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
	S0265	A. BUILDING: _____ B. WING _____	C 02/01/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COPPER CREEK MEMORY CARE	609 HWY 150 N WEST UNION, IA 52175

(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 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: 1 Number of tenants with cognitive disorder: 12 TOTAL census of Assisted Living Program for People with Dementia: 13 The following regulatory insufficiencies were cited during the investigation of Incident #91966-I. No regulatory insufficiencies were cited during the onsite infection control survey.	A 000	1. Elements detailing how the Program will correct each regulatory insufficiency; including at the system level. A. Assessments are scheduled in the EMR system used by the facility. The EMR system alerts administration and nursing when an assessment is due and tracks the next due assessment. The nurse also keeps a hand written assessment reminder. The Administer has access to both tracking tools to ensure the nurse is completing timely assessments. The nurse will validate that all clients have a scheduled assessment in the system. A meeting will be scheduled to discuss client needs/patterns to determine if a change in condition assessment is applicable. Documentation of these meetings will be kept for record of compliance. Both nurse and administrator will attend. 2. Measures taken to ensure the problem does not recur. A. Assessments are scheduled in the EMR system used by the facility. The EMR system alerts administration and nursing when an assessment is due and tracks the next due assessment. The nurse also keeps a hand written assessment reminder. The Administer has access to both tracking tools to ensure the nurse is completing timely assessments. 3. How the Program plans to monitor performance to ensure compliance. A. The administer will audit the assessment schedule weekly x 4 weeks to ensure the assessments are completed as outlined. Documentation of the weekly meetings will be maintained.	
A 096	481-69.27(1)c Nurse Review 481-69.27(231C) Nurse review. 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 or a licensed practical nurse via nurse delegation: 69.27(1)c To assess and document the health status of each tenant, to make recommendations and referrals as appropriate, and to monitor progress relating to previous recommendations at least every 90 days and whenever there are changes in the tenant's health status;	A 096	4. The date by which the regulatory insufficiency will be corrected. A. 4/22/2021	

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 096	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to consistently conduct nurse reviews to assess and document a tenant's health status at least every 90 days or when a change occurred in a tenant's health status. This pertained to 1 of 1 tenant reviewed (Tenant #1). Findings follow: Record review on 1-28-21 of Tenant #1's file revealed a 90 Day Assessment completed 4-15-2020 indicated he required assistance with dressing, bathing, grooming, occasional incontinence, and medication administration. Record review of Staff Communication Reports revealed the following: a. 6-14-2020 documented Tenant #1 exhibited a difficult time walking and was very stiff and no as needed (PRN) medication for pain had been prescribed. b .6-16-2020 documented staff discovered a skin tear on his right elbow and forearm and he appeared to be in pain. c. 6-23-2020 documented staff had a hard time putting on his pants due to edema in his ankles. d. 7-11-2020 documented worsening pain, increased vocalization, and increased weakness when walking. Staff administered a PRN Ativan and noted no PRN medication for pain had been prescribed. Record review of Incident Report dated 6-25-2020 revealed Tenant #1 slid off the edge of his bed, hit his head on his dresser, and suffered a cut above his right eye.	A 096		

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A 096	Continued From page 2 Nurse reviews regarding the changes in Tenant #1's health status could not be located. On 1-22-21 at 10:30 a.m. the Administrator confirmed he terminated the previous nurse for failure to complete the required documentation.	A 096		