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
	S0210	A. BUILDING: _____ B. WING _____	C 06/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CRESCO ASSISTED LIVING	1004 NORTH ELM STREET CRESCO, IA 52136

(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 are defined by the type of population served. The census numbers were provided by the Program at the time of the on-site. Number of tenants without cognitive disorder: 31 Number of tenants with cognitive disorder: 0 TOTAL census of Assisted Living Program: 31 No regulatory insufficiencies were cited during the recertification conducted to determine compliance with certification for an Assisted Living Program. In addition to this recertification, an onsite infection control survey was conducted. No deficiencies were cited during this survey. The following regulatory insuffiencies were cited during the investigation of Complaint # 96078-C and # 96568-C.	A 000		
A 155	481-67.3(1) Tenant Rights 481-67.3 Tenant rights. All tenants have the following rights: 67.3(1) To be treated with consideration, respect, and full recognition of personal dignity and autonomy. This REQUIREMENT is not met as evidenced by: Based on interviews and record reviews, staff failed to treat 3 of 5 tenants interviewed with consideration, respect, and full recognition of personal dignity (Tenant #4, Tenant #5, Tenant	A 155		

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A 155	Continued From page 1 #6). Findings include: On 6/9/21 at 10:40 AM during a tenant meeting, Tenant #4, Tenant #5, and Tenant #6 indicated they had the same concerns with only one staff member, Staff C. Tenant #4, Tenant #5, and Tenant #6 all discussed and agreed Staff C was rude and often spoke to tenants as if they were children. Tenant #4 stated Staff C was always in a hurry and wanted tenants to hurry too. Staff C gave the impression of acting like a boss. Tenant #5 stated she heard Staff C scolding Tenant #2 often because he was slower and not fast enough for her. Tenant #5 stated before COVID-19 was an issue, one night tenants were going to eat ice cream sandwiches for a snack and instead of handing every tenant one, Staff C threw the ice cream bars on to the tables. Tenant #4 stated Staff C just always seemed like she was in a hurry and did not have time to meet tenant needs. On 6/9/21 at 1:24 PM, Staff A stated she had not personally ever seen Staff C speak rudely to tenants but tenants complained to her about Staff C before. Staff A stated the complaints had been sporadic over time. Staff A stated she herself had experienced rude behavior from Staff C. Staff A stated during the end of her shift on one occasion (first shift) she had just allowed a male tenant to go outside and sit in the courtyard to get fresh air. Staff A notified Staff C he had gone out and she was going to punch out as it was the end of her shift. Staff A stated Staff C was in the kitchen and when told about the tenant being outside, she told Staff A "Well, he is your responsibility you deal with it." Staff A stated she explained he wanted to stay outside as he just got out there and she had to leave. Staff A stated Staff C confronted her by saying: "Bring it on!" Staff A punched out and drove home upset and crying. Staff A believed the	A 155		

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A 155	Continued From page 2	A 155		

other staff who also had been working in the kitchen, reported the incident to the Director. Staff A added Staff C would also make rude comments when the shift change report was read such as: "What did you guys even do all day?"

On 6/9/21 at 2:06 PM, Staff D stated tenants had complained about Staff C. Staff D stated tenants referred to Staff C as a drill sergeant and she treated them like children. Staff D stated she had not personally witnessed anything but would have described Staff C as "hurried" and often presented as rude to staff when she spoke to them. Staff D stated that she recently reported a concern regarding Staff C to the Director.

On 6/9/21 at 1:50 PM, the Administrator stated she had not received any complaints from tenants regarding any specific staff members. The Administrator did recall in February 2021, one staff member, Staff E applied for the Director position but did not receive it. She later filed multiple complaints regarding Staff C (an immediate family member) of the newly hired Director. The Administrator took the complaints seriously and completed an internal investigation. The tenants and staff members mentioned in the complaints had no concerns and were not aware of any issues with Staff C.

On 6/9/21 at 2:26 PM, the Director stated she could not recall any concerns tenants had regarding any specific staff in the past six months. The Director indicated there had been some "shift wars" and she heard some smaller "petty" complaints between staff members but nothing serious. The Director indicated there had been no disciplinary action with staff members regarding staff to staff conflicts.

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A 155	Continued From page 3 On 6/9/21 at 3:27 PM, Staff C stated she had some previous concerns with Staff E. Staff C stated they just didn't like each other and "bucked heads." Staff C added Staff E made a complaint 2 years after the fact, regarding Tenant C1 who has since passed. She complained Staff C did not dress Tenant C1 one night and the family was upset. Staff C stated there was a mix-up at the time because hospice was coming in to do night cares and dress the tenant for bed. Staff C was working the night they stopped doing the nightly cares but the communication for staff to know this was not handled well and she assumed hospice had completed it. The Administrator also looked into this incident. Staff C stated she had never had a tenant tell her she was short with them. Staff C stated she went by the book and had been condemned for that by others. Staff C stated she was not afraid of conflict. Staff C stated that she had not liked it when other staff purposely had not completed certain work tasks. Staff C stated she had a hard time not confronting them. Staff C stated she described herself as "matter of fact." Staff C added she had not had any disciplinary action or discussions with the Administrator in the past 6 months. A review of Program policies on 6/9/21 revealed a "Tenant Rights" policy. The policy indicated the following: "All tenants have the following rights: 1.) To be treated with consideration, respect, and full recognition of personal dignity and autonomy." On 6/10/21 at 10:55 AM, the Administrator confirmed the above finding.	A 155		
A 585	481-69.32(1)b Life Safety - Emergency Policies / Structure	A 585		

