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
	S0168	A. BUILDING: _____ B. WING _____	04/12/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REFLECTIONS ASSISTED LIVING	512 13TH STREET WELLMAN, IA 52356

(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: 6 Number of tenants with cognitive disorder: 5 Total census: 11 The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification rules for an Assisted Living Program for People with Dementia. There were no regulatory insufficiencies cited during the infection control survey completed on 4/12/21.	A 000	✓ 8/19/21	
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: (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	A 270	Plan of Correction is attached	

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

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A 270	Continued From page 1 645-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 observation, interview and record review the program failed to ensure 4 of 4 staff reviewed who administered medications were qualified to do so (Staff A, Staff B, Staff C and Staff E). Findings follow: Staff C (an Assisted Living Attendant) was observed administering medication to tenants on 4/7/21 between 8:30 AM and 8:55 AM. Staff C confirmed she had not completed a medication manager course. Record review of staff files on 4/6/21 for Staff A, Staff C, Staff D and Staff E (all Assisted Living Attendants) revealed no record of certificates from a department approved medication aide or medication manager course. The Director of Nursing confirmed these findings on 4/6/21 at 1:05 PM.	A 270		
A 345	481-67.9(4)b Staffing 67.9(4) Nurse delegation procedures. The program's registered nurse shall ensure certified and noncertified staff are competent to meet the individual needs of tenants. Nurse delegation shall, at a minimum, include the following: b. Within 30 days of beginning employment, all program staff shall receive training by the	A 345		

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A 345	Continued From page 2 program's registered nurse(s). This REQUIREMENT is not met as evidenced by: Based on interview and record review the program failed to ensure the registered nurse completed delegation training within 30 days for 1 of 1 new staff reviewed (Staff B). Findings follow: Review of Staff B's file on 4/6/21 revealed a hire date of 3/5/21. No training records for Staff B were in her file. On 4/7/21 at 7:30 AM. the Director of Nursing confirmed she had not completed Staff B's delegation training.	A 345		
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 ensure 2 of 3 staff hired within the past 18 months completed dependent adult abuse training as required by Iowa Code section 235B.16a (Staff C and Staff E). Findings follow: Chapter 235B requires employees to complete two hours of training relating to the identification and reporting of Dependent Adult Abuse within six months of initial employment and at least two hours of additional dependent adult abuse identification and	A 380		

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A 380	Continued From page 3 reporting training every three years thereafter. Review of employee files on 4/6/21 revealed Staff C was hired on 11/20/19. Staff C did not receive training on dependent adult abuse until 6/7/20, which was not within 6 months of her date of hire. Staff E was hired on 6/1/20. Staff E did not receive training on dependent adult abuse until 12/13/20, which was not within 6 month of her date of hire. The Director of Nursing confirmed these findings on 4/7/21 at 7:30 AM.	A 380		
A 135	481-69.22(1) Evaluation of Tenant 69.22(1) Evaluation prior to occupancy. A program shall evaluate each prospective tenant's functional, cognitive and health status prior to the tenant's signing the occupancy agreement and taking occupancy of a dwelling unit in order to determine the tenant's eligibility for the program, including whether the services needed are available. The cognitive evaluation shall utilize a scored, objective tool. When the score from the cognitive evaluation indicates moderate cognitive decline and risk, the Global Deterioration Scale (GDS) shall be used at all subsequent intervals, if applicable. If the tenant subsequently returns to the tenant's mildly cognitively impaired state, the program may discontinue the GDS and revert to a scored cognitive screening tool. The evaluation shall be conducted by a health care professional, a human service professional, or a licensed practical nurse via nurse delegation. This REQUIREMENT is not met as evidenced by:	A 135		

