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
	S0208	A. BUILDING: _____ B. WING _____	C 12/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADDINGTON PLACE OF MT PLEASANT	1406 EAST LINDEN DRIVE MOUNT PLEASANT, IA 52641

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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: 32 Number of tenants with cognitive disorder: 11 TOTAL Census of Assisted Living Program for People with Dementia: 43 The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification for an Assisted Living Program for People with Dementia. No regulatory insufficiencies were cited during the investigation into Incident #112847-I. The following regulatory insufficiency was cited during the investigation into Incident #113237-I.	A 000		
A 290	481-67.5(2)g Medications 67.5(2) Each program shall follow its own written medication policy, which shall include the following: g. Narcotics protocol, including destruction and reconciliation, shall be determined by the program's registered nurse. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to follow the narcotics protocol for 1 of 5 tenants reviewed (Tenant #5). Findings follow: Record review on 12/5/23 revealed an incident	A 290		

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

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A 290	Continued From page 1	A 290		

report for Tenant #5 dated 5/25/23 in which the Health Director noted during the first to second shift narcotic count, the medication techs noted Tenant #5's Fentanyl (Scheduled II narcotic) patch count was off by one; there should have been four Fentanyl patches but there were only three patches. The Health Director and (program) Director were notified of the missing medication. The situation was investigated by the Health Director and Director and the Fentanyl patch was not found.

A review of the Controlled Drug receipt/record/disposition form identified Tenant #5 had four patches from 5/23/23 from 6:30 AM - 5/25/23 at 2:00 PM. The Health Director and Staff B corrected the form on 5/25/23 at 2:34 PM to identify there were not four patches but only 3 patches.

The program completed an internal investigation on 5/26/23. The Director interviewed all staff who worked on 3rd and 1st shift. He learned Staff A, who worked from 10:00 PM on 5/24/23 to 6:00 AM on 5/25/23 forgot to lock the door where narcotics were stored during his shift. Other staff had access to the narcotic closet during this time period. Staff A and Staff B did not take the Fentanyl patches out of the box where they were stored to properly count them at 6:00 AM on 5/25/23. Following the investigation, staff members were re-educated on completing the narcotic count and documenting this as well as keeping the narcotic door locked when the room was unattended.

On 12/6/23 at 2:17 PM Staff A reported there were two doors to enter the room where tenants' narcotics were stored. The key which opened the first door was the key all staff had and used to

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A 290	Continued From page 2 enter tenants' rooms if needed. He remembered leaving the door to where the narcotics stored unlocked. On 12/6/23 at 9:23 AM, Staff B stated she was the medication tech on 1st shift on 5/24 and 5/25. Tenant #5 received a new patch on 5/23 at 6:30 AM. The Fentanyl patches came in a square box with five patches. The narcotic count was completed each shift with another person. One person had the box and another person had the Controlled Drug receipt form. Staff B assumed there were 4 patches in the box because there were 4 patches in the box the last time she did the count. Staff B acknowledged if she did the count properly, she would have known there were only three patches present at 6:00 AM on 5/25/23. Staff A told her the door to the narcotics wasn't locked during 3rd shift on 5/25/23. The program had a written procedure on how to complete the narcotic count. The Med Aide (tech) coming on shift was to state the tenant's name, name of the medication and how many pills (patches) should be present. The staff member going off shift should verify the count was correct. If there was a discrepancy, both staff would notify the Health Director or Director immediately. On 12/12/23 at 9:30 the Health Director confirmed staff did not follow the narcotics protocol.	A 290		
A 160	481-69.23(1)c(1) Criteria for Admission / Retention of Tenants 69.23(1) Persons who may not be admitted or retained. A program shall not knowingly admit or	A 160		

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A 160	Continued From page 3 retain a tenant who: c. Is dangerous to self or other tenants or staff, including but not limited to a tenant who: (1) Despite intervention chronically elopes, is sexually or physically aggressive or abusive, or displays unmanageable verbal abuse or aggression This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program retained 1 of 5 tenants reviewed who displayed unmanageable aggression (Tenant #1). Findings include: Record review of staff documentation on 12/4/23 revealed the following regarding Tenant #1: - Tenant #1 tried to leave the building through the exit doors on 10/4/23. When staff attempted to redirect him, Tenant #1 tried to punch him. - On 10/8/23, Tenant #1 went into another tenant's apartment. The other tenant pushed Tenant #1 out of the apartment. When the staff member closed the door, Tenant #1 punched the employee on the right side of the face. - Staff documented on a communication form on 10/10/23, Tenant #1 soiled himself and needed changing. Tenant #1 pushed and tried swinging at staff. He then charged at staff and told them to get out of his room. - On 11/24/23, staff was in Tenant #1's room assisting him with toileting. Tenant #1 slapped staff in the back of his head. When Tenant #1 came out for dinner, he threw a cup of lemonade at the staff member. - On 12/2/23, staff went into Tenant #1's room at 4:00 AM for a visual check and to provide toileting assistance. Tenant #1 starting kicking, swing and trying to punch staff.	A 160		

