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 09/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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
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: 21 Total census: 27 The investigation of Complaint #100393-C was completed and the following regulatory insufficiency was identified:	A 000		
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 update service plans as needed for 2 of 3 tenants reviewed (Tenants #1 and #3). Findings follow: 1. Review of Tenant #1's file on 9-6-22 and 9-7-22 revealed a Weights and Vitals Summary documenting Tenant #1's weight of 139 pounds on 3-15-21 and 123 pounds on 11-7-21 (a 16 pound weight loss). Tenant #1's Progress Notes indicated the	A 350	Tenants #1 & #3 service plans have been updated with current conditions & services provided. Tenant #1 was updated on 9/21/2022 and Tenant #3 was updated on 9/9/2022. Service Plans will be reviewed and updated during daily QA meetings at 8:30 am with current Clinical Service Coordinators and Director of Nursing.	

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

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 09/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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
A 350	Continued From page 1	A 350		

following:
- On 5-8-22 staff reported Tenant #1 was limping when she ambulated in the hallway. The nurse noted the left great toenail was rubbing on the second toe.
- On 5-11-22 staff reported Tenant #1's limping had increased. An assessment revealed an "obvious limp present." The left heel appeared to be "dug into from the fit of the slippers, worsened by edema." The slippers were changed for open back slippers. Her legs were elevated and ice was applied to the lower left extremity (LLE).
- On 5-11-22 an open area to the left heel was observed. The area was 1.3 centimeters (cm) x 1 cm and 2+ pitting edema was also noted to the LLE. The area was cleansed, triple antibiotic ointment (TAO) was applied and it was covered with a band-aid. Tubigrips were applied to the bilateral lower extremities (BLE). Tenant #1 continued to limp on the left foot.
- On 5-14-22 new orders were received for tubigrips on in the morning and off in the evening, apply triple TAO to the left heel (after cleansing the area) and cover with a band-aid daily.
- On 5-25-22 it was noted the area to the left heel remained open. There was a "scant amount serous drainage." The area was noted as pink with "granulated and small area of slough." The current treatment was continued.
- On 6-20-22 the left ankle/heel area was assessed. It measured 0.4 x 0.4 cm. There was no redness and it was "almost healed."
- On 6-29-22 it was noted the new area to the left heel observed previously was "now scabbed and LOTA [sic]." The tenant's limping was resolved.

Tenant #1's May 2022 treatment administration record (TAR) reflected the order to cleanse the left heel, apply TAO and cover with a band-aid

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 09/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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
A 350	Continued From page 2	A 350		

every morning. It was not documented as completed on 5-28-22. The TAR also reflected the order for the tubigrips to BLE, on in the morning and off in the evening. This order was not documented as completed on 5-28-22, 5-29-22 in the morning and 5-27-22, 5-29-22 and 5-30-22 in the evening. The June 2022 TAR was provided, page 1 only as page 2 could not not be located. Only page 1 (of 2) of the June TAR could be located. This page did not reflect the order for the heel treatment. The July 2022 TAR reflected the area to the left heel was healed.

Continued record review revealed the service plan in place at the time of Tenant #1's weight loss noted above did not reflect any loss of weight issues. The service plan dated 10-6-21 to 1-4-22 reflected Tenant #1 ate independently and made her own food choices. The service plan dated 4-4-22 to 7-3-22 reflected Tenant #1 had a history of poor skin integrity. There was an area to the left ankle "scabbed LOTA [sic] as of 6/29." The service plan did not reflect the area on Tenant #1's left heel prior to the 6-29-22 update. The service plan did not reflect the area on Tenant #1's left heel when it was first noted, the treatment of the area, tubigrips and changes in ambulation when limping was noted.

2. Review of Tenant #3's file on 9-7-22 revealed the current service plan reflected he was independent, managed his own incontinence, and wore underwear. Staff was to monitor garbage cans for urine. The service plan reflected Tenant #3's spouse provided a nutritional supplement and staff was to prompt and encourage him if he was not eating.

Continued record review revealed a Weights and Vitals Summary indicating Tenant #3's weight was

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 09/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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
A 350	Continued From page 3	A 350		

127.6 pounds on 2-4-22 and 116.8 on 8-8-22 which was a 10.8 pound weight loss.

A Progress Note dated 9-5-22 indicated staff noticed an odor in Tenant #3's apartment. Tenant #3 had defecated behind his recliner. The area was cleaned and Tenant #3 was assisted to the toilet.

When interviewed on 9-7-22 at 10:18 a.m. Staff B said Tenant #3's spouse was concerned about his weight. He had a nutritional supplement. The spouse said she spot checked Tenant #3's bathroom, as he at times urinated in front of the toilet.

On 9-7-22 at 4:19 p.m. the Clinical Services Coordinator said Tenant #3's spouse was concerned about his weight but his weight had been stable and he received a nutritional supplement. She said Tenant #3 urinated in places and she had talked with his spouse about needing a higher level of care. He had also defecated in his apartment behind the recliner.

When interviewed on 9-8-22 at approximately 4:20 p.m. the Senior Director of Clinical Services said Tenant #3 had urinated in his apartment and the carpets were shampooed. He had an incident of bowel incontinence behind his recliner. There were discussions with his spouse regarding a higher level of care.

Continued record review revealed Tenant #3's service plan was not updated to reflect his needs related to toileting and incontinence. The service plan reflected the nutritional supplement; however, did not reflect Tenant #3's weight loss.

4. When interviewed at 5:01 p.m. the Clinical

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 09/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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
A 350	Continued From page 4 Services Coordinator confirmed the most current service plans for the tenant listed were provided.	A 350	ok 1/9/23	