirmed these findings on 10-5-21 at 12:08 p.m.	A 140		

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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 evaluate functional, cognitive, and health status as needed for significant change for 3 of 3 tenants reviewed (Tenant #1, Tenant #2, and Tenant #3). Findings follow: Record review of tenant files on 10-5-21 revealed the following: 1. Tenant #1's notes dated 9-13-21 revealed her left lower leg was red, warm to touch, shiny and tight with two plus pitting edema. Her daughter transported her to the doctor and returned with a diagnosis of cellulitus. She was prescribed 500 milligrams (mg) cephalexin to be taken four times a day for 10 days and 20 mg of Lasix to be taken twice a day. No functional, cognitive, or health evaluations could be located following the significant change in condition. 2. Tenant #2's Resident Assessment dated 2-10-21 revealed she required no staff assistance	A 145		

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A 145	Continued From page 3 with transfers or ambulation. Tenant #2's notes dated 2-16-21 revealed she exhibited a significant increase in confusion and was unable to transfer or ambulate without staff assistance. Her family transported her to the hospital and she was admitted due to increased confusion. She returned on 2-18-21 at her baseline of being able to ambulate without assistance. No functional, cognitive, and health evaluations could be located following the significant change in condition. 3. Tenant #3's notes dated 9-21-21 revealed her daughter contacted the Registered Nurse (RN) to discuss concerns regarding a noticeable decline of Tenant #3's mental status. The RN documented Tenant #3 may require a higher level of care and her daughter stated her preferences for placement. The RN contacted the facility and started the admission process. No functional, cognitive, and health evaluations could be located following the noted change. The Administrator confirmed these findings on 10-5-21 at 12:08 p.m.	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	A 350		

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A 350	Continued From page 4 Program failed to update service plans within 30 days of occupancy and as needed with significant change for 3 of 3 tenants reviewed (Tenant #1, Tenant #2, and Tenant #3). Findings follow: Record review of tenant files on 10-5-21 revealed the following: 1. Tenant #1 was admitted on 1-11-21. No 30 day cognitive evaluation could be located. Additional review revealed Tenant #1's notes dated 9-13-21 revealed her left lower leg was red, warm to touch, shiny and tight with two plus pitting edema. Her daughter transported to the doctor and returned with a diagnosis of cellulitus. She was prescribed 500 milligrams (mg) cephalexin to be taken four times a day for 10 days and 20 mg of Lasix to be taken twice a day. No functional, cognitive, and health evaluations could be located. The Program failed to update the service plan based on the required assessments. 2. Tenant #2's Resident Assessment dated 2-10-21 revealed she required no staff assistance with transfers or ambulation. Tenant #2's notes dated 2-16-21 revealed she exhibited a significant increase in confusion and was unable to transfer or ambulate without staff assistance. Her family transported her to the hospital and she was admitted due to increased confusion. She returned on 2-18-21 at her baseline of being able to ambulate without assistance. No functional, cognitive, and health evaluations could be located. The Program failed to update the service plan based on the required assessments. 3. Tenant #3's notes dated 9-21-21 revealed her daughter contacted the Registered Nurse to	A 350		

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A 350	Continued From page 5 discuss the decline in Tenant #3's mental status. The RN documented Tenant #3 may require a higher level of care and her daughter stated her preferences for placement. The RN contacted the facility and started the admission process. No functional, cognitive, and health evaluations could be located. The Program failed to update the service plan based on the required assessments. The Administrator confirmed these findings on 10-5-21 at 12:08 p.m.	A 350		

OK 2/15/22

Plan of Correction

A. Staffing: 481-67.9(6)

67.9(6) Dependent adult abuse training. Program staff shall receive training relating to the identification and reporting of dependent adult abuse as required by Iowa Code section 235B.16.

Regulatory Insufficiency A 380: This REQUIREMENT is not met as evidenced by:
Based on interview and record review the Program failed to provide two hours of dependent adult abuse training as required within six months of employment for 3 of 7 staff reviewed (Staff A, Staff B, and Staff C.) Findings:

Record review of staff files on 10-5-21 revealed the following:

1. Staff A was hired 12-29-20. No dependent adult abuse training could be located.
2. Staff B was hired 6-29-20. No dependent adult abuse training could be located.
3. Staff C was hired 7-20-20. No dependent adult abuse training could be located.

When interviewed on 10-5-21 at 9:47 am, administrator confirmed that staff had not been trained in recognition of legal counsel stating that Dining Services and Housekeeping did not require dependent adult abuse training.

