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 |
|---|---|---|---|
| | S0027 | A. BUILDING: _____ B. WING _____ | 05/10/2021 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| MILL POND ALP/D | 1201 SE MILL POND CT ANKENY, IA 50021 |

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| A 000 | Initial Comments<br><br>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.<br><br>Number of tenants without cognitive disorder: 0<br>Number of tenants with cognitive disorder: 15<br>Total census of Assisted Living Program for People with Dementia: 15<br><br>No regulatory insufficiencies were cited during the onsite infection control survey.<br><br>The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification of an Assisted Living Program for People with Dementia. | A 000 | √ 6/17/21 | |
| A 150 | 481-67.2(3) Program Policies and Procedures<br><br>67.2(3) The program shall follow the policies and procedures established by the program.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on interview and record review the Program failed to follow it's policy on Sexual Relations for 1 of 2 tenants reviewed engaged in an intimate relationship (Tenant #4). Findings follow:<br><br>Record review of Tenant #4's file on 5-3-21 revealed a score of 4/5 on the Global Deterioration Scale (GDS) dated 8-19-2020 which indicated moderate cognitive decline. A GDS dated 2-17-21 revealed a score of 5 which | A 150 | Plan of Correction is attached<br>DS | |

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

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| A 150 | Continued From page 1<br>indicated moderately severe cognitive decline. Further review revealed a Physical Nursing Assessment dated 12-1-2020 noted a diagnosis of Alzheimer's disease.<br><br>Resident Notes revealed the following:<br>*2-17-21 noted she remained friendly with a male tenant she knew in the past and stated at times the male tenant could come into her apartment. She stated dissatisfaction at times about her apartment door being locked.<br>*3-9-21 noted staff found the male tenant unclothed in her bed and became angry when asked to leave. Staff escorted her out of her apartment for safety and stated she doesn't remember she shouldn't open the door.<br>*3-26-21 noted she enjoyed the companionship of males in the past and initiated holding hands and visiting them in their apartments. Staff observed her at times inviting the male tenant into her apartment and will open the door when he knocked on it. Her door is kept locked and male tenant moved to an apartment further away.<br>*4-2-21 noted staff observed her in her doorway and told them she was "waiting for him" and also stated "Now I am going to get in trouble." Staff redirected her in the morning when she walked to his apartment.<br>*4-5-21 noted staff observed her going into his apartment multiple times on 4-2-21.<br>*4-5-21 noted staff observed her in other tenant's apartment with the door barricaded. Staff encouraged them to come out to an activity.<br><br>The Interim Administrator documented on 3-9-21 at 9:30 p.m. Tenant #4 requested the male tenant be removed from her apartment due to him disrobing and lying on her bed. She maintained a relationship with the male tenant. They sought | A 150 | | |

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| A 150 | Continued From page 2<br>each other out, sat together and held hands, rubbed hands/arms/knees when in the dining room, and appeared comfortable with the relationship.<br><br>Review of the Programs's Sexual Relation Policy revealed the following:<br>* The purpose was to address sexual relationships between tenants and staff or between tenants with dementia greater than Stage 5 on the GDS.<br>*Impaired decision-making ability defined as a lack of capacity to make safe and prudent decisions regarding one's own routine safety as determined by the program manager or nurse or having a GDS score of 5 or above.<br>*When physical or cognitive impairment is displayed by a tenant, an additional assessment will be required by the nurse to insure consent.<br><br>An assessment to determine Tenant #4's ability to provide consent to an intimate relationship could not be located.<br><br>The Clinical Nurse Administrator confirmed these findings on 5-3-21 at 4:15 p.m. | A 150 | | |
| A 145 | 481-69.22(3) Evaluation of Tenant<br><br>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 | A 145 | | |

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| A 145 | Continued From page 3 | A 145 | | |

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 with significant change for 2 of 4 tenants reviewed (Tenant #1 and Tenant #2). Findings follow:

Record review on 4-28-21 revealed the following:

1. Tenant #1's file revealed he scored 5 on the Global Deterioration Scale (GDS) dated 12-1-2020 which indicated moderately severe cognitive decline. The GDS form documented "he thinks he has the right to go into female's apartment."