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A 135	Continued From page 4 Based on interview and record review the program failed to complete evaluations prior to occupancy for 1 of 2 tenants reviewed (Tenant #1). Findings follow: Record review on 4/7/21 revealed Tenant #1 moved into the program on 10/11/19. There were no evaluations conducted with Tenant #1 prior to her admission to determine her appropriateness for the program. The Director of Nursing confirmed these findings on 4/7/21 at 3:30 PM. (This is a repeat regulatory insufficiency from the recertification visit completed on 4/18/19)	A 135		
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 complete evaluations within 30 days of occupancy for 1 of 2 tenants reviewed (Tenant #1). Findings follow: Record review on 4/7/21 revealed Tenant #1 moved into the program on 10/11/19. There were	A 140		

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A 140	Continued From page 5 no evaluations for Tenant #1 conducted within 30 days of her occupancy. The Director of Nursing confirmed this finding on 4/7/21 at 3:30 PM. (This is a repeat regulatory insufficiency from the recertification visit completed on 4/18/19)	A 140		
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 program failed to complete a service plan prior to occupancy and within 30 days of admission as required for 1 of 2 tenants reviewed (Tenant #1) and as needs changed for 1 of 2 tenants reviewed with a service plan (Tenant #2). Findings follow: 1) Record review on 4/7/21 revealed Tenant #1 had no service plans in her chart. The Director of Nursing confirmed this finding on 4/7/21 at 3:30 PM.	A 350		

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A 350	Continued From page 6 2) Review of Tenant #2's file on 4/7/21 revealed a nurse review dated 12/3/19 which noted the tenant needed a little help with showers. A nurse review dated 6/3/20 documented Tenant #2 refused her showers and was aggressive with staff. The nurse review from 9/24/20 identified Tenant #2 had become progressively more aggressive with staff and other tenants, as seen by her having poured coffee down the head and neck of a staff member. Tenant #2 had a Physician Progress note dated 2/26/21. Tenant #2 reported to her physician she was dizzy when laying down and then sitting up. Her doctor noted Tenant #2 recently discharged from physical therapy. Tenant #2 also saw her physician on 2/9/21 for a 90-day visit. At that visit the doctor encouraged the tenant to avoid adding salt to her diet. Staff were to report symptoms of elevated blood pressure to the doctor. Tenant #2 was noted to have anxiety. Staff were encouraged to decrease stimuli during times of high anxiety. Tenant #2 was encouraged to take deep breaths and utilize controlled breathing during times of high anxiety and to also attend activities. Tenant #2 also had hallucinations and staff were to remove other tenants from the area when Tenant #2 was experiencing these and reorient her as needed. Staff Communication Reports were filled out on Tenant #2 due to her displaying aggression and agitation on 1/4/21, 1/7/21, 1/24/21, 2/19/21, 3/1/21. There was also an undated report. On 1/7/21, Tenant #2 believed another tenant was spreading lies about her. Tenant #2 called other tenants foul names. Tenant #2 said she was going to her room and then went to the exit door and set off the alarm in an attempt to leave the building. Tenant #2 would not get dressed or eat	A 350		

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A 350	Continued From page 7 lunch or supper on 1/23/21 or 1/24/21. A pregnant staff member reported Tenant #2 hit her in the stomach on 3/1/21. She documented Tenant #2's anger was getting worse and putting others in danger. The undated form noted Tenant #2 yelled bad names at staff and tenants. She walked toward a group of tenants and when staff intervened, she hit the staff person on the arm. On 4/6/21 at 12:10 PM, Staff B reported Tenant #2 did not like to take showers. Tenant #2 told Staff B she took care of her bathing on her own. When reviewing the entrance form, the Director of Nursing reported on 4/6/21 at 10:30 AM Tenant #2 often refused her showers but told staff she did sponge baths in her apartment. Tenant #2 had a service plan dated 2/24/20. The plan noted annual and change of condition reviews would be completed as needed. It was not updated annually. The plan noted she became confused at times and thought staff were stealing her belongings, but did not identify her verbal or physical aggression or interventions to address this. The plan noted Tenant #2 was independent with showering. It did not mention staff were asking her to shower or how to address her refusals. The plan was not updated to address Tenant #2's need for physical therapy or diet needs. The Director of Nursing confirmed these findings on 4/7/21 at 3:30 PM. (This is a repeat regulatory insufficiency from the recertification visit completed on 4/18/19)	A 350		

