DEPARTMENT OF INSPECTIONS AND APPEALS

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0170	A. BUILDING: _____ B. WING _____	C 04/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADDINGTON PLACE OF FAIRFIELD	3000 WEST MADISON AVENUE FAIRFIELD, IA 52556

(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 disorder: 36 Number of tenants with cognitive disorder: 5 TOTAL Census of Assisted Living Program for People with Dementia : 41 No regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification for an Assisted Living Program for People with Dementia. The following regulatory insufficiencies were cited during the investigation into Complaints #109792-C, #110975-C and 111292-C.	A 000	See Attached POC 6/15/23	
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 consistently provide adequate meals to tenants residing at the program, potentially affecting 41 of 41 tenants. Findings follow: When interviewed on 4/19/23 at 9:00 a.m., Tenant #4 and Tenant #6 shared a list they	A 160		

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A 160	Continued From page 1	A 160		

compiled which included concerning meals. On 12/21/22, they were served soup and cookies for the evening meal. The soup was lukewarm but staff heated it up. On 12/22/23, Tenant #4 and Tenant #6 ordered a cheeseburger along with broccoli and cheese soup for supper. They learned the hamburgers did not come in with the order so tenants would only receive soup. The soup was only lukewarm and when Tenant #6 received it, it was still barely hot and the milk was curdled. On 1/15/23, the meal was broccoli cheese soup, apple sauce and a roll and butter. Tenant #4 and Tenant #6 were not served the roll and butter. On 1/18/23, Tenant #4 and Tenant #6 received a fresh spinach salad and cottage cheese. They were to receive chicken parmesan as well, but the staff did not realize the oven was not working until they went to take the meal out of the oven. The meal on 2/12/23 was broccoli cheese soup. On 2/15/23, the meal was a bowl of soup and a half a croissant without butter.

When interviewed on 4/19/23 at 10:09 a.m. Tenant #2 reported in December, 2022 she was recovering from surgery and was non-weight bearing. At an evening meal, Tenant #2 received a side salad. Tenant #2 then called the aide back and asked if that was all they were having for supper. The aide said that was what she was given by the kitchen and did not return to Tenant #2's apartment with additional food.

When interviewed on 4/18/23 at 3:45 p.m., Tenant #7 reported concerns with the food offered by the program. She did not feel the program offered a good variety of foods to the tenants. On 2/12/23, Tenant #7 wrote a poem titled, The Night We Had the Beans, in which she described a meal when the tenants thought they might receive a casserole or a sandwich, but

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A 160	Continued From page 2 were given a big bowl of black beans to eat. When interviewed on 4/19/23 at 11:00 a.m., the Culinary Coordinator stated she heard concerns from tenants from time to time. She has heard concerns about portions in Memory Care (MC) and has been sending more food down. The Culinary Coordinator confirmed soup or soup and a bread or a side salad would not be acceptable amounts of food.	A 160		
A 325	481-67.9(1) Staffing 67.9(1) Number of staff. A sufficient number of trained staff shall be available at all times to fully meet tenants' identified needs. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to provide a sufficient number of staff to meet the needs of 1 of 3 tenants reviewed (Tenant #2). Finding follow: Record review on 4/24/23 of a pendant history report for Tenant #2 dated 12/1/22 - 4/14/23 revealed staff responded to Tenant #2's pendant on 23 occasions in periods of time longer than 15 minutes. Staff response times varied from a low of 7 seconds to a high of 50 minutes and 21 seconds. When interviewed on 4/19/23 at 11:30 AM, the Director reported staff are expected to respond to tenant's pendants within 15 minutes.	A 325		
A 420	481-69.27(1)a Nurse Review	A 420		

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A 420	Continued From page 3 69.27(1) If a tenant does not receive personal or health-related care, but an observed significant change in the tenant's condition occurs, a nurse review shall be conducted. If a tenant receives personal or health-related care, the program shall provide for a registered nurse: a. To monitor, at least every 90 days, or after a significant change in the tenant's condition, any tenant who receives program-administered prescription medications for adverse reactions to the medications and to make appropriate interventions or referrals, and to ensure that the prescription medication orders are current and that the prescription medications are administered consistent with such orders This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to monitor 1 of 1 discharged tenants reviewed following a significant change in condition (Tenant C1). Finding follows: Record review of progress notes on 4/18/23 revealed a late entry on 1/6/23. Tenant C1's Covid test collected on 1/4/23 was positive. Tenant C1's doctor and daughter were made aware of the results. A fax dated 1/6/23 was sent to Tenant C1's physician noting Tenant C1's lungs were clear. She had no symptoms other than "mild GI" upset. On 1/11/23, Tenant C1 was seen at a clinic for an appointment. She was admitted to the hospital due to Covid and dehydration. Tenant C1 was discharged on 1/19/23 to move closer to her family. According to the note, Tenant C1 was independent with ambulation and all of her activities of independent living. A review of Tenant C1's weights for the three months prior to her Covid diagnosis were as follows: 10/4/22 -	A 420		

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A 420	Continued From page 4	A 420		

88.8 lbs, 11/4/22 - 86.4 lbs., 12/4/22 - 87.4 lbs. There were no notes in the record indicating Tenant C1 was assessed by the nurse during the period she was positive for Covid (1/4/23 - 1/11/23).

Tenant C1 was seen at an outpatient clinic on 1/11/23 prior to going to the emergency department. Her weight at the outpatient clinic was 74 pounds. A review of Tenant C1's emergency department notes on 1/11/23 indicated she presented with increased fatigue, weakness and possibe dehydration. She had not been eating or drinking and complained of pelvic pain. Tenant C1's hospital course noted her decline was likely acute or chronic, exacerbated by severely decreased by mouth intake in the setting of Covid infection. Tenant C1 was admitted to the hospital for rehydration and the need for a higher level of care. Active hospital problems included dehydration and hypernatremia.

Tenant C1 had a service plan dated 12/30/22. According to the service plan, Tenant C1 was independent with eating and drinking. She received Ensure, a dietary supplement, three times daily due to recent weight loss. Staff were to inform the nurse of any changes in Tenant C1's ability to eat or drink.

When interviewed on 4/17/23 at 1:50 p.m., Staff A reported she provided care for Tenant C1 prior to her hospitalization with Covid. Staff A said Tenant C1 got weaker due to not eating or drinking very much. Tenant C1 slept quite a bit. When Staff A worked, she would try and get Tenant C1 to drink three cups of water/liquid out of her special cup. Staff A would try to feed Tenant C1. Tenant C1 was very skinny before getting Covid so didn't

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A 420	Continued From page 5	A 420		

have much weight to lose. Tenant C1 needed some stand-by assistance with showering, due to her weakness, once she got Covid.

When interviewed on 4/18/23 at 1:30 p.m., Staff B stated Tenant C1 was very weak when she had Covid. She couldn't walk very well. She didn't eat very much. It was hard to get her to take her medicine. She just wanted to sleep. Staff B said the Health Services Director was aware of how sick Tenant C1 was, because she told her. There was one morning Staff B went in and Tenant C1 was wearing only underwear and a shirt. This was unusual because Tenant C1 normally had her pajamas on.

When interviewed on 4/18/23 at 3:30 p.m., the Health Services Director said she assessed Tenant C1 and her lungs were clear. Tenant C1 may have slept a little more than normal. She had some nausea the first day of her Covid diagnosis. This was documented on the fax to the doctor. She did not hear from staff Tenant C1 was not eating when she had Covid. The Health Services Director bopped in the apartment every other day, but her recollection was she went into the apartment once a day to check on Tenant C1 when she was in the building. No one filled out a communication log about Tenant C1. No one called her with concerns about Tenant C1. She talked with Tenant C1's daughter frequently about how the tenant was doing. The Health Services Director explained it was not every day but it was frequently. The Health Services Director believed she asked staff to push fluids as she usually asked staff to do this when tenants were sick. She looked for documentation of this but documentation could not be located.

When interviewed on 4/24/23 at 10:45 a.m., the

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A 420	Continued From page 6 Director confirmed the findings.	A 420		

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Tag # 1	**Regulation and Reg Number 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. Based on interview and record review, the program failed to consistently provide adequate meals to tenants residing at the program, potentially affecting 41 of 41 tenants	A 160	Culinary Coordinator received training on the use of pre-set menu's through food vendor that have dietician approval on 4/25/23.	Director and or designee will review the food menu weekly with the Culinary Coordinator to ensure compliance.	Implementation Date: 4/25/23 Completion Date: Ongoing Responsible Party: Director and or designee
Tag #2	**Regulation and Reg Number 481-9.27(1)a Nurse Review** 69.27(1) If a tenant does not receive personal or health-related care, but an observed significant change in the tenant's condition occurs, a nurse review shall be conducted. If a tenant receives personal or health-related care, the program shall provide for a registered nurse: a. To monitor, at least every 90 days, or after a significant change in the tenant's condition, any tenant who receives program-administered prescription medications for adverse reactions to the medications and to make appropriate interventions or referrals, and to ensure	A 420	Tenant C1 was discharged on 01/19/2023. All staff were re-educated on when and how to notify the nurse of changes in residents' conditions via verbal communication or by utilizing the staff to nurse communication form on 05/10/2023. HCC or Designee will when needed add a task to encourage fluids and food intake for any resident diagnosed with an acute, short-term illness.	All new hires will be trained on how and when to notify the nurse via verbal communication or by utilizing the staff to nurse communication form. Director and/or designee will complete audits weekly, monthly, as needed, as determined by the Director or Designee to assure compliance.	Implementation Date: 04/24/23 Completion Date: Ongoing Responsible Party: Director and or designee

Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of regulatory insufficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of state law.

	that the prescription medication orders are current and that the prescription medications are administered consistent with such orders. Based on interview and record review, the program failed to monitor 1 of 1 discharged tenants reviewed following a significant change in condition (Tenant C1).				
Tag #3	**Regulation and Reg Number 481-67.9(1) Staffing 67.9(1)** Number of staff. A sufficient number of trained staff shall be available at all times to fully meet tenants' identified needs. Based on interview and record review, the program failed to provide a sufficient number of staff to meet the needs of 1 of 3 tenants reviewed (Tenant #2)	A 325	All staff were re-educated on the pendant system to include pendant response expectation and the use of the pendant exception form on 05/10/2023.	All new hires will be trained on pendant system and response expectations as well as use of the pendant exception form as needed. Director or designee will audit pendant response times weekly, monthly, as needed, as determined by the Director or Designee and complete staff education as needed.	Implementation Date: 4/25/23 Completion Date: Ongoing Responsible Party: Director and or designee

Compliance Date: 6/15/2023

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