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 |
|---|---|---|---|
| | S0244 | A. BUILDING: _____ B. WING _____ | C 10/04/2021 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| THALMAN SQUARE DEMENTIA SPECIFIC AL | 5500 SOUTH MAIN STREET CEDAR FALLS, IA 50613 |

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| A 000 | Initial Comments<br><br>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.<br><br>Number of tenants without cognitive disorder: 3<br>Number of tenants with cognitive disorder: 20<br>Total Census: 23<br><br>An onsite infection control survey was completed and no regulatory insufficicies were identified.<br><br>The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification for a Dedicated Dementia Specific Assisted Living Program and the investigation of Complaint #97635-C: | A 000 | | |
| A 285 | 481-67.5(2)f(4) Medications<br><br>67.5(2) Each program shall follow its own written medication policy, which shall include the following:<br><br>f. When medications are administered traditionally by the program:<br><br>(4) Medications and treatments shall be administered as prescribed by the tenant's physician, advanced registered nurse practitioner or physician assistant.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, interview and record review the Program failed to administer medications as prescribed for 1 of 1 current (Tenant #2) and 2 of 2 former (Tenant C1 and | A 285 | A285<br>Tenants C1 & C2 have been discharged. For Tenant #2 and all tenants receiving medication administration services:-<br>Employees providing medication services are scheduled to receive education on 1/20/22 regarding proper medication handling procedures and documentation of refused or held medications..<br>Employees will also have medication administration audited and documented for their delegation file by the clinical services coordinator. Going forward medication administration audits will take place monthly.<br>Employees noting orders are scheduled to receive education on by 1-20-22 regarding double noting of orders. Orders will also be checked to the MAR by the clinical services coordinator.<br>Audits of a sample of MARs will take place monthly by the clinical services coordinator for proper documentation and noting of orders.<br>Completion date: 1-20-22 | |

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



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| A 285 | Continued From page 1<br>Tenant C2) tenants reviewed. Findings follow:<br><br>1. When observed on 9-30-21 at approximately 12:00 p.m. Staff F administered medications to three tenants in the dining room. Tenant #2 had two medications: buspirone 5 milligram and hydrocodone/APAP 5/325 mg tablet. Staff F signed off the a.m. medications for Tenant #2 at the time of the noon medication pass. She put Tenant #2's medications in a cup and added jelly from the refrigerator in the dining room to the medications. Review of Tenant #2's Physician's Order Sheet and September medication administration record (MAR) reflected for staff to observe Tenant #2 take her medications. Medications were to be placed in applesauce one at time and the tenant was to spoon each one into her mouth.<br><br>2. Review of Tenant C1's file on 10-4-21 revealed a Provider Intake Note document dated 1-14-21 indicating an order to discontinue buspirone and replace it with escitalpram 5 milligram (mg) daily for mood disorder.<br><br>The tenant's January 2021 medication administration record (MAR) reflected buspirone tablet 10 mg, three times per day was ordered on 12-18-20. It was documented as administered from 1-1-21 to 1-25-21 (a.m. dose). There were eight times the medication was initialed and circled and three entries on the back the MAR documenting the medication not given. In addition the MAR contained the new order for escitalpram starting on 1-15-21.<br><br>Tenant C1 received buspirone from 1-14-21 to 1-25-21 despite the medication being discontinued. | A 285 | | |

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| A 285 | Continued From page 2<br><br>3. Review of Tenant C2's file on 10-4-21 revealed February 2021 MARs reflected a new order for morphine sulfate solution 0.5 milliters (ml) sublingual scheduled four times daily. The MAR reflected on 2-24-21, 2-25-21 and 2-26-21 only 2 doses were administered (a.m. and noon). The evening and bedtime doses were not documented as given.<br><br>The tenant's March 2021 MARs reflected acetaminophen 325 mg, 2 tablets four times a day was documented with circled staff initials from 3-1-21 to 3-6-21. On 3-7-21, two doses were documented as given and two doses were not documented. On 3-8-21 the a.m. dose was documented as given, the noon dose was not recorded and the evening and supper doses had staff initials circled. The a.m. dose on 3-9-21 was recorded as staff initials circled. There was no explanation provided on the back of the MAR for the medications not given.<br><br>The MAR also reflected omeprazole capsule 40 mg twice daily was documented with circled staff initials or not documented at all from 3-1-21 to 3-9-21 (date discharged). There was no explanation provided on the back of the MAR for the medications not given. Morphine Sulfate solution 100/5 milliters (ml) 5 ml, by mouth four times daily was not documented as administered three times from 3-1-21 to 3-9-21 (date discharged).<br><br>4. When interviewed on 10-4-21 at 2:48 p.m. the Clinical Services Coordinator confirmed buspirone was documented as given to Tenant C1 after it was discontinued. She also confirmed the entries with staff initials circled for Tenant C2 and said this meant either the medication was not available or it was refused by the tenant. | A 285 | | |