Resident Notes revealed the following:
*12-1-2020 noted he recognized a female tenant who he knew previously. He stated inappropriate comments to staff and attempted to give hugs/pats.
*12-10-2020 noted he gravitated to the female tenant after they recognized each other and held her hand during activities. She didn't seem to mind but told staff she didn't want him to come into her apartment. Staff were to monitor for unwanted advances toward female tenants.
*12-14-2020 noted staff instructed to monitor and redirect behavior pattern of seeking out women for affection.
*12-16-2020 noted he was found in the other woman's apartment in her bed at 9:50 p.m. unclothed and asleep. He became upset when asked to go to his own apartment. The female

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| A 145 | Continued From page 4 | A 145 | | |

tenant thanked staff for asking him to leave and stated she must have let him in.

*12-31-2020 noted he became very angry when staff informed him the other tenant could not stay in his apartment.

*1-5-21 noted he became agitated and verbally abusive to staff when found in the other tenant's apartment and redirected to his apartment. The nurse faxed this information to his Doctor and received new orders to give 12.5 milligrams of Seroquel at bedtime.

*1-7-21 noted he became verbally aggressive when asked to leave the other tenant's apartment. The female tenant stated he could stay and staff checked on them later. A chair blocked the door. He told staff "leave us alone and she doesn't want me to leave".

*1-14-21 noted ongoing verbal aggression toward staff when redirected from other tenant's apartment.

*3-9-21 noted staff found him sleeping in other tenant's apartment and yelled at staff when asked to leave. The other tenant asked staff to remove him from her apartment and he continued to yell and throw clothes at staff. Staff removed the other tenant for her safety.

*3-10-21 noted a fax sent to his Doctor regarding recent behaviors.

*3-11-21 noted new orders received to increase medications. The nurse called his daughter and discussed possibility of moving him to an apartment away from the other tenant.

*3-12-21 noted staff failed to lock the other tenant's apartment and later discovered him in her apartment. Staff redirected him to his apartment.

*3-26-21 noted staff found him in the other tenant's apartment. He walked into the bathroom and initially refused to come out.

*3-20-21 noted he moved to another

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| A 145 | Continued From page 5<br>apartment further away to alleviate frequent visits to the female tenant.<br>*4-5-21 noted the other tenant in his apartment. A chair had been placed in front of his apartment door.<br>*4-7-21 noted at 10:00 p.m. staff found him in the other tenant's apartment. They were seated on the couch. He had disrobed from the waist down and other tenant had all her clothing on. Staff expressed concerns for everyone's well-being and he nodded and stated "I understand you have to do what you have to do." He left the apartment and rejoined and an activity.<br><br>A Vulnerability and Safety Review form dated 12-2-2020 indicated he flirted with female tenants and staff and attempted to hug, but required no interventions.<br><br>Tenant #1's service plan dated 12-14-2020 revealed a pattern for seeking out women for compassion/affection which included holding hands, touching knees, kissing cheeks, and following women around.<br><br>No functional, cognitive, or health assessments could be located after Tenant #1 exhibited a significant increase of inappropriate and/or unwanted sexual behavior.<br><br>2. Tenant #2's Resident Notes revealed the following:<br>*1-18-21 noted a fax sent to her physician for increased verbal/physical aggression toward staff and tenants and a noted increased cognitive decline.<br>*1-20-21 noted results indicated a urinary tract infection and new orders were received to administer 250 milligrams (mg) of Cipro for 7 days. | A 145 | | |

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| A 145 | Continued From page 6<br>*1-25-21 noted urine report indicated antibiotic resistance and received new orders to stop Cipro and start 500 mg of Amoxocillin for 7 days.<br>*1-29-21 noted quarterly assessment completed and her GDS changed from a score of 5 to 6 indicating severe cognitive decline.<br>*1-29-21 noted she was screaming, cursing, and hitting in the morning.<br>*2-2-21 noted yelling and attempts to open several apartment doors.<br>*2-4-21 noted hitting, kicking, and screaming when staff intervened to prevent her from opening doors.<br>*2-8-21 noted screaming, hitting, and kicking at staff when staff intervened to stop her from going door to door. She refused any redirection and hit at staff when they assisted her after a fall. Noted increased refusals of evening meals, evening medications, and increased verbalization of delusions.<br>*2-9-21 noted fax to her physician describing increased behaviors and refusals of medications. Her daughter requested she be called for refusals of medications.<br>*4-2-21 noted she struck the abdomen of a caregiver.<br>*4-10-21 noted she displayed increased confusion, agitation, and yelling in the lounge area. Staff escorted the other tenants back to their apartments. Test results indicated another UTI and an order was received for 100 mg Macrobid for 7 days.<br><br>No functional, cognitive, or health assessment for increased cognitive decline, increased verbal and/or physical aggression, or recurrent UTI's could be located.<br><br>3. The Interim Administrator confirmed these | A 145 | | |

