STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IAALP181	A. BUILDING _____ B. WING _____	08/31/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY MEADOW PLACE, L L C	17396 KINGBIRD AVE MASON CITY, IA 50401

(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: 19 Number of tenants with cognitive disorder: 39 TOTAL Census of Assisted Living Program for People with Dementia: 58 The investigation of Complaints/Incident 97641-C, 97955-C, 100111-C 102962-C, 104538-C and 104406-I resulted in no regulatory insufficiencies. The recertification visit to determine compliance with certification for an Assisted Living Program and Complaint investigations 104841 -C and 105740-C resulted in the following regulatory insufficiencies.	A 000	**See Attached** **POC 11/10/22**	
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		

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 145	Continued From Page 1 This Requirement is not met as evidenced by: Based on interview and record review the Program failed to evaluate the functional, cognitive, and health status as needed for 1 of 1 tenants reviewed with a significant change in health status (Tenant #1). Findings follow: Record review on 8/30/22 of Tenant #1's Progress Notes dated 8/9/22 revealed and admission to hospice care for weight loss, agitation and needed extra cares. No functional, cognitive, and health assessments could be located following the significant change. On 8/31/22 at 9:10 a.m. the Health Care Coordinator A confirmed these findings.	A 145		
A 285	481-67.5(2)f(4) Medications 67.5(2) Each program shall follow its own written medication policy, which shall include the following: f. When medications are administered traditionally by the program: (4) Medications and treatments shall be administered as prescribed by the tenant's physician, advanced registered nurse practitioner or physician assistant. This Requirement is not met as evidenced by: Based on interview and record review the Program failed to consistently follow physician's orders. This affected for 1 of 1 former tenant (Tenant C1) who required wound care and 1 of 1 tenant reviewed who required eye drops (Tenant #2). Finding follows:	A 285		

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A 285	Continued From Page 2 1. Record review on 8/31/22 revealed Progress Note dated 5/19/22. According to the note Staff contacted Health Care Coordinator (HCC) A to report a fall. HCC A recommended Tenant C1 be sent to the Emergency Room (ER) to rule out a fracture or head bleed due to Xarelto. Further review revealed a Progress Note entered by HCC A dated 5/19/22 said Tenant C1 returned from the hospital with the following instructions from the physician, return to care center, resume previous orders, dress skin tear with mepilex until healing well. Review of discharge instructions from Mercy One North Iowa Medical Center included instructions for skin tear care. The instructions said "change dressings once per day or as directed by your caregiver." Continued record review on 8/31/22 revealed the staff documented a dressing change on 5/20/22, 5/23/22 and 5/26/22 at 9:30 a.m. Further review revealed a health status dated 5/26/22 noted staff asked HCC B to assess Tenant C1 for pain and swelling. HCC B scheduled an appointment with Tenant C1's Primary Care Provider (PCP). On 5/26/22 at 11:10 a.m. the note included the following order for Tenant C1 - Keflex 500 mg two times a day for ten days signed by Tenant C1's Advanced Registered Nurse Practitioner (ARNP). When interviewed on 8/31/22 at 2:10 p.m. HCC A confirmed the Program started Keflex and she entered directed staff to change Tenant C1's dressing every three days as entered on the MAR. 2. Record review on 8/31/22 of Tenant #2's medication records revealed Surgical Pre-Operative Instruction received and noted by the HCC A on 6/21/22. The instructions noted he	A 285		

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A 285	Continued From Page 3 required Prolensa eye drops at 7:00 p.m. and Vigamox eye drops at 7:05 p.m., 8:00 p.m., and 9:00 p.m. in the surgical eye on 6/30/22. Review of the Medication Administration Record (MAR) June 2022 revealed on 6/30/22 staff administered Prolensa at 8:44 p.m., and Vigamox at 7:09 p.m., 8:44 p.m., and 9:38 p.m. On 8/31/22 the HCC A confirmed staff should have administered the eye drops as scheduled according to the information provided.	A 285		
A 400	481-67.19(3) Record Checks 67.19(3) Requirements for employer prior to employing an individual. Prior to employment of a person in a program, the program shall request that the department of public safety perform a criminal history check and the department of human services perform child and dependent adult abuse record checks of the person in this state. This Requirement is not met as evidenced by: Based on interview and record review the Program failed to consistently perform criminal history and child/dependent adult abuse record checks prior to employment. This affected 1 of 5 staff reviewed (Staff A). Finding follows: Record review on 8/30/22 revealed the Program hired Staff A on 4/12/21. Further review revealed the SING (Single Contact License and Background Check) dated 4/28/21. When interviewed on 8/30/22 the Administrative Assistant confirmed the record check had not be completed prior to employment.	A 400		