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| A 420 | 481-67.19(3)d Record Checks<br><br>67.19(3)d If a person considered for employment has a record of founded child abuse or dependent adult abuse. If a department of human services child or dependent adult abuse record check shows that a person being considered for employment in a program has a record of founded child or dependent adult abuse, the department of human services shall notify the program that upon the request of the program the department of human services will perform an evaluation to determine whether the founded child or dependent adult abuse warrants prohibition of employment in the program.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on interview and record review the Program failed to ensure an evaluation was completed prior to hire for 1 of 1 employees reviewed on the child abuse registry (Staff B). Findings follow:<br><br>Review of Staff B's file on 9-30-21 revealed a hire date of 2-8-21. A Single Contact License & Background Check check was completed on 1-27-21 which indicated to initiate the record check evaluation process for the child abuse registry by submitting the appropriate form to the Department of Human Services (DHS). There was no indication the form was ever completed or submitted to DHS as required.<br><br>On 10-4-21 at 3:43 p.m. the Senior Director of Assisted Living indicated all of the background check information for Staff B was provided. | A 420 | A420<br>Staff B is no longer employed by the program. Going forward employees will have record checks and evaluations completed as required. The system human resource officer will monitor all record checks for 1 month and conduct an audit of a sample of record checks monthly.<br>Completion date: 1/20/22 | |

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| A 145 | Continued From page 4 | A 145 | A145<br>Tenants C1 & C2 have been discharged. Tenants of the program will receive assessments as required. The clinical services coordinators are scheduled to receive training on 1/6/2022. Weekly audits x4 and monthly audits of a sample of tenants will take place by the program director.<br>Completion date: 1/20/22 | |
| A 145 | 481-69.22(3) Evaluation of Tenant<br><br>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.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on interview and record review the Program failed to complete evaluations as needed with significant change for 2 of 2 former tenants reviewed (Tenants C1 and Tenant C2). Findings follow:<br><br>1. On 10-4-21 review of Tenant C1's file revealed he was staged at a five on the Global Deterioration Scale (GDS), which indicated moderate cognitive decline. Continued record review revealed incident reports from 1-3-21 to 2-6-21 indicating Tenant C1 had six falls, including two with injuries. Tenant C1 also had behaviors toward others noted on 1-3-21 and on 1-6-21. It was also noted on 1-28-21 Tenant C1's buttock and coccyx area was "abrased due to stationary position when sitting."<br><br>Further record review revealed:<br>- A Provider Intake Note dated 1-14-21 indicated Tenant C1 had exit seeking behavior that began a | A 145 | | |

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| A 145 | Continued From page 5<br>week prior and he had eloped one time. Tenant C1 had physical and verbal agitation towards staff. He also voided on the floor, had sexually inappropriate behavior and made sexual comments.<br>- A Provider Intake Note dated 1-26-21 indicated on 1-23-21 a call was received about Tenant C1 requiring assistance to transfer. Prior to he ambulated independently with a walker. Tenant C1 also had dysphasia and his medications were crushed. He required assistance with eating, was incontinent of urine and developed a reddened area on his buttocks.<br>- A Provider Intake Note dated 2-2-21 indicated Tenant C1 had become independent with ambulation. He had been wandering and entered other tenant apartments.<br>- A fax to the primary care provider sent on 1-28-21 and signed on 2-3-21 indicated Tenant C1's buttock and coccyx area had break down and required intervention. Orders were received for a cushion for the recliner and barrier cream, Calmoseptine, twice daily to his coccyx until healed.<br>- A telephone order dated 2-17-21 indicated to apply Mepliex border dressing 3" x 3" daily to the open area on the coccyx<br><br>A review of Progress Notes revelaed the following:<br>- On 1-27-21 physical therapy (PT) was initiated.<br>- On 1-28-21 occupational therapy (OT) was initiated.<br>- On 2-10-21 an assessment was completed related to a 20 pound weight loss. Tenant C1 had a wound on his coccyx and had received new orders, including to check blood glucose daily before meals.<br>- On 2-10-21 Tenant C1 was assisted to bed from the recliner to relieve pressure. He was | A 145 | | |

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| A 145 | Continued From page 6 | A 145 | | |

lethargic and did not want to get out bed for the evening meal. Tenant C1 was incontinent of bowel and staff said Tenant C1 was not able to get out of bed. Staff was told to change Tenant C1 in bed.
- On 2-12-21 OT indicated to provide supervision at meals and to prompt to drink between bites to decrease food pocketing.
- On 2-13-21 a supplement was ordered three times daily.
- On 2-15-21 a discussion was held with Tenant C1's family regarding a need for a higher level of care.
- On 2-19-21 Tenant C1 was discharged to a higher level of care.

Further record review revealed cognitive, health and functional evaluations were completed on 12-29-20, 1-26-21 and 2-10-21. However, evaluations were not completed as needed with the increased care needs, falls with interventions and behaviors as noted above.

2. Review of Tenant C2's file on 10-4-21 revealed she received hospice services and was discharged to a higher level of care on 3-9-21. Tenant C2 was staged at a six on the GDS, which indicated severe cognitive decline. Continued record review revealed incident reports indicated from 1-22-21 to 3-9-21 Tenant C2 had 16 falls, including 4 with injuries. Tenant C2 had 11 of those falls from 2-11-21 to 3-9-21.

A review of Progress Notes indicated the following:
- On 2-9-21 Tenant C2 was admitted to hospice. A nurse review was completed due to significant weight loss and admission to hospice.
- On 2-14-21 it was noted Tenant C2 required assistance at meals and did not initiate feeding

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| A 145 | Continued From page 7 | A 145 | | |

herself.
- On 2-17-21 it was noted Tenant C2 required the assistance of one to get in and out of her wheelchair. Her gait was unsteady at times.
- On 2-20-21 it was noted Tenant C2 had multiple bruises to her body from falls.
- On 2-21-21 it was noted Tenant C2 was mostly non-verbal, was very lethargic and was not able to swallow tablet medication.
- On 2-22-21 it was noted Tenant C2 was a "total assist" for eating.
- On 2-24-21 a new order was received for Mepilex border for a sacrum dressing change every other day. Anti-embolism hose were discontinued.
- On 3-2-21 Tenant C2 was found on the floor and had a bump on the left side of the forehead where she had a previous bruise (still in the healing stages).
- On 3-4-21 a telephone call was made to family regarding Tenant C2's increased level of care needs. Family wanted Tenant C2 to stay at the Program. It was explained the family would need to provide one to one assistance related to her increased care needs and falls.
- On 3-5-21 it was noted Tenant C2 had been "1:1" and there had been no falls reported for that shift.
- On 3-5-21 it was noted family decided to move to a higher level of care instead of one to one care.
- On 3-8-21 it was noted a bed was available at a higher level of care and the plan was to discharge Tenant C2 the following day.

A review of hospice IDG Meeting notes dated 3-2-21 revealed a possible increase in supervision needs was discussed but family declined to move Tenant C2. Tenant C2 ate 25 to 50% of her meals frequently. Areas to the coccyx

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| A 145 | Continued From page 8<br>and buttock had began to break down and Mepliex order was requested. Tenant C2 had frequent restlessness and anxiety and roxanol was increased. Tenant C2's bed was placed against one side wall as an intervention for falls (8+ falls since 1-22-21). Family reported a "sitter" came from 4:00 p.m. to 6:00 p.m. daily and family would be there on the weekends. Most of Tenant C2's falls occurred on third shift. Administrative staff at the Program would allow a low bed and mat.<br><br>Further record review revealed evaluations were completed on 1-26-21, 2-9-21 and 2-12-21, however evaluations were not completed as needed with increased falls and interventions, increased cares and skin break down with a dressing change.<br><br>3. When interviewed on 10-4-21 at 3:36 p.m. the Clinical Services Coordinator confirmed the most recent evaluations for the tenants listed above were provided. | A 145 | | |
| A 350 | 481-69.26(1) Service Plans<br><br>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.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on interview and record review the Program failed to update service plans as needed | A 350 | A350<br>Tenants C1 & C2 have been discharged. Tenants of the program will receive service plan updates meeting the individual needs of the tenant. Clinical services coordinators are scheduled for training on 1/20/22 regarding service plans. The program director will audit service plans for updates weekly for the next month and monthly thereafter.<br>Completion date: 1/20/22 | |

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| A 350 | Continued From page 9<br>for 2 of 2 former tenants reviewed (Tenant C1 and Tenant C2). Findings follow:<br><br>1. On 10-4-21 review of Tenant C1's file revealed he was staged at a five on the Global Deterioration Scale (GDS), which indicated moderate cognitive decline. Continued record review revealed incident reports from 1-3-21 to 2-6-21 indicating Tenant C1 had six falls, including two with injuries. Tenant C1 also had behaviors toward others noted on 1-3-21 and on 1-6-21. It was also noted on 1-28-21 Tenant C1's buttock and coccyx area was "abrased due to stationary position when sitting."<br><br>Further record review revealed:<br>- A Provider Intake Note dated 1-14-21 indicated Tenant C1 had exit seeking behavior that began a week prior and he had eloped one time. Tenant C1 had physical and verbal agitation towards staff. He also voided on the floor, had sexually inappropriate behavior and made sexual comments.<br>- A Provider Intake Note dated 1-26-21 indicated on 1-23-21 a call was received about Tenant C1 requiring assistance to transfer. Prior to he ambulated independently with a walker. Tenant C1 also had dysphasia and his medications were crushed. He required assistance with eating, was incontinent of urine and developed a reddened area on his buttocks.<br>- A Provider Intake Note dated 2-2-21 indicated Tenant C1 had become independent with ambulation. He had been wandering and entered other tenant apartments.<br>- A fax to the primary care provider sent on 1-28-21 and signed on 2-3-21 indicated Tenant C1's buttock and coccyx area had break down and required intervention. Orders were received for a cushion for the recliner and barrier cream, | A 350 | | |

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| A 350 | Continued From page 10<br>Calmoseptine, twice daily to his coccyx until healed.<br>- A telephone order dated 2-17-21 indicated to apply Mepliex border dressing 3" x 3" daily to the open area on the coccyx and Mepliex border dressing 3" x 3" as needed.<br><br>A review of Progress Notes revealed the following:<br>- On 1-27-21 physical therapy (PT) was initiated.<br>- On 1-28-21 occupational therapy (OT) was initiated.<br>- On 2-10-21 an assessment was completed related to a 20 pound weight loss. Tenant C1 had a wound on his coccyx and had received new orders, including to check blood glucose daily before meals.<br>- On 2-10-21 Tenant C1 was assisted to bed from the recliner to relieve pressure. He was lethargic and did not want to get out bed for the evening meal. Tenant C1 was incontinent of bowel and staff said Tenant C1 was not able to get out of bed. Staff was told to change Tenant C1 in bed.<br>- On 2-12-21 OT indicated to provide supervision at meals and to prompt to drink between bites to decrease food pocketing.<br>- On 2-13-21 a supplement was ordered three times daily.<br>- On 2-15-21 a discussion was held with Tenant C1's family regarding a need for a higher level of care.<br>- On 2-19-21 Tenant C1 was discharged to a higher level of care.<br><br>The tenant's service plan was updated on 12-29-20, 1-26-21 and 2-10-21. The most recent service plan reflected Tenant C1 ate independently, required no staff assistance for mobility and did not use an assistive device. The | A 350 | | |

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| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| THALMAN SQUARE DEMENTIA SPECIFIC AL | 5500 SOUTH MAIN STREET CEDAR FALLS, IA 50613 |

| (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 |
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| A 350 | Continued From page 11<br>service plan indicated he was independent with transfers and with toleting. The service plan was not updated to reflect the increased care needs, falls with interventions and behaviors as noted above.<br><br>2. Review of Tenant C2's file on 10-4-21 revealed she received hospice services and was discharged to a higher level of care on 3-9-21. Tenant C2 was staged at a six on the GDS, which indicated severe cognitive decline. Continued record review revealed incident reports indicated from 1-22-21 to 3-9-21 Tenant C2 had 16 falls, including 4 with injuries. Tenant C2 had 11 of those falls from 2-11-21 to 3-9-21.<br><br>A review of Progress Notes indicated the following:<br>- On 2-9-21 Tenant C2 was admitted to hospice. A nurse review was completed due to significant weight loss and admission to hospice.<br>- On 2-14-21 it was noted Tenant C2 required assistance at meals and did not initiate feeding herself.<br>- On 2-17-21 it was noted Tenant C2 required the assistance of one to get in and out of her wheelchair. Her gait was unsteady at times.<br>- On 2-20-21 it was noted Tenant C2 had multiple bruises to her body from falls.<br>- On 2-21-21 it was noted Tenant C2 was mostly non-verbal, was very lethargic and was not able to swallow tablet medication.<br>- On 2-22-21 it was noted Tenant C2 was a "total assist" for eating.<br>- On 2-24-21 a new order was received for Mepilex border for a sacrum dressing change every other day. Anti-embolism hose were discontinued.<br>- On 3-2-21 Tenant C2 was found on the floor and had a bump on the left side of the forehead | A 350 | | |