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A 355	Continued From page 8	A 355		
A 355	481-69.26(2) Service Plans 69.26(2) Prior to the tenant's signing the occupancy agreement and taking occupancy of a dwelling unit, a preliminary service plan shall be developed by a health care professional or human service professional in consultation with the tenant and, at the tenant's request, with other individuals identified by the tenant, and, if applicable, with the tenant's legal representative. All persons who develop the plan and the tenant or the tenant's legal representative shall sign the plan. This REQUIREMENT is not met as evidenced by: Based on interview and record review the program failed to complete a preliminary service plan prior to signing occupancy papers for 1 of 2 tenants reviewed (Tenant #1). Findings follow: Record review on 4/7/21 revealed Tenant #1's legal representative signed the occupancy agreement on 10/9/19 for her to move into the program on 10/11/19. A service plan was not completed for Tenant #1 prior to the signing of the occupancy agreement. The Director of Nursing confirmed this finding on 4/7/21 at 3:30.	A 355		
A 420	481-69.27(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 420		

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A 420	Continued From page 9 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 complete nurse reviews every 90 days for 2 of 2 tenants who received health-related care (Tenant #1 and Tenant #2). Findings follow: Tenant #1 moved into the program on 10/11/19. There were no nurse reviews in her chart. Tenant #2 had a service plan dated 2/24/20. There were nurse reviews dated 6/3/20 and 9/24/20. The Director of Nursing confirmed these findings on 4/7/21 at 3:00 PM.	A 420		
A 465	481-69.28(5) Food Service 69.28(5) Personnel who are employed by or contract with the program and who are responsible for food preparation or service, or both food preparation and service, shall have an orientation on sanitation and safe food handling prior to handling food and shall have annual in-service training on food protection.	A 465		

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A 465	Continued From page 10 This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the program failed to provide training on safe food handling as required for 4 of 5 staff reviewed responsible for food service (Staff A, Staff B, Staff D and Staff E). Findings follow: Record review on 4/6/21 revealed Staff A was hired on 4/16/19 and had an orientation on safe food handling on 4/17/19. There was no documentation of an annual in-service training on food protection in her file. Staff B had a hire date of 3/5/21. She was observed serving lunch to tenants on 4/6/21. Staff B received safe food handling training on 4/7/21. Staff D was hired on 8/31/20 and had no training in her personnel record on sanitation and safe food handling. Staff E was hired on 6/1/20. She had an orientation on safe food handling on 4/7/21. The Director of Nursing confirmed these findings on 4/7/21 at 7:30 AM.	A 465		
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.	A 545		

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A 545	Continued From page 11 This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure 8 hours of dementia training was completed within 30 days of employment for 4 of 5 staff reviewed (Staff B, Staff C, Staff D and Staff E). Findings include: Record review of personnel files on 4/6/21 revealed Staff B had a hire date of 3/5/21. She had not received dementia training at the time her file was reviewed. Staff C was hired on 11/20/19. She had not received dementia training. Staff D was hired on 8/31/20. She had not received dementia training. Staff E was hired on 6/1/20. She had not received dementia training. The Director of Nursing confirmed these findings on 4/7/21 at 7:30 AM.	A 545		
A 556	481-69.30(3)b Dementia-Specific Education for Personnel 69.30(3) Dementia-specific continuing education b. Direct-contact personnel employed by or contracting with a dementia-specific program or employed by a contracting agency providing staff to a dementia-specific program shall receive a minimum of eight hours of dementia-specific continuing education annually. This REQUIREMENT is not met as evidenced by:	A 556		

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A 556	Continued From page 12 Based on interview and record review the program failed to ensure 2 of 2 direct-contact personnel employed since 2019 received eight hours of dementia-specific continuing education annually (Staff A and Staff C). Findings follow: Record review on 4/6/21 of personnel records revealed Staff A was hired on 4/16/19. Staff A received 8 hours of dementia-specific training in 2019, 6 hours of training on 2/6/20 and no other documented training since that date. Staff C was hired on 11/20/19. There was no evidence of dementia-specific training in her record. The Director of Nursing confirmed these findings on 4/7/21 at 7:30 AM.	A 556		