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A 425	Continued From Page 4	A 425		
A 425	481-69.27(1)b 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: b. To ensure that health care professionals' orders are current for tenants who receive health care professional-directed care from the program This Requirement is not met as evidenced by: Based on interview and record review the Program failed to consistently ensure the health care orders were current. This affected 1 of 1 former tenant who sustained a skin tear that required medical attention (Tenant C1). Finding follows: Record review on 8/31/22 revealed a Progress Note dated 5/19/22. According to the note Staff contacted Health Care Coordinator (HCC) A to report a fall. HCC A recommended Tenant C1 be sent to the Emergency Room (ER) to rule out a fracture or head bleed due to Xarelto. Further review revealed a Progress Note entered by HCC A dated 5/19/22 said Tenant C1 returned from the hospital with the following instructions from the physician, return to care center, resume previous orders, dress skin tear with mepilex until healing well. Review of discharge instructions from Mercy One North Iowa Medical Center included instructions for skin tear care. The instructions said "change dressings once per day or as directed by your caregiver." Record review on 8/31/22 revealed the staff documented a dressing change on 5/20/22, 5/23/22 and 5/26/22 at 9:30 a.m.	A 425		

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A 425	Continued From Page 5 When interviewed on 8/31/22 at 2:10 p.m. the Health Care Coordinator confirmed she entered a task on Tenant C1's Medication Administration Record (MAR) to change Tenant C1's dressing every three days. Further review revealed a health status noted dated 5/26/22 noted staff asked HCC B to assess Tenant C1 for pain and swelling. HCC B scheduled an appointment with Tenant C1's Primary Care Provider (PCP). On 5/26/22 at 11:10 a.m. the note included the following order for Tenant C1 - Keflex 500 mg two times a day for ten days signed by Tenant C1's Advanced Registered Nurse Practitioner (ARNP). When interviewed on 8/31/22 at 2:10 p.m. HCC A confirmed the Program started Keflex and she entered a task on the MAR which directed staff to change Tenant C1's dressing every three days.	A 425		
A 515	481-69.29(1) Staffing 69.29(1) Each tenant shall have access to a 24-hour personal emergency response system that automatically identifies the tenant in distress and can be activated with one touch. This Requirement is not met as evidenced by: Based on observations, interview and record review the Program failed to consistently ensure tenants had access to personal emergency response system. This potentially affected 58 of 58 tenants (Tenant #1-#58). Finding follows: During an interview on 8/30/22 at 2:46 p.m. Tenant #2 expressed confusion about having a pendant and asked repeatedly what is was and what he	A 515		

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A 515	Continued From Page 6 would use it for. Observations confirmed Tenant #2 had no pendant. Record review on 8/31/22 revealed the Program's Emergency Pendant System Alarm policy. The policy failed to address how the Program assured the pendants were functioning properly. When interviewed on 8/31/22 at 2:10 p.m. the Health Care Coordinator confirmed the Program had no procedure to ensure pendants functioned properly or that tenants actually had a pendant.	A 515		
A 545	481-69.30(1) Dementia Specific Education for Personnel 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. This Requirement is not met as evidenced by: Based on interview and record review that Program failed to ensure all staff received eight hours of dementia-specific education/training within 30 days of employment. This potentially affected 58 of 58 tenants (Tenants #1-#58). Finding follows: Record review on 8/30/22 revealed he Program hired Staff A on 4/12/21, Staff B on 5/1/21 and Staff E on 7/2/21. Continued record review revealed Staff A, B E had not completed eight hours of dementia-specific training. When interviewed on 8/30/22 the Administrative Assistant confirmed she had provided all	A 545		

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A 545	Continued From Page 7 documentation of dementia-specific training.	A 545		

Country Meadow Place
17369 Kingbird Ave, Mason City, IA 50401

Iowa Department of Inspection & Appeals
Catie Campbell
Program Coordinator
Adult Services Bureau
Lucas State Office Building
321 East 12th Street
Des Moines, IA 50319-0083

To Whom It May Concern,

Please consider this our plan of correction for the regulatory insufficiency cited during the recertification visit and complaint visit completed on 8/31/2022 by the Department of Inspection and Appeals (DIA) in accordance with the Code of Iowa, section 231C and Iowa Administrative Code, chapter 481-69, pertaining to regulatory insufficiencies.

Date: 8/31/2022
Complaint Intake #: Complaint #104841-C and #105740-C

Plan of Correction (POC) Submitted For:

- Investigation Date: 8/29/2022 through 8/31/2022
- Monitors: Mary Hildreth & Jana Illingworth

POC: 481-69.22(3) Evaluation of Tenant. 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.

