STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0004	A. BUILDING: _____ B. WING _____	C 08/09/2023

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 impairment: 21 Number of tenants with cognitive impairment: 30 Total census: 51 The following regulatory insufficiencies were cited during the investigation of Complaints #108607-C and 112684-C: 235B.3 Dependent adult abuse reports. 3. a. If a staff member or employee is required to report pursuant to this section, the person shall immediately notify the department and shall also immediately notify the person in charge or the person's designated agent. This Requirement is not met as evidenced by: Based on interview and record review the Program failed to consistently report suspected dependent adult abuse as required. This potentially affected 51 of 51 tenants (Tenants #1-#51). Finding follows: Record review on 8/8/23 revealed a Counseling Documentation Form dated 1/31/23 for Staff A. According to the form a credible source reported Staff A had used her cell phone to take pictures/videos of tenants for use on social	A 000	See Attached POC 12/1/23	

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A 000	Continued From page 1 media. When interviewed on 8/9/23 at 10:12 a.m. the Director explained that he had not reported the allegation as required because after he interviewed staff he could not find anyone who saw any social media posts of tenants. He admitted it took him at least three days to complete the interviews and had no documentation of the interviews.	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 consistently ensure tenants received care, treatment and services which were adequate and appropriate. This pertained to 2 of 3 sample tenants (Tenants #1 and C3). Finding follows: 1. Record review on 8/7/23 of Tenant #1's Progress notes revealed the following examples (included but limited to) when the program failed to administer Tenant #1's medications - reason listed - tenant does not have: Lananoprost Solution .005% instill in both eyes at bedtime: 1/13/23, 1/14/23, 1/20/23, 1/21/23, 2/1/23 and 4/2/23. 2. Record review on 8/7/23 of Tenant C3's	A 160		

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A 160	Continued From page 2 Progress notes revealed the following examples (included but not limited to) when the Program failed to administer medications and follow physician orders: 10/23/22 - Methenamine hippurate, Losartan potassium Melatonin, Quetiapine - not available. 11/11/22 -Methenamine hippurate 12/7/22 - Eliquis - not available Arm sling on left upper arm only as needed and tolerated, would be most benefit when up out of bed three times a day for clavicle fracture - 11/3/22 - sling is missing 11/7/22, 11/11/22 - tenant lost sling 11/15/22 - tenant not wearing the sling 11/16/22, 11/17/22 and 11/18/22 - tenant does not have the sling Ensure the tenant wore Thrombo-Embolic Deterrent (TED) hose per physician's order: 11/15/23, 11/18/22, 11/21/22, 11/22/22, 11/24/22, 11/26/22, 11/28/22, 11/29/22, 12/1/22 - not wearing and 12/2/22 - didn't know where they (hose) were. When interviewed on 8/9/23 at 11:45 a.m. the Director and the Regional Nurse Specialist acknowledged the Program failed to consistently ensure staff administered medications and followed physician's orders.	A 160		
A 270	481-67.5(2)f(1) 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:	A 270		

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A 270	Continued From page 3 (1) The administration of medications shall be provided by a registered nurse, licensed practical nurse or advanced registered nurse practitioner registered in Iowa, by an individual who has successfully completed a department-approved medication aide or medication manager course and passed the respective department-approved medication aide or manager examination, or by a physician assistant (PA) in accordance with 645-Chapter 327. Injectable medications shall be administered as permitted by Iowa law by a registered nurse, licensed practical nurse, advanced registered nurse practitioner, physician, pharmacist, or physician assistant (PA). This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to consistently ensure injectable medications were administered by the appropriately trained staff. This pertained to 1 of 5 tenants reviewed (Tenant #5). Finding follows: Record review on 8/8/23 revealed a Counseling Documentation Form for Staff B. According to the form Staff B instructed Resident Assistants (RA) to administer intramuscular injection of B12 to a tenant (Tenant #5) on 1/2/22, 3/10/22, 4/23/22, 8/21/22 and 9/20/22. Further review revealed the Program noted intramuscular injection must be performed by either the Registered Nurse (RN) and Licensed Practical Nurse (LPN). Review of Medication Administration Records revealed RAs signed they had administered the injections on the above dates. When interviewed on 8/9/23 at 11:16 a.m. the Regional Nurse Specialist confirmed RAs signed the MAR for the intramuscular injection of B12.	A 270		

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A 370	481-69.26(3)a Service Plans 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. a. If a significant change triggers the review and update of the service plan, the updated service plan shall be signed and dated by all parties. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to consistently ensure service plans were signed and dated. This pertained to 2 of 5 tenants reviewed (Tenant #1 and C3). Finding follows: Record review on 8/9/23 revealed no signed service plan for Tenant C3. Further reviewed revealed Tenant #1's service plan had a notation of verbal agreement dated 11/10/22 but lacked a signature of the responsible party. On 8/9/23 during the exit the administrative team acknowledged the Program failed to consistently obtain all signatures on service plans as required.	A 370		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	PROVIDER/SUPPLIER/CLIA INDENTIFICATION NUMBER: Country Meadow Place	DATE SURVEY COMPLETED: 8/9/2023

