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
	S0285	A. BUILDING: _____ B. WING _____	C 11/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADDINGTON PLACE OF CARROLL	1214 EAST 18TH STREET CARROLL, IA 51401

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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. General Population Program Number of tenants without cognitive impairment: 23 Number of tenants with cognitive impairment: 4 Memory Care Unit Number of tenants without cognitive impairment: 1 Number of tenants with cognitive impairment: 10 TOTAL census of Assisted Living Program for People with Dementia: 38 The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification for an Assisted Living Program and during the investigation of Complaints 112267-C. There were no regulatory insufficiencies cited during the investigation of Incident 116037-I and Complaint 115994-C.	A 000		
A 330	481-67.9(2) Staffing 67.9(2) Emergency procedures. All program staff shall be able to implement the accident, fire safety, and emergency procedures. This REQUIREMENT is not met as evidenced	A 330		

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A 330	Continued From page 1 by: Based on interview and policy review the Program failed to follow the Medical Illness/Crisis Intervention Plan ensuring staff were trained on CPR to enable staff to provide care necessary to preserve life or prevent further injury while waiting for professional help. Findings include: Interview on 11/01/23 at 1:07 p.m. revealed on 9/18/23-9/19/23 Staff C was working alone on the general population side while Staff E worked alone on the memory care floor. Staff C confirmed Staff C and Staff E were the only two staff in the building working the overnight. Staff C said Staff E was not to leave the memory care floor. Staff C confirmed her CPR certification had expired. She was last trained in the state of Illinois years ago. She had not had any CPR training at the Addington Program. When interviewed on 11/02/23 at 10:34 a.m. Staff E confirmed she worked the overnight on the Memory Care floor alone with Staff C working on the general population side. Staff E confirmed she and Staff C were the only two staff in the building on the evening of 9/18/23-9/19/23. Staff E confirmed she had never been trained in CPR. Record review on 11/01/23 revealed the CPR/DNR policy indicated in the event of a medical emergency staff were trained to dial 911. Provide the 911 dispatcher with the CPR/DNR status of the resident. Follow directions of the 911 dispatcher which may include providing CPR. Record review on 11/06/23 at 3:17 p.m.. revealed the Medical Illness/Crisis Intervention plan indicated if a resident needed medical assistance or is non- responsive call 911. contact the family immediately. Any first aid rendered would be	A 330		

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A 330	Continued From page 2 limited to care necessary to preserve live, or prevent further injury, while waiting for professional help. Staff were trained on First Aid and CPR procedures. On 11/02/23 at 10:59 a.m.. the Administrator confirmed the staff working on the third shift on 9/18/23 - 9/19/23 did not have the CPR certificate. The Administrator thought according to the CPR/DNR policy staff could follow the directions of the 911 dispatcher who could walk the staff through performing CPR if need be. On 11/06/23 at 3:40 p.m.. the Administrator confirmed these findings.	A 330		
A 415	481-67.19(3)c Record Checks 67.19(3)c If a person considered for employment has been convicted of a crime. If a person being considered for employment in a program has been convicted of a crime under a law of any state, the department of public safety shall notify the program that upon the request of the program the department of human services will perform an evaluation to determine whether the crime warrants prohibition of the person's employment in the program. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure the criminal record checks were completed prior to hire. (Staff D) The facility also failed to ensure those with a criminal history that required the department of human services to perform an evaluation of a crime were completed prior to hire for 1 of 5 new employees reviewed	A 415		

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A 415	Continued From page 3 (Staff D). Findings include: On 11/01/23 at 11:52 a.m. personnel record review revealed Staff D began employment with the facility on 3/31/22. Staff D's Record of the completion of criminal background checks revealed it had been completed on 4/01/2022. The record check had identified a criminal history with results to be faxed to the Program. These results could not be located for review during survey. Further review failed to locate the evaluation from the department of human services to determine whether Staff D's crime would warrant prohibition of her employment in the program. On 11/06/23 at 12:49 p.m. the Administrator confirmed she was not able to locate Staff D's department of human services record of evaluation.	A 415		
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 tenant has not exhibited a significant change. A licensed practical nurse shall not complete the evaluation when the tenant has exhibited a significant change.	A 145		

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A 145	Continued From page 4 This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to evaluate a tenants's functional, cognitive and health status as needed with significant change to determined the tenant's continued eligibility for the program. Findings include: When interviewed on 11/01/23 at 9:22 a.m.. Staff C revealed on the morning of 10/31/23 while working back on the Memory Care floor Tenant #2 had grabbed Staff C by her throat with his two hands and pushed her against the wall holding her by her throat refusing to let her go. Staff C reported she thought he held her like that for two minutes before releasing her. Staff C said she slid her fingers up under his hold to allow her to breath and attempt to talk the resident down. There were no other Addington staff working on the Memory Care floor at the time. Review of the Resident list provided by the Program revealed Tenant #2 was noted as having a Global Deterioration Score (GDS) of 2 and lived on the Memory Care floor with 10 other tenants that had GDS of 4 and 5. When interviewed on 11/01/23 at 3:32 p.m. Tenant #2 recalled the incident of choking Staff C. Tenant #2 said, "I wanted to scare the hell out of her and I did. I'm in such a stressful condition. I'm not a violent guy." Record review on 11/06/23 revealed Tenant #2 was admitted to the program on 10/18/23 with a diagnosis of dementia. Upon admission he was scored a GDS of 2 during his cognitive assessment. Prior to his admission to the	A 145		

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A 145	Continued From page 5 Program a Determination of Incapacity had been completed on 9/22/23 showing the resident lacked the capacity to give informed consent to make medical decisions. Preadmission assessments were completed on 10/18/23. Review of Tenant #2's progress notes revealed upon admission the family felt Tenant #2 was forgetful and needed to be on the memory care side of the Program. Further review of Tenant #2's progress notes revealed the following; On 10/20/23 Tenant reported to try to elope out two door in the Memory Care unit. He was noted as walking fast saying, "I need to get out of here." Tenant noted as becoming more confused wanting to call the police. On 10/23/23 Tenant #2 was trying to climb out the window in the hallway. Staff noted tenant's legs out the window. Tenant had placed a chair in front of the window and was going feet first out the open window. Tenant was able to bend the outside screen. Window had a safety latch that only allowed it to go up six inches. On 10/23/23 family was in agreement to place a Wanderguard for the tenant's safety. Wander guard placed on tenant. On 10/27/23 Tenant #2 was noted as having a bad day today, crying and very upset. Tenant then tried to stab a worker with a pen. Tenant #2 was able to get an emergent appointment with behavioral health with new orders for Seroquel 12.5 mg, Sertraline 25 mg and Ativan .25 mg as needed. 11/01/23 at 1:19 p.m. noted working to get resident into Hope Harbor for a psych appointment.	A 145		

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A 145	Continued From page 6 11/01/23 3:00 p.m. noted a call to son, Resident needed to go the hospital for a psych evaluation due to recent behaviors and laying hands on staff and resident stating he was going to hurt himself. Tenant taken to St. Anthony hospital for psych evaluation. Tenant #2 was cleared and returned to the Program later that same evening. Continued record review revealed the incident on 10/31/23 reported by Staff C of being choked by Tenant #2 had not been noted in the progress notes. On 11/06/23 the Administrator reported Tenant #2 had been transported to Hope Harbor on Friday 11/03/23 and was reported to be doing well. On 11/06/23 at 1:45 p.m. the Administrator confirmed a nurse review and evaluation of Tenant #2's functional, cognitive and health status had not been completed as needed with a significant change that included the placement of a wander guard after trying to climb out the window.	A 145		