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| A 145 | Continued From page 7<br>findings on 4-29-21 at 1:45 p.m. | A 145 | | |
| A 360 | 481-69.26(3) Service Plans<br><br>69.26(3) When a tenant needs personal care or health-related care, the service plan shall be updated within 30 days of the tenant's occupancy and as needed with significant change, but not less than annually.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on interview and record review the Program failed to update service plans as needed with significant change for 2 of 4 tenants reviewed (Tenant #1 and Tenant #2). Findings follow:<br><br>Record review on 4-28-21 revealed the following:<br><br>1. Tenant #1's file revealed he scored 5 on the Global Deterioration Scale (GDS) dated 12-1-2020 which indicated moderately severe cognitive decline. The GDS form documented "he thinks he has the right to go into female's apartment."<br><br>Resident Notes revealed the following:<br>*12-1-2020 noted he recognized a female tenant who he knew previously. He stated inappropriate comments to staff and attempted to give hugs/pats.<br>*12-10-2020 noted he gravitated to the female tenant after they recognized each other and held her hand during activities. She didn't seem to mind but told staff she didn't want him to come into her apartment. Staff were to monitor for unwanted advances toward female tenants. | A 360 | | |

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| A 360 | Continued From page 8<br>*12-14-2020 noted staff instructed to monitor and redirect behavior pattern of seeking out women for affection.<br>*12-16-2020 noted he was found in the other woman's apartment in her bed at 9:50 p.m. unclothed and asleep. He became upset when asked to go to his own apartment. The female tenant thanked staff for asking him to leave and stated she must have let him in.<br>*12-31-2020 noted he became very angry when staff informed him the other tenant could not stay in his apartment.<br>*1-5-21 noted he became agitated and verbally abusive to staff when found in the other tenant's apartment and redirected to his apartment. The nurse faxed this information to his Doctor and received new orders to give 12.5 milligrams of Seroquel at bedtime.<br>*1-7-21 noted he became verbally aggressive when asked to leave the other tenant's apartment. The female tenant stated he could stay and staff checked on them later. A chair blocked the door. He told staff "leave us alone and she doesn't want me to leave".<br>*1-14-21 noted ongoing verbal aggression toward staff when redirected from other tenant's apartment.<br>*3-9-21 noted staff found him sleeping in other tenant's apartment and yelled at staff when asked to leave. The other tenant asked staff to remove him from her apartment and he continued to yell and throw clothes at staff. Staff removed the other tenant for her safety.<br>*3-10-21 noted a fax sent to his Doctor regarding recent behaviors.<br>*3-11-21 noted new orders received to increase medications. The nurse called his daughter and discussed possibility of moving him to an apartment away from the other tenant.<br>*3-12-21 noted staff failed to lock the other | A 360 | | |

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| A 360 | Continued From page 9<br>tenant's apartment and later discovered him in her apartment. Staff redirected him to his apartment.<br>*3-26-21 noted staff found him in the other tenant's apartment. He walked into the bathroom and initially refused to come out.<br>*3-20-21 noted he moved to another apartment further away to alleviate frequent visits to the female tenant.<br>*4-5-21 noted the other tenant in his apartment. A chair had been placed in front of his apartment door.<br>*4-7-21 noted at 10:00 p.m. staff found him in the other tenant's apartment. They were seated on the couch. He had disrobed from the waist down and other tenant had all her clothing on. Staff expressed concerns for everyone's well-being and he nodded and stated "I understand you have to do what you have to do." He left the apartment and rejoined and an activity.<br><br>A Vulnerability and Safety Review form dated 12-2-2020 indicated he flirted with female tenants and staff and attempted to hug, but required no interventions.<br><br>Tenant #1's service plan dated 12-14-2020 revealed a pattern for seeking out women for compassion/affection which included holding hands, touching knees, kissing cheeks, and following women around. The Service Plan failed to be updated to reflect a significant increase of inappropriate and/or unwanted sexual behavior including interventions to minimize behavior to ensure the safety of other tenants.<br><br>2. Tenant #2's Resident Notes revealed the following:<br>*1-18-21 noted a fax sent to her physician for | A 360 | | |

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| A 360 | Continued From page 10 | A 360 | | |

increased verbal/physical aggression toward staff and tenants and a noted increased cognitive decline.