Program POC:

1. Elements detailing how this was corrected for residents:
    a. Community has completed re-education of nursing staff with an emphasis on completion of assessment in a timely manner on 9/5/2022.
2. Actions program taking to protect tenants in similar situations:
    a. JSL team re-educated the nursing staff on assessments and their timely completion on 9/20/2022.
3. Measures taken to ensure problem does not recur:

a. Director and Nurse will review upcoming and current assessments on a weekly basis to ensure timely completion.
b. JSL team will review upcoming and current assessments as part of the quality assurance process.

4. Program plans to monitor performance to ensure compliance:
    a. Continued review of assessments and their completion will be on going.

POC: 481-67.5(2)f(4) Medications. Each program shall follow its own written medication policy, which shall include the following:
f. When medications are administered traditionally by the program: (4) Medications and treatments shall be administered as prescribed by the tenant's physician, advanced registered nurse practitioner or physician assistant.

Program POC:

1. Elements detailing how this was corrected for residents:
    a. Community has completed re-training for all healthcare staff regarding medication management on 11/10/2022.
2. Actions program taking to protect tenants in similar situations:
    a. Community has re-educated staff healthcare staff to contact nurse on duty if they have any questions concerning medication management on 11/10/2022.
3. Measures taken to ensure problem does not recur:
    a. Community will conduct MAR reviews to ensure proper medication administration.
4. Program plans to monitor performance to ensure compliance:
    a. Continued training/delegations will be completed on medication management with the nurse during training of new staff, annually and as needed.

POC: 481-67.19(3) Record Checks. Requirements for employer prior to employing an individual. Prior to employment of a person in a program, the program shall request that the department of public safety perform a criminal history check and the department of human services perform child and dependent adult abuse record checks of the person in this state.

Program POC:

1. Elements detailing how this was corrected for residents:
    a. Community has completed re-training for administrative staff on ensuring that all required background checks are preformed prior to employment on 10/3/2022.
2. Actions program taking to protect tenants in similar situations:
    a. Community will ensure that all required background checks are completed prior to new employee’s hire date.
3. Measures taken to ensure problem does not recur:

a. JSL Team will review new personnel files as part of the quality assurance review to ensure that all require background checks are completed prior to hire date.

4. Program plans to monitor performance to ensure compliance:
    a. JSL Team will review new personnel files as part of the quality assurance review to ensure that all require background checks are completed prior to hire date.

POC: 481-69.27(1)b Nurse Review. 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:
b. To ensure that health care professionals' orders are current for tenants who receive health care professional-directed care from the program.

Program POC:

1. Elements detailing how this was corrected for residents:
    a. Community has completed re-training for nursing staff to verify all medical orders entered into residents' files and MAR on 9/20/2022.
2. Actions program taking to protect tenants in similar situations:
    a. Nurse will audit resident files and MAR's to ensure that medical orders are entered correctly.
3. Measures taken to ensure problem does not recur:
    a. Nurse/Director or designee reviews residents' files and MAR routinely and as needed to ensure orders are correct.
4. Program plans to monitor performance to ensure compliance:
    a. JLS team will provide quality assurance audits to ensure that residents' files and MAR are correct.

POC: 481-69.29(1) Staffing. Each tenant shall have access to a 24-hour personal emergency response system that automatically identifies the tenant in distress and can be activated with one touch.

Program POC:

1. Elements detailing how this was corrected for residents:
    a. Community has created a monthly task in POC to verify that residents' pendants are functioning correctly.
2. Actions program taking to protect tenants in similar situations:
    a. Community will provide training to residents on what a pendant is and how to use it.
3. Measures taken to ensure problem does not recur:
    a. Residents will be educated at time of move-in on the pendant system and how to use it.
4. Program plans to monitor performance to ensure compliance:
    a. There will be a monthly audit to ensure that residents' pendants are working correctly.

POC: 481-69.30(1) Dementia Specific Education for Personnel. 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.

Program POC:

1. Elements detailing how this was corrected for residents:
    a. Community has review employee records and has ensured that all staff have completed 8 hours of dementia-specific training on 10/10/2022.
2. Actions program taking to protect tenants in similar situations:
    a. All employees will complete 8 hours of dementia-specific training.
3. Measures taken to ensure problem does not recur:
    a. JLS Team will review new employee files to confirm that employees have completed 8 hours of dementia-specific training.
    b. Community will review each employee file to confirm that the employee has completed 8 hours of dementia-specific training.
4. Program plans to monitor performance to ensure compliance:
    a. JLS Team will review new employee files to confirm that employees have completed 8 hours of dementia-specific training.
    b. Community will review each employee file to confirm that the employee has completed 8 hours of dementia-specific training.

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.

Thank you for your time and consideration in correcting these important matters.

Sincerely,

John Joyner, Community Director