8/19/21

PLAN OF CORRECTION

Provider/Supplier Name:	Reflections Assisted Living
Street Address, City, Zip:	512 13th Street Wellman, Iowa 52356
Date of Survey:	4/6/2021-4/12/2021

PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	

ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION: (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
	Preparation and execution of this plan of correction does not constitute admission or agreement by this provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and executed solely because it is required by the provisions of federal and state law.	Compliance Date 6/23/2021
A 135	Reflections Assisted Living requires evaluation of prospective tenant's functional, cognitive and health status prior to occupancy	
	I. System change occurred by Hiring an AL Manager who is a licensed nurse to complete evaluations prior to occupancy. AL Manager and or Delegating RN received education on Evaluations required and timing prior to occupancy for any new admission on 6/7-6/11/2021. ✓ II. Administrator or designee will complete audits to ensure that problem does not recur. III. Quality Assurance Team will review audits routinely to ensure compliance.	
		Compliance Date 6/23/2021
A140	Reflections Assisted Living completes evaluation of tenants functional, cognitive and health status within 30 days of occupancy ✓	
	I. Tenant# 1 has received evaluation and health status	
	II. All tenants are protected from this practice by hiring an Assisted Living Manager. Assisted Living Manager has received education and establishment of required intervals for evaluation & placement of evaluations in electronic health record for alerts related to need for assessment of tenants & system of tracking. Direct care staff received education 6/7-6/11/2021 on reporting changes in health status to AL Manager.	

8/13/21

	III. Delegating RN & Assisted Living Manager will conduct audits of tenants for changes and electronic health record for	
	IV. Silver Ponds QAPI Team will review evaluation dashboards in Electronic Health Record to ensure solutions are permanent	
		Compliance Date 6/23/2021
A270	Reflections Assisted Living will only allow qualified staff to administer medications	
	I. All staff assigned to provide medication oversite will have completed medication manager course by 6/25/2021. Education to all staff that they are not allowed to pass medication without having either RN/LPN licensure or Medication Manager Certifications on 6/3/2021 thru 6/11/2021.	
	II. Delegating RN will complete competency for Medication Manager Certification prior to final test by utilization of IHCA Online Medication Manager Online Program which requires uploading of competency prior to completion of final test and issuance of certification. Tracking of Employees Certified to pass medications will be posted on the Medication Administration Record book and in Silver Pond Office Staff received education on the medication administration guidelines on ALF on 6/3-6/112021	
	III. Administrator or designee will conduct routine auditing of Medication Administration Records & Staff Assignments to ensure problem does not recur	
	IV. Silver Ponds Quality Assurance Team will review audits to ensure compliance	
		Compliance Date 6/23/2021
A345	Reflections Assisted Living completes Delegation RN competency prior to 30 days of beginning employment.	
	I. Verification that all employed ALF staff currently have competency training completed occurred 6/7 thru 6/11/2021.	
	II. System changes to require competency training to occur in the orientation process before assignment in ALF is in place and Audited upon any new hire by ALF Manager effective 6/3/2021	
	III. Administrator or designee will complete audits of any new hires prior to being assigned to ALF to ensure problem does not recur	
	IV. Quality Assurance Team will review audits to ensure compliance.	
		Compliance Date

