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 _____	06/16/2022

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

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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: 0 Number of tenants with cognitive disorder: 3 TOTAL Census of Assisted Living Program for People with Dementia : 3 The following regulatory insufficiencies were cited during the recertification conducted to determine compliance with certification for a Dementia-Specific Assisted Living Program.	A 000		
A 340	481-67.9(4)a Staffing 67.9(4) Nurse delegation procedures. The program's registered nurse shall ensure certified and noncertified staff are competent to meet the individual needs of tenants. Nurse delegation shall, at a minimum, include the following: a. The program's newly hired registered nurse shall within 60 days of beginning employment as the program's registered nurse document a review to ensure that staff are sufficiently trained and competent in all tasks that are assigned or delegated. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the Program failed to ensure the newly hired registered nurse (RN) complete a review of 4 of 4	A 340		

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A 340	Continued From page 1 staff persons reviewed within 60 days of employment to ensure staff are sufficiently trained (Staff A, C, D, E) Findings include: 1. On 6/13/22 at 10:00 am, the Administrator confirmed she was also the delegating RN for the Program. The Administrator/RN was hired on 2/4/22. 2. On 6/14/22, a review of personnel records revealed the following: a.) Staff A was hired on 11/3/21. Staff A did not have RN delegations reviewed by the newly hired Administrator/RN within 60 days of her hire. No previous RN delegations could be located in the personnel file for Staff A. b.) Staff C was hired on 7/17/20. Staff C did not have RN delegations reviewed by the newly hired Administrator/RN within 60 days of her hire. No previous RN delegations could be located in the personnel file for Staff C. c.) Staff D was hired on 1/19/22. Staff D did not have RN delegations reviewed by the newly hired Administrator/RN within 60 days of her hire. No previous RN delegations could be located in the personnel file for Staff D. d.) Staff E was hired on 4/12/22. Staff E did not have RN delegations on file. 3. On 6/14/22 at 10:00 a.m., the Administrator/RN confirmed she had not completed RN delegations for new staff nor had she reviewed previous RN delegations if staff had them on file. This process was in the works but had been delayed to staffing shortages and administration working the floor to care for tenants on a regular basis.	A 340		

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A 140	481-69.22(2) Evaluation of Tenant 69.22(2) Evaluation within 30 days of occupancy. A program shall evaluate each tenant's functional, cognitive and health status within 30 days of occupancy. 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. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the Program failed to complete functional, cognitive, and health evaluations within 30 days for 1 of 2 tenants reviewed (Tenant #2) Findings include: Record review on 6/15/22 revealed Tenant#2 was admitted 2/25/22. The record revealed initial pre-admission evaluations were completed on 2/25/22. No functional, cognitive, and health evaluations were completed again within 30 days of admission. On 6/15/22 at 2:30 pm, the Administrator confirmed the above finding.	A 140		
A 145	481-69.22(3) Evaluation of Tenant 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	A 145		

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A 145	Continued From page 3	A 145		

tenant has not exhibited a significant change. A licensed practical nurse shall not complete the evaluation when the tenant has exhibited a significant change.

This REQUIREMENT is not met as evidenced by:
Based on interview and record review, the Program failed to complete evaluations following a significant change in tenant condition. This pertained to 1 of 2 tenants reviewed. Findings include:

Record review on 6/15/22 revealed Nurse's notes for Tenant #1 documented the following between March 2022 and May 2022:

3/9/22: Tenant #1 experienced leg edema and pain.
3/30/22: Tenant #1 experienced increased confusion.
4/6/22: Tenant #1 was diagnosed with a urinary tract infection requiring antibiotics and increased fluid intake.
4/8/22: Tenant #1 was not accepting cues for self feeding. Stared ahead and didn't initiate picking up utensils at meal.
4/15/22: Tenant #1 experienced the off and on need of 2-person assist for transfers. Tenant #1 was confused and violent.
4/30/22: Tenant #1 experienced weakness and occasional jerking.
5/3/22: Tenant #1 experienced lethargy and and difficulties with ambulation.
5/4/22: Tenant #1 required 2 staff for transfer with poor appetite.
5/5/22: Tenant #1 was lethargic and unable to understand simple requests.
5/10/22: Tenant #1 was admitted to hospice.

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A 145	Continued From page 4 Tenant #1's last service plan was dated 11/29/21. No functional, cognitive, or health evaluations were found in Tenant #1's record for the period of 2022. On 6/15/22 at 2:30 pm, the Administrator confirmed no evaluations could be located.	A 145		
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 amend the service plan for 1 of 2 tenants reviewed as the tenant's needs changed (Tenant # 1). Findings include: Record review on 6/15/22 revealed Nurse's notes for Tenant #1 documented the following information between March 2022 and May 2022: 4/6/22: Tenant #1 was diagnosed with a urinary tract infection requiring antibiotics and increased fluid intake. 4/15/22: Tenant #1 was experiencing the off and on need of 2-person assist for transfers. 5/10/22: Tenant #1 was admitted to hospice. Tenant #1's last service plan was dated 11/29/21 and had no changes to include the changed	A 350		

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A 350	Continued From page 5 needs of Tenant #1. On 6/15/22 at 2:30 pm, the Administrator confirmed the above finding.	A 350		
A 355	481-69.26(2) Service Plans 69.26(2) Prior to the tenant's signing the occupancy agreement and taking occupancy of a dwelling unit, a preliminary service plan shall be developed by a health care professional or human service professional in consultation with the tenant and, at the tenant's request, with other individuals identified by the tenant, and, if applicable, with the tenant's legal representative. All persons who develop the plan and the tenant or the tenant's legal representative shall sign the plan. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the Program failed to implement a preliminary service plan for 1 out of 2 tenants reviewed (Tenant #2) Findings include: Record review on 6/15/22 revealed Tenant #2 admitted to the Program 2/25/22. The record revealed initial pre-admission evaluations were completed on 2/25/22. No preliminary service plan was found on file for Tenant #2 that would have followed the initial evaluations. On 6/15/22 at 2:30 pm, the Administrator confirmed the above finding.	A 355		
A 360	481-69.26(3) Service Plans	A 360		

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A 360	Continued From page 6 69.26(3) When a tenant needs personal care or health-related care, the service plan shall be updated within 30 days of the tenant's occupancy and as needed with significant change, but not less than annually. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the Program failed to update the service plan within 30 days of occupancy for 1 of 2 tenants reviewed (Tenant #2). Findings include: 1. Record review on 6/15/22 revealed Tenant #2's admission date of 2/25/22. The record revealed initial pre-admission evaluations were completed on 2/25/22. The initial evaluations indicated Tenant #2 required assistance with bathing/showering, dressing, cueing for meals, grooming, supervision with mobility, cueing with toileting, and medication management. No evaluations within 30 days of admission for Tenant #2 could be located within the record. No service plan for Tenant #2 within the first 30 days of admission could be located. On 6/15/22 at 2:30 pm, the Administrator confirmed the above finding.	A 360		
A 565	481-69.30(5) Dementia Specific Education for Personnel 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	A 565		

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A 565	Continued From page 7 This REQUIREMENT is not met as evidenced by: Based on interview and record reviews, the Program failed to include a hands-on training portion to the dementia-specific training for 4 of 4 staff members reviewed (Staff A, C, D, E) Findings include: 1. On 6/14/22 a review of personnel files revealed the following: a.) Staff A was hired on 11/3/21. Staff A had 5 of the 8 hours of dementia-specific training on file completed in November of 2021. Staff A's 5 hours of training did not include a hands-on portion. b.) Staff C was hired on 7/17/20. Staff C had 8 hours on of dementia-specific training on file completed in August of 2020, with no updated training in 2021. Staff C's training did not include a hands-on portion. c.) Staff D was hired on 1/19/22. Staff D had 8 hours of dementia-specific training on file completed in December of 2021. Staff D's training did not include a hands-on portion. d.) Staff E was hired on 4/12/22. Staff E had 8 hours of dementia-specific training on file completed in April 2022. Staff E's training did not include a hands-on portion. On 6/15/22 at 2:30 pm, the administrator confirmed the Program had not been using any type of hands-on portion with the dementia-specific training.	A 565		