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A 585	Continued From page 4 69.32(1) The program shall submit to the department and follow written emergency policies and procedures, which shall include the following: b. Fire safety procedures This REQUIREMENT is not met as evidenced by: Based on interviews and record review, the Program failed to follow internal policies regarding fire safety procedures. Findings include: On 6/9/21 at 10:40 AM during a group tenant meeting, Tenant #4, Tenant #5, and Tenant #6 indicated they did not recall a fire drill being run in the past 9 to 10 months. The tenants in the group meeting indicated people seemed to be confused by the fire drill process. Tenant #5 indicated she spoke to some newer tenants who had no idea where to go or what to do if there was a fire. Tenant #4, Tenant #5, and Tenant #6 agreed tenants were confused when the alarm would sound if it was an actual fire, a fire drill, or just a testing of the alarm. On 6/10/21 at 10:39 PM, Tenant #1 stated she had moved into the Program in April of 2020 and believed she may have participated in one fire drill since admission. On 6/9/21 at 3:58 PM, Staff B stated she had training on fire drills but in the seven months she had been employed, she did not think she had actually participated in one. On 6/9/21 at 2:06 PM, Staff D stated she honestly did not recall if she had participated in a fire drill in the past six months. Staff B thought maybe she had participated in one. On 6/9/21 at 1:24 PM, Staff A	A 585		

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A 585	Continued From page 5	A 585		

stated she maybe had participated in one or two fire drills before. Staff A added she did not participate in any in the past six months.

On 6/9/21 at 2:26 PM, the Director stated at the last tenant meeting held, tenants brought up the concern of newer tenants not knowing what to do in the event of a fire. The Director indicated a training and fire drill would be held on 6/10/21.

On 6/9/21 at 1:04 PM, the Maintenance Director stated he did run drills during COVID-19 but tried to do them differently so people were not all gathering in one area. The Maintenance Director stated he would sound the actual alarm, but thought it was probably confusing for tenants as he would not tell everyone he was running a drill nor tell each tenant the coast was clear when completed.

A review of the Program policy titled: Emergency Plans indicated the following directives:

10.) Fire and emergency drills for staff and tenants will be practiced bimonthly (a minimum of 6 drills per year.) Two drills will be conducted during sleeping hours.
11.) Drills will include actual evacuation to an assembly point designated in the emergency plan and will include various egress locations of the facility. Drills may be announced in advance. All drills must be audible.
12.) Staff and tenants should participate in the drill.

On 6/10/21 at 10:55 AM, the Administrator confirmed the concerns over fire safety drills and indicated a training and drill was being conducted on 6/10/21.

ok

August 6, 2021

Department of Inspections and Appeals
Attn: Catie Campbell
Lucas State Office Building
321 East 12th Street
Des Moines, Iowa

On behalf of Cresco Assisted Living in Cresco, I respectfully submit our Plan of Correction for your approval. Our response is specific to the report dated July 27, 2021. 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 deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provision of state law.

1. **A155 481-67.3(1) Tenant Rights**
   a. **Elements detailing how the Program will correct each regulatory insufficiency, including at the system level:**
   Education was provided to identified staff member with goals established to address approach during interactions with tenants and staff. Follow-up communication was completed with tenants, tenants report they are being treated as adults, do not feel rushed, and feel respected by staff. A follow-up meeting was held with staff member and reviewed goals. Staff member has been increasingly aware of approach.
   b. **Measures taken to ensure the problem does not recur:**
   Inservice education focusing on customer service was completed by Cresco Assisted Living staff. Education provided to current tenants regarding who to voice concerns to. Upon admission, new tenants are provided education on who to contact if tenant has questions or concerns.
   c. **How the Program plans to monitor performance to ensure compliance:**
   As concerns are brought forward by tenants or staff, concern will be addressed, goals will be set with individual employee, and follow-up as needed until issue resolved. Monthly tenant council meetings review who to address questions or complaints, and encourage tenants to voice concerns.
   d. **The date by which the regulatory insufficiency will be corrected:**
   This regulatory insufficiency was completed within 30 days after DIAs onsite visit.

2. **A585 481-69.32(1)b Life Safety - Emergency Policies/ Structure**
   a. **Elements detailing how the Program will correct each regulatory insufficiency, including at the system level:**
   On 6/10/2021, education to current tenants was provided to review emergency procedures, including what to do in the event of a fire, following the education a fire drill was completed with alarm sounding and tenant participation. On 6/16/2021, during tenant council meeting review of education and fire drill was completed without further concerns identified from tenants.
   b. **Measures taken to ensure the problem does not recur:**
   Upon admission, new tenants are provided with an orientation to the program. The orientation includes review of emergency processes (fire, tornado/ severe weather, power

outage, and emergency evacuation map). Bi-monthly a fire drill will be completed with tenant participation. Tenants will be required to sign form indicating participation.

c. **How the Program plans to monitor performance to ensure compliance:**
Assisted Living program director to be involved in drill completion. Administrator to review fire drill evaluation form to verify tenant participation.

d. **The date by which the regulatory insufficiency will be corrected:**
This regulatory insufficiency was completed within 30 days after DIAs onsite visit.

If you have any questions regarding this plan of correction, please feel free to contact me at (563) 547-2580.

Sincerely,

Amy Murphy

Amy Murphy, Administrator
Evans Memorial Home