- **Plan of Correction:** We have now implemented system wide through Human Resources that ALL staff in Senior Care, including Dining Services as well as our Hope Haven contracted staff, be trained in dependent adult abuse. This will include at least two hours of training within six months of hire. It will be required to be done every three years.

  - Director of HR will tag dependent adult abuse training as needing completion within 6 months of hire for all staff, including Dining Services. This process went into effect 11-8-21.
  - Staff A, B, and C as mentioned above have been trained. Staff A completed training 10-18-21. Staff B completed training 11-2-21. Staff C completed training 11-3-21.
  - All Dining Services staff that were not previously trained, had until 11-8-21 to complete the training and have done so.
  - Administrator will maintain the certificates and records to make sure all staff are in compliance.

B. Evaluation of a Tenant: 481-69.22(2)

69.22(2): Evaluation within 30 days of occupancy. A program shall evaluate each tenant's functional, cognitive and health status within 30 days of occupancy. 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.

Regulatory Insufficiency A 140: This REQUIREMENT not met as evidenced by:
Based on interview and record review the Program failed to evaluate tenant's cognitive status within 30 days of occupancy for 1 of 3 tenant's reviewed. (Tenant #2). Findings:

1. Tenant #2 was admitted on 1-11-21. No 30 day cognitive evaluation was found.

When interviewed, the Administrator confirmed these findings on 10-5-21 at 12:08pm.

- **Plan of Correction**: Have added a second checklist for ensuring that all portions of assessments, including cognitive, are completed at assessment checkpoints. Delegating RN makes sure to double check using this updated checklist with each assessment. So as in this case, when additional nursing assistance was called in to assist the Delegating RN during the crisis of the pandemic, RN will have a double check to be sure items are completed.

    - RN will have the checklist of needed assessments including functional, cognitive, health status, and nurses notes, listed for anyone properly delegated to perform assessments. RN will then have a second checklist that she/he will use to mark off after assessment carried out. This will ensure all portions necessary for that time point are complete.

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 change 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.

Regulatory Insufficiency A 145: This REQUIREMENT is not met as evidenced by:
Based on record review and interview the Program failed to evaluate functional, cognitive, and health status as needed for significant change on 3 of 3 tenants reviewed. (Tenant #1, Tenant #2, and Tenant #3). Findings:

1. Tenant #1, no evaluations were done for significant change in condition.
2. Tenant #2, no evaluations were done for significant change in condition.
3. Tenant #3, no evaluations for significant change in condition.

When interviewed, the Administrator confirmed these findings on 10-5-21 at 12:08pm.

- **Plan of Correction:** RN will change her way of thinking, and whether or not a tenant has a change to their functional or service care plan, will complete a significant change in condition assessment. Tenant was sent in to be evaluated for cellulitis, was put on antibiotics, but nothing else changed to her plan of care. Any time RN contacts family and suggests doctor evaluation, will effective immediately, perform a significant change assessment. This would effectively correct Tenant #1 and Tenant #2. Tenant #3 was a cognitive decline that staff was very aware of. Rather than documenting in Communication Book, RN will instruct staff to make it part of Tenants record by documenting in Notes in chart.

    - RN wlll perform and document significant change assessments with each health change in tenants. This will include health status, cognitive, and functional assessments.
    - RN will instruct Resident Associates to document changes in tenants chart Notes, not only in Communication Book. This will help with consistency and will go into effect immediately.

C. Service Plans: 481-69.26(1)

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.

Regulatory Insufficiency A 350: This REQUIREMENT is not met as evidenced by:
Based on interview and record review the Program failed to update service plans within 30 days of occupancy and as needed with significant change for the same aforementioned Tenants #1, #2, and #3.

When interviewed, the Administrator confirmed these findings on 10-5-21 at 12:08pm.

- **Plan of Correction**: Referring again to aforementioned checklist for different assessment time points, RN will have a 2-system check for making sure that the service plan portion of the assessment is completed at appropriate times. This is in effect immediately. Checklist time points to include Pre-Entrance, Within 30 days of Occupancy, Quarterly, Annually, and Significant Change. This goes into effect immediately. RN will do quarterly quality control of 3 tenant charts to maintain that assessments are being completed as required.

Mickell Heemstra, RN, Manager of Landsmeer

- Landsmeer Ridge Retirement Community
- 1007 7th St. NE
- Orange City, IA 51041
- 712-737-8932
- 712-737-8934 fax
- Mickell.heemstra@ochealthsystem.org