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
	775543	A. BUILDING: _____ B. WING _____	C 08/02/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLEN OAKS ALZHEIMER'S SPECIAL CARE CE	8525 URBANDALE AVENUE URBANDALE, IA 50322

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R 000	Initial Comments The following deficiencies were cited during the investigation of Complaints #105291-C, #105494-C and #103052-C.	R 000		
R 412	481-57.12(1)s General Policies 57.12(1) Facility operation. The licensee shall establish written policies for the operation of the facility, including, but not limited to the following: (III) s. Resident supervision; (II, III) This REQUIREMENT is not met as evidenced by: Based on interview the facility failed to have a policy on resident supervision. Findings include: On 8/02/22 at 11:24 a.m. interview with the Administrator confirmed the facility did not have a policy regarding supervision of residents.	R 412	The Plan of Correction is attached.	
R 642	481-57.17(3)e Records 57.17(3) Incident record. e. An incident report shall be completed for every accident, incident or unusual occurrence within the facility or on the premises that affects a resident, visitor, or employee. (II, III)	R 642		

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

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R 642	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to ensure incident report forms had been completed as required for 1 of 4 residents reviewed (Resident #1). Findings include: On 7/27/22 a review of incident reports revealed the following regarding Resident #1: - On 7/1/22 Resident #1 lost her balance and fell to the floor hitting her head at 1:00 pm. At 2:30 pm she was observed sitting on the floor in the activity room. - On 7/8/22 she was noted sliding to the floor from her chair and was lowered to the floor. - On 7/14/22 she was observed sitting on the floor of the lobby. There were no incident reports provided regarding falls for Resident #1 for the months of May or June. On 7/28/22 record review revealed Resident #1 was admitted to the facility on 5/12/22 with diagnoses including hypertension, traumatic brain injury and dementia. Nurses' notes revealed several falls dating back to 5/12/22 including falls in June. On 7/28/22 at 4:05 p.m. the Health Services Director confirmed incident report forms for the falls noted in Resident #1's nurses' notes were not available for review and she would look for them. On 8/01/22 at 9:25 a.m. the Health Services	R 642		

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R 642	Continued From page 2 Director confirmed she was not able to locate Resident #1's missing incident report forms.	R 642		
R 830	481-57.22(3)a Orientation and Service Plan 57.22(3) Service plan. Within 30 days of admission, the administrator or the administrator's designee, in conjunction with the resident, the resident's responsible party, the interdisciplinary team, and any organization that works with or serves the resident, shall develop a written, individualized, and integrated service plan for the resident. The service plan shall be developed and implemented to address the resident's priorities and assessed needs, such as activities of daily living, rehabilitation, activity, and social, behavioral, emotional, physical and mental health. (I, II, III) a. The service plan shall include measurable goals and objectives and the specific service(s) to be provided to achieve the goals. Each goal shall include the date of initiation and anticipated duration of service(s). Any restriction of rights shall be included in the service plan. (I, II, III) This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to ensure service plans included measurable goals and objectives in order to address the identified needs of 2 of 3 residents reviewed (Resident #1, #3). Findings include: 1. On 7/28/22 record review revealed Resident #1 was admitted to the facility on 5/12/22 with	R 830		

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R 830	Continued From page 3	R 830		

diagnoses including hypertension, traