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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
	S0288	A. BUILDING: _____ B. WING _____	C 03/07/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADDINGTON PLACE OF MUSCATINE	3515 DIANA QUEEN DRIVE MUSCATINE, IA 52761

(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. General Population Number of tenants without cognitive disorder: 31 Number of tenants with cognitive disorder: 8 Memory Care Unit (if applicable) Number of tenants without cognitive disorder: 0 Number of tenants with cognitive disorder: 10 TOTAL Census of Assisted Living Program for People with Dementia : 49 No regulatory insufficiencies were cited during the investigation into Complaints 110111-C, 110025-C, 110530-C and Incident #110018-I. The following regulatory insufficiencies were cited during the investigation into Complaints #109958-C and #110530-C.	A 000	See Attached POC 5/26/23	
A 160	481-67.3(2) Tenant Rights 481-67.3 Tenant rights. All tenants have the following rights: 67.3(2) To receive care, treatment and services which are adequate and appropriate. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to provide bathing services as documented to 3 of 5 tenants reviewed (Tenant #1, Tenant #3 and Tenant #4). Findings follow:	A 160		

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A 160	Continued From page 1 1. Record review on 3/7/23 revealed Tenant #1's Documentation Survey Reports (DSR) for the months of January and February, 2023. Staff provided bathing assistance, by helping wash hard to reach areas, each Tuesday and Friday. Futher review revealed in January 2023, Tenant #1 received three of eight scheduled showers. He refused four out of eight showers and the other shower was marked "N/A". In February 2023, Tenant #1 received two showers. He refused four showers and two of his shower days were marked "N/A". Over a period of two months, Tenant #1 received five showers. 2. Record review on 3/7/23 revealed Tenant #3's DSR documented she received two showers per week. Futher review revealed Tenant #3's 90-day review on 10/30/22, indicated she had an excoriation under her bilateral breasts and utilized Nystatin (antifungal) as needed to the affected areas with good results. Tenant #3's DSR for November 2022 failed to document any showers. On 12/6/22, it was noted Tenant #3 consistently refused showers and whirlpool baths. The RN (Registered Nurse) spent 20 minutes with Tenant #3 attempting to get her to shower or complete a sponge bath. She refused and became agitated. The RN contacted family to see if they could help. The RN left a voicemail for Tenant #3's daughter-in-law on 12/19/22 to see if she could assist with bathing Tenant #3. Tenant #3's daughter-in-law suggested trying country music. Tenant #3 took a bath on 12/27/22. Staff provided Tenant #3 with anti-anxiety medication 30-minutes prior to the bath. Tenant #3 took two showers in January, 2023 and three showers in February, 2023. The program gave Tenant #3 six showers in a four month period. 3. Record review revealed Tenant #4's DSR	A 160		

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A 160	Continued From page 2 indicated staff provided standby bathing assistance, and hands on assistance if needed, once weekly. The document directed if Tenant #4 refused on the regularly scheduled shower day, staff attempted again on the second shower day. Tenant #4's DSR for January 2023 documented she received one shower for the month, and refused all other showers. There was no evidence showers were offered on an alternative shower day. Tenant #4 recieved a shower in February, 2023 on 2/9/23 and 2/16/23. She refused her other showers and was offered showers on alternative days. On 3/7/23 at 12:50 PM, the Director and RN confirmed the tenants did not receive showers as scheduled on the Documentation Survey Reports.	A 160		
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. This REQUIREMENT is not met as evidenced by:	A 145		

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A 145	Continued From page 3 Based on interview and record review, the program failed to properly assess a significant change of condition. This affected 1 of 5 discharged tenants (Tenant C2). Finding follows: Record review on 3/6/23 revealed a progress note for Tenant C2 dated 10/1/22. She was admitted to the hospital for metabolic acidosis, confusion, kidney disease and cellulitis of the right foot. Tenant C2 was transferred to a nursing facility for skilled care. She returned to the program on 10/26/22. Tenant C2's Comprehensive Assessment, completed on 10/27/22, noted Tenant C2's skin was intact. Her skin was dry, pink and warm. The nurse noted Tenant C2's right and left arms had scattered small bruises. On 10/30/22, the RN (Registered Nurse) went into Tenant C2's room to apply topical A&D ointment to the tenant's lower extremities. A dressing on Tenant C2's right shin was dated 10/17/22. This wound was sized 8 cm x 4.5 cm. There was another wound above the foot on the shin which appeared to be a skin tear. Tenant C2 had a skin tear to the left shin with surrounding bruising with an undated dressing. The dressings were not put on at the program. The RN removed the dressings. The wounds were cleaned with saline wound cleanser and covered with non-stick gauze and wrapped with gauze wrap. Tenant C2 denied pain at the wound site unless touched. Tenant C2's primary care provider was contacted for a wound clinic consult. No orders for wound care were received by the program from the skilled nursing facility where Tenant C2 was living prior to her 10/26/22 return to the program.	A 145		

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A 145	Continued From page 4 Tenant C2's primary care provider faxed the following orders to the program on 11/2/22: 1) foam adhesive to left lower leg lesion and change on shower days 2) silversorb Ag to both lesions to right leg, then xeroform cut to fit to both wounds, then cover with foam adhesive and change daily. 3) referral to home health for wound care (nursing) 4) weigh patient three times per week and notify if tenant has a change in weight greater than three pounds in three days or five pounds in a week. 5) progress report on wound in a week. On 11/8/22, the program notified Tenant C2's primary care physician (PCP) the home health agency was unable to provide daily dressing changes. The program was unable to provide daily dressing changes. The tenant and her family were agreeable with placement at a nursing facility for skilled physical therapy and wound care. Tenant C2 transferred to a nursing facility on 11/11/22. When interviewed on 3/7/23 at 10:20 a.m., the Director and RN explained another nurse did the reassessment on Tenant C2, not the regular program RN. The RN did the cognitive assessment on Tenant C2 on 10/27/22 and spoke with her about how she was doing. Tenant C2 did not mention anything about wounds to her lower extremities. When the RN was working the floor on 10/30/22 and applying some type of cream to Tenant C2's legs, she found the wounds. The RN saw a wound with a dressing marked 10/17/22. The wounds needed regular treatment and this had not been provided by the program or by the nursing facility where Tenant C2 lived previously.	A 145		

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A 145	Continued From page 5 The RN confirmed the wounds on her lower extremities were not addressed on Tenant C2's 10/26/22 assessment.	A 145		

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A160	**Regulation and Reg Number** 481-67.3 Tenant rights. All tenants have the following rights:67.3(2) To receive care, treatment and services which are adequate and appropriate. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to provide bathing services as documented to 3 of 5 tenants reviewed (Tenant#1, Tenant #3 and Tenant #4).	A160	Staff education completed with all RA's on 05/26/23 on the proper completion of shower sheets, including refusals. Bathing services are being offered as scheduled for all residents.	All new employees will receive training on the use of shower sheets and how to complete them properly, including how to address shower refusals. An audit of bathing service completions will be done by the Director and/or designee to ensure services are being provided as scheduled; weekly, monthly, as needed as determined by the Director and/or designee.	Implementation Date: 03/09/23 Completion Date: Ongoing Responsible Party: Director and/or designee
A145	**Regulation and Reg Number** 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. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to properly assess a significant change of condition. This affected 1 of 5 discharged tenants (Tenant C2).	A145	JH is no longer employed with the company effective 12/28/2022. Tenant C2. - Change of condition completed on 10/31/22 and ISP updated.	The Nurse was re-educated on timepoints of completion for change of condition assessments. Director and/or designee will complete an audit to ensure service plan evaluations are completed with comprehensive assessments; weekly, monthly as needed as determined by the director and/or designee.	Implementation Date: 03/09/23 Completion Date: Ongoing Responsible Party: Director and/or designee

Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of regulatory insufficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of state law.

Compliance Date: _5-26-23__