Tag #	SUMMARY STATEMENT OF DEFICIENTCIES (EACH DEFICIENCY SHOULD BE PRECEDE BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERRED TO THE APPROPRIATE DEFICIENCY	Identify what changes to the provider's systems and practices were made to ensure compliance with the specific statute(s). Include information about how the provider will maintain compliance in the future.	COMPLETION DATE
Tag #1	**Regulation and Reg Number 235B.3 Dependent adult abuse reports. 3. a.** If a staff member or employee is required to report pursuant to this section, the person shall immediately notify the department and shall also immediately notify the person in charge or the person's designated agent. This Requirement is not met as evidenced by: Based on interview and record review the Program failed to consistently report suspected dependent adult abuse as required. This potentially affected 51 of 51 tenants	**Tag # A000**	All employees will receive re-training on dependent adult abuse and reporting of, by 11/10/2023.	Upon hire, all employees receive training regarding dependent adult abuse and reporting of dependent adult abuse. The Community Director or designee will investigate and report within 24 hours any allegations of abuse or neglect to the appropriate state agencies.	**Implementation Date: 8/14/2023** **Completion Date: On going** **Responsible Party: Director or designee**
Tag #2	**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. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to consistently ensure tenants received care, treatment and	**Tag #** A160	**What initial correction was made?** Staff will notify the nurse if a medication or treatment is not available in the community. The nurse will contact the pharmacy to get medication/treatment as soon as possible.	**How will we ensure and maintain compliance going forward?** Weekly, as needed, as determined by the Health Care Coordinator or designee, an audit will be completed to ensure medications are present and administered.	**Implementation Date:** 8/14/2023 **Completion Date:** On Going **Responsible Party:** Health Care Coordinator 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.

	services which were adequate and appropriate. This pertained to 2 of 3 sample tenants (Tenants #1 and C3)		Medications/treatments will be ordered from the pharmacy in a timely manner to make sure that residents receive their medications adequately. Staff will notify the nurse when a resident refuses medication or treatments, if not previously addressed on the residents ISP (Individualized Service Plan). Nurses will provide education and follow-up with residents, PCP (Primary Care Physician), and/or POA as indicated. Tenant #1: Medications were received on 2/4/23 and restarted. Staff received retraining in Medication Administration & Treatments on 8/17/2023. Tenant C3: TED (thromboembolic deterrent stockings) Hose were discontinued on 12/2/2022. Tenant discharged on 12/24/2022.		
Tag #3	**Regulation and Reg Number 481-67.5(2)f(1) 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:	**Tag #** A270	**What initial correction was made?** All injectable medications will be stored securely in the nurse's office.	**How will we ensure and maintain compliance going forward?**	**Implementation Date:** 8/14/2023 **Completion Date:** On going.

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	(1) The administration of medications shall be provided by a registered nurse, licensed practical nurse or advanced registered nurse practitioner registered in Iowa, by an individual who has successfully completed a department-approved medication aide or medication manager course and passed the respective department-approved medication aide or manager examination, or by a physician assistant (PA) in accordance with 645-Chapter 327. Injectable medications shall be administered as permitted by Iowa law by a registered nurse, licensed practical nurse, advanced registered nurse practitioner, physician, pharmacist, or physician assistant (PA). This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to consistently ensure injectable medications were administered by the appropriately trained staff. This pertained to 1 of 5 tenants reviewed (Tenant #5).		All medication managed staff education was completed by 8/17/2023. Injectable medications, other than insulin, will be administered by licensed nurses. Tenant #5: Injectable medications, other than insulin, will be administered and recorded in EHR (Electronic Health Record) by licensed nurses.	Upon hire, during medication training, staff will be educated on the medication policy. Monthly, as needed, as determined by the Health Care Coordinator or designee, an audit will be completed to ensure injectable medications, other than insulin, will be administered by licensed nurses.	**Responsible Party:** Health Care Coordinator or designee
Tag #4	**Regulation and Reg Number 481-69.26(3)a Service Plans 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. a. If a significant change triggers the review and update of the service plan, the updated	**Tag #** A370	**What initial correction was made?** Nurses will make 3 attempts to obtain signatures of POA's for residents' ISP's. Nurses will document each attempt. Tenant #1: Resident's current service plan will have all required signatures by 11/25/2023.	**How will we ensure and maintain compliance going forward?** Community Director or designee will audit resident files weekly, monthly, as needed, as determined by the Director or designee to ensure ISP signatures are present.	**Implementation Date:** 8/4/2023 **Completion Date:** On going. **Responsible Party:** Director, Health Care

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	service plan shall be signed and dated by all parties. This REQUIREMENT is not met as evidenced by: A 370 Based on interview and record review the Program failed to consistently ensure service plans were signed and dated. This pertained to 2 of 5 tenants reviewed (Tenant #1 and C3).		Tenant C3: Resident's service plans have all required signatures.		Coordinator, or designee

Compliance date: 12/1/2023

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