*1-20-21 noted results indicated a urinary tract infection and new orders were received to administer 250 milligrams (mg) of Cipro for 7 days.

*1-25-21 noted urine report indicated antibiotic resistance and received new orders to stop Cipro and start 500 mg of Amoxocillin for 7 days.

*1-29-21 noted quarterly assessment completed and her GDS changed from a score of 5 to 6 indicating severe cognitive decline.

*1-29-21 noted she was screaming, cursing, and hitting in the morning.

*2-2-21 noted yelling and attempts to open several apartment doors.

*2-4-21 noted hitting, kicking, and screaming when staff intervened to prevent her from opening doors.

*2-8-21 noted screaming, hitting, and kicking at staff when staff intervened to stop her from going door to door. She refused any redirection and hit at staff when they assisted her after a fall. Noted increased refusals of evening meals, evening medications, and increased verbalization of delusions.

*2-9-21 noted fax to her physician describing increased behaviors and refusals of medications. Her daughter requested she be called for refusals of medications.

*4-2-21 noted she struck the abdomen of a caregiver.

*4-10-21 noted she displayed increased confusion, agitation, and yelling in the lounge area. Staff escorted the other tenants back to their apartments. Test results indicated another UTI and an order was received for 100 mg Macrobid for 7 days.

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| A 360 | Continued From page 11<br><br>The tenant's service plan dated 7-31-2020 failed to be updated to reflect the change in her cognitive decline, increased verbal and/or physical aggression, increased refusals of medications, and recurrent UTI's.<br><br>3. The Interim Administrator confirmed these findings on 4-29-21 at 1:45 p.m. | A 360 | | |
| A 545 | 481-69.30(1) Dementia Specific Education for Personnel<br><br>69.30(1) All personnel employed by or contracting with a dementia-specific program shall receive a minimum of eight hours of dementia-specific education and training within 30 days of either employment or the beginning date of the contract, as applicable.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on interview and record review the Program failed to provide 8 hours of dementia specific training within 30 days of employment for 2 of 8 staff reviewed (Staff C and Staff D). Findings follow:<br><br>Record review of staff files on 4-28-21 revealed the following:<br><br>Staff C was hired 2-4-2020. Review of RELIAS transcripts revealed she completed 4 hours of dementia training within 30 days of employment.<br><br>Staff D was hired 2-10-2020. No dementia training within 30 days of employment could be located. | A 545 | | |

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|---|---|---|---|---|
| A 545 | Continued From page 12<br><br>The Interim Administrator confirmed these findings on 4-28-21 at 2:25 p.m. | A 545 | | |
| A 555 | 481-69.30(3)a Dementia Specific Education for Personnel<br><br>69.30(3)a Except as otherwise provided in this subrule, all personnel employed by or contracting with a dementia-specific program shall receive a minimum of two hours of dementia-specific continuing education annually. Direct-contact personnel shall receive a minimum of eight hours of dementia-specific continuing education annually.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on interview and record review the Program failed to provide 8 hours of dementia specific training annually as required for 4 of 8 direct contact staff reviewed (Staff A, Staff B, Staff C, and Staff D). Findings follow:<br><br>Record review of staff files on 4-28-21 revealed the following:<br><br>1. Staff A was hired 9-24-19. Review of RELIAS transcripts revealed she completed 5.25 hours of annual dementia training in 2020.<br><br>2. Staff B was hired 1-13-2020. Review of RELIAS transcripts revealed he completed .25 hours of annual dementia training in the past year.<br><br>3. Staff C was hired 2-4-2020. No annual dementia training could be located. | A 555 | | |

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 |
|---|---|---|---|
| | S0027 | A. BUILDING: _____ B. WING _____ | 05/10/2021 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| MILL POND ALP/D | 1201 SE MILL POND CT ANKENY, IA 50021 |

| (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 555 | Continued From page 13<br><br>4. Staff D was hired 2-10-2020. Review of RELIAS transcripts revealed she completed 5.25 hours of annual dementia training in the past year.<br><br>The Interim Administrator confirmed these findings on 4-28-21 at 2:25 p.m. | A 555 | | |

presbyterian
homes & services

Mill-Pond

8/19/21

7/16/2021

Department of Inspections and Appeals

Attn: Deb Dixon

Lucas State Office Building

321 East 12th Street

Des Moines, Iowa 50319

Dear Ms. Dixon:

On behalf of Mill Pond, I respectfully submit our Plan of Correction for your approval. This Plan of Correction should constitute our credible allegation of compliance and we trust you will find it adequate and acceptable. This Plan of Corrections is submitted as required under State and Federal Law. The submission of this Plan of Correction does not constitute an admission on the part of the Facility as to the accuracy of the surveyors' findings nor the conclusions drawn therefrom. The Facility's submission of this Plan of Correction does not constitute an admission on the part of the Facility that the findings cited are accurate, that the findings constitute a deficiency, or that the scope and severity regarding any of the deficiencies cited are correctly applied.

**A150- Program Policies and Procedures**

Elements detailing how the program will correct each regulatory insufficiency.

- AL Director, Campus Administrator, and RDC have met and reviewed the policy and made necessary changes to state what assessments may be necessary in regard to Sexual Relations Policy.

Measures Taken to ensure the problem does not recur

- Section added to Sexual Relations Policy to clarify type of assessment needed to be completed related to each individual resident and consent of sexual intimacy. Will identify what specific assessment such as BIMS/GDS or Vulnerability. Multiple assessments can be

8/13/21

conducted related to physical, cognitive, and functional variables. Will be determined by AL Director and RN.

How the program plans to monitor performance to ensure compliance.

- Monthly audits will be completed to ensure Sexual Relations policy is being used appropriately for any resident engaging in sexual intimacy with another resident.

The Date by which the regulatory insufficiency will be corrected.

- Date corrected 06/07/2021

**A145 – Evaluation of Tenant**

Elements detailing how the program will correct each regulatory insufficiency.

- RN/BSN to conduct a nurse review every 30 days, 90 days and with any change in health status such as requiring PT/OT, increased pain, comments of self-harm or significant change in medication.

Measures taken to ensure the problem does not recur.

- AL Director and RN will discuss any and all changes regarding care of tenant utilizing Table A from Ch. 69 regarding nurse reviews.
- Nurse review to be completed when appropriate.

How the Program plans to monitor performance to ensure compliance.

- Audits of medical records will be conducted periodically to ensure compliance.
- Audits will be presented at monthly QAPI meetings for review by committee.

The date by which the regulatory insufficiency will be corrected.

- Date corrected 05/07/2021

**A360 – Service Plans**

Elements detailing how the Program will correct each regulatory insufficiency.

- Service plans to include interventions for each tenant and include any specific health concerns, pain management, PT/OT, and any other identified areas.
- RN/BSN to ensure most recent functional assessments are reflected accurately within individualized service plans.

Measures taken to ensure the problem does not recur.

- AL Director to oversee and monitor service plan creation and modifications.

- AL Director to provide ongoing training as needed to ensure compliance with policy.

How the Program plans to monitor performance to ensure compliance.

- AL Director as well as Campus Administrator to conduct periodic audits of service plan accuracy to ensure compliance with policy.
- Audits will be presented at monthly QAPI meetings for review by committee.

The date by which the regulatory insufficiency will be corrected.

- Date corrected 05/07/2021

**A545/A555 – Dementia Specific Training**

Elements detailing how the program will correct each regulatory insufficiency.

- All staff who are providing services to residents in our Assisted Living Memory care unit will do 8 hours of dementia specific training by 5/31/2021 which will have all our staff incompliance for their annual training going forth this will be assigned at their yearly anniversary. All staff who are currently not in compliance will have their training done and up to date by 05/07/2021.

Measures taken to ensure the problem does not recur.

- Mill Pond's Training Checklist has been revamped to include 8 hours of dementia specific training must done within 30 days of employment as well as annually and will be assigned using Relias Learning. This training will be done on or before the employees annual anniversary.

How the Program plans to monitor performance to ensure compliance.

- This training will be reviewed and monitored through monthly reports ran by Human Resources and department supervisors

The date by which the regulatory insufficiency will be corrected.

- Date corrected 05/07/2021

This plan of corrections serves as the facilities Credible Allegation of Compliance that effective May 07. 2021 Mill Pond will be in compliance with these regulatory requirements.

If you have questions, please feel free to call me at 515-410-7899. Thank you.

Sincerely,

Alyson Garton, RN, BSN
Clinical Administrator
Mill Pond Assisted Living & Memory Care

Ryan Stuck RN, LNHA
Campus Administrator
Mill Pond