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A 160	Continued From page 4 Tenant #1 had a service plan dated 9/27/23. Tenant #1's service plan identified Tenant #1 had been physically aggressive toward other tenants and staff with interventions utilized since 2/7/22. Interventions included urinalyses to rule out urinary tract infections, staff education, hourly checks, redirection, reapproach and utilizing different staff if Tenant #1 became angry with an employee. On 12/4/23 at 3:24 PM, Staff C reported Tenant #1 slapped and punched staff with cares - or even out of the blue. Tenant #1 was known to approach staff from behind and hit them. Tenant #1's physical aggression might occur once a week or every other week. On 12/5/23 at 10:28 AM, Staff D reported Tenant #1 would punch staff in the face or push them about once a week. Lately they identified his triggers and learned to back off when he became angry. Tenant #1 chased Staff D out of his room when she tried to assist him with dressing his lower body. On 12/6/23 at 10:30 AM the Director and Health Director confirmed they were aware Tenant #1 displayed physical aggression. The program provided Tenant #1 and his legal representative with 30-day notice on 12/6/23.	A 160		
A 200	481-69.23(1)j Criteria for Admission / Retention of Tenants 69.23(1) Persons who may not be admitted or retained. A program shall not knowingly admit or retain a tenant who:	A 200		

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A 200	Continued From page 5 j. Despite intervention, chronically urinates or defecates in places that are not considered acceptable according to societal norms, such as on the floor or in a potted plant. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program retained 1 of 5 tenants reviewed who chronically urinated in inappropriate places (Tenant #4). Findings include: Record review of Communication to the Nurse forms on 12/7/23 revealed documentation of Tenant #4 urinating in inappropriate places on the following dates: - on 4/8/23, Tenant #4 urinated in her trash can - Tenant #4 urinated on her bathroom floor on 4/9/23 at 10:00, 1:00 and 5:00 even with toileting reminders every two hours. - on 5/23/23, Tenant #4 urinated on her bathroom floor by her sink. - Tenant #4 urinated on her apartment floor in front of her kitchen sink. - Staff entered Tenant #4's apartment on 6/20/23 to assist her with toileting. As staff left the apartment she noticed urine on the floor by the table. - Tenant #4 had feces on the floor directly under the window on 9/12/23. - On 9/23/23, staff noticed urine in front of Tenant #4's door. The Health Director notified Tenant #4's PCP (primary care provider) and family about her condition. - Tenant #4 urinated inside the door of her apartment on 10/9/23. Tenant #4 had been refusing to use the toilet and staff was going to start asking her hourly if she needed to use the bathroom.	A 200		

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A 200	Continued From page 6 - On 10/11/23, Tenant #4 urinated on her bathroom floor. - Tenant #4 urinated in 2 different spots in her room on 10/24/23. - Tenant #4 removed her incontinence brief and urinated in front of her kitchen sink on 10/28/23. - On 11/7/23, staff cleaned up urine on Tenant #4's bathroom floor where she urinated. - Tenant #4 urinated and defecated on her apartment floor on 12/1/23. On 12/4/23 at 3:24 PM Staff C reported Tenant #4 urinated in the trash can, her bedroom floor and her shower. Tenant #4 wouldn't sit to urinate on the toilet but would do so elsewhere. Tenant #4 did not seem to understand she should go to the bathroom on the toilet. On 12/5/23 at 10:28 AM Staff D stated Tenant #4 didn't understand where to urinate or defecate at times. Staff D completed the Nurse Communication forms when this occurred. Tenant #4 had a service plan which was last updated on 10/26/23. Tenant #4's service plan identified she required assistance to use the toilet and maintain bladder continence. She was incontinent of bladder. Staff were to notify the nurse of changes in Tenant #4's bladder continence. Tenant #4 urinated in inappropriate places and was placed on a bowel and bladder program. On 12/6/23 at 10:30 AM, the Health Director confirmed she became aware of Tenant #4 urinating in inappropriate places 4-5 months ago. The program provided Tenant #4 with 30-day notice on 12/7/23.	A 200		