		6/23/2021
A350	Reflections Assisted Living program will update service plans annually and as needed with change in needs on tenant ✓	
	I. Tenant #1 & #2 and all Tenants of Reflections have had their Service Plans Updated	
	II. All residents with potential to be affected by this practice by hiring of Assisted Living Manager that is responsible for reviewing electronic dashboard in EHR for annual service plan update requirements.	
	III. Assisted Living Manager and Delegating RN received education and establishment of additional tracking guidelines for updating service plans annually and with changes in conditions including behavioral changes & Direct Care Staff received education on reporting of changes to AL Manager for service plan update on 6/7 thru 6/11/2021.	
	IV. Administrator or Designee will audit service plans routinely to ensure compliance	
	V. QAPI Team will review audits quarterly and as needed	
		Compliance Date 6/23/2021
A355	Reflections Assisted Living completes and reviews with Prospective Tenants a preliminary Service Plan prior to occupancy ✓	
	I. Program has made system changes by hiring an Assisted Living Manager full time to complete preliminary service plans prior to occupancy. II. Administrator, Delegating RN, and Assisted Living Manager Received education on system change of review preliminary service plans prior to occupancy with each new prospective occupant on 6/7-6/11/2021. III. Administrator or Designee will audit service plan dates in comparison to occupancy agreements routinely. IV. QAPI Team will review new occupancy agreements and audits quarterly x 4 quarters	
		Compliance Date 6/23/2021
A380	Reflections Assisted Living completes required Dependent Adult Abuse education as directed ✓	
	I. All current employees have completed Dependent Adult Abuse training by 6/23/2021	
	II. Any new hire employees will receive Dependent Adult Abuse Training within 6 months of hire thru education and hiring Assisted Living Manager III. Administrator, Delegating RN, and Assisted Living Manager received education on Dependent Adult Abuse training expectations 6/7-6/11 2021.	

	IV. Social Services or Designee will conduct routine audits to ensure compliance	
	V. QAPI Team will review audits to ensure compliance in maintained	
		Compliance Date 6/23/2021
A420	Reflections Assisted Living completes Nurse Reviews Every 90 days ✓	
	I. Tenant #1 & #2 has received quarterly nurse review	
	II. All tenants receive quarterly nurse review by hiring AL Manager & quarterly tracking system established via electronic health record	
	III. AL Manager and Delegating RN received education 6/7-6/11 on required Nurse Review intervals for Tenants and training in entering & scheduling assessments in Electronic Health Record.	
	IV. Administrator or Designee will conduct routine audits to ensure compliance	
	V. QAPI Team will review auditing to ensure solutions are permanent	
		Compliance Date 6/23/2021
A465	Reflections Assisted Living personnel receive training on safe food handling ✓	
	I. Personnel of Reflections Assisted Living has received education on safe food handling 6/7/21 thru 6/11/21	
	II. All staff will receive safe food handling prior to employment per orientation process & annually managed by AL Manager. AL Manager and Delegating RN received education on orientation process & annual training required to include safe food handling	
	III. Administrator will complete audits routinely to ensure compliance	
	IV. QAPI Team will review audits to ensure that compliance is permanent	
		Compliance Date 6/23/2021
A545	Reflections Assisted Living provides 8 hours of Dementia training for all new hires within 30 days ✓	
	I. Staff at Reflections had received 8 hours of Dementia Training by 6/23/2021	

	II. System changes & education related to assignment of 8 hours training via Online Program has occurred by 6/23/2021.	
	III. Administrator, Delegating RN, and Assisted Living Manager received education on system changes and assignment of new hires for 8-hour training on 6/7-6/11/2021	
	IV. Social Services or designee will conduct audits of all new hires.	
	V. QAPI Teams will review audits quarterly x 4 quarters to ensure compliance	
		Compliance Date 6/23/2021
A556	Reflections Assisted Living will provide 8 hours of Dementia Specific Training annually for Direct Care Personnel	
	I. All direct care personnel have received 8 hours of dementia specific training by 6/23/2021.	
	II. Systems changes to assign via online learning program has been implemented for annual assignment of 8 hours dementia training effective 6/7/2021	
	III. Administrator, Delegating RN, and Assisted Living Manager have received education on tracking and providing of 8 hours annually for direct care staff 6/7-6/11/2021	
	IV. Social Services or Designee will conduct audits of all direct care staff for completion of Dementia Specific Training routinely	
	V. QAPI Team will review audits quarterly to ensure compliance is maintained	
		Compliance Date 6/23/2021

The Administrator signing and dating the first page of the CMS-2567/State Form is indicating their approval of the plan of correction being submitted on this form.