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| A 350 | Continued From page 12<br>where she had a previous bruise (still in the healing stages).<br>- On 3-4-21 a telephone call was made to family regarding Tenant C2's increased level of care needs. Family wanted Tenant C2 to stay at the Program. It was explained the family would need to provide one to one assistance related to her increased care needs and falls.<br>- On 3-5-21 it was noted Tenant C2 had been "1:1" and there had been no falls reported for that shift.<br>- On 3-5-21 it was noted family decided to move to a higher level of care instead of one to one care.<br>- On 3-8-21 it was noted a bed was available at a higher level of care and the plan was to discharge Tenant C2 the following day.<br><br>A review of hospice IDG Meeting notes dated 3-2-21 indicated possible increase in supervision needs was discussed and family declined to move Tenant C2. It indicated Tenant C2 ate 25 to 50% of the meals frequently. Areas to the coccyx and buttock had began to break down and Mepliex order was requested. Tenant C2 had frequent restlessness and anxiety and roxanol was increased. Tenant C2's bed was placed against one side wall as an intervention for falls (8+ falls since 1-22-21). Family reported a "sitter" came from 4:00 p.m. to 6:00 p.m. daily and family would be there on the weekends. Most of Tenant C2's falls occurred on third shift. Administrative staff at the Program would allow a low bed and mat.<br><br>Further record review revealed the service plan dated 2-12-21 did not reflect the area of skin breakdown and any further interventions. The service plan reflected an admission to hospice on 2-9-21; however, did not reflect the services | A 350 | | |

DEPARTMENT OF INSPECTIONS AND APPEALS

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| A 350 | Continued From page 13<br>hospice provided. Tenant C2's service plan indicated she ate independently and had a weight loss in the past prior to moving to the Program. For mobility the service plan indicated occasional standby assistance and that she used a walker. The service plan reflected Tenant C2 transferred herself and Tenant C2 was "at risk for frequent falls." The service plan was not updated to reflect the increased cares, increased falls and interventions related to falls as noted above.<br><br>3. When interviewed on 10-4-21 at 3:36 p.m. the Clinical Services Coordinator confirmed the most recent service plans for the tenants listed above were provided. | A 350 | | |
| A 565 | 481-69.30(5) Dementia Specific Education for Personnel<br><br>69.30(5) Dementia-specific training shall include hands-on training and may include any of the following: classroom instruction, Web-based training, and case studies of tenants in the program<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on interview and record review the Program failed to provide hands-on dementia training. This pertained to 6 of 6 staff reviewed (Staff A, B, C, D, E and the Clinical Services Coordinator). Findings follow:<br><br>1. Record review of Staff A's training documents revealed a hire date of 10-5-20. Staff A had eight hours of web based dementia training; however, did not have any hands-on dementia training documented. | A 565 | A565<br>All employees will receive 2 hours of hands-on dementia training documented for their personnel file as required. The program director will audit for completion weekly until completed and new hires thereafter.<br>Completion date: 1/20/22 | |

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| A 565 | Continued From page 14<br><br>2. Record review of Staff B's training documents revealed a hire date of 2-8-21. Staff B had eight hours of web based dementia training; however, did not have any hands-on dementia training documented.<br><br>3. Record review of Staff C's training documents revealed a hire date of 6-21-21. Staff C had eight hours of web based dementia training; however, did not have any hands-on dementia training documented.<br><br>4. Record review of Staff D's training documents revealed a hire date of 10-12-20. Staff D had eight hours of web based dementia training; however, did not have any hands-on dementia training documented.<br><br>5. Record review of Staff E's training documents revealed a hire date of 3-29-21. Staff E had eight hours of web based dementia training; however, did not have any hands-on dementia training documented.<br><br>6. Record review of the Clinical Services Coordinator's training documents revealed a hire date of 5-3-21. The Clinical Services Coordinator had eight hours of web based dementia training; however, did not have any hands-on dementia training documented.<br><br>7. When interviewed at 3:43 p.m. on 10-4-21 the Senior Director of Assisted Living confirmed there was no hands-on dementia training found for the staff listed above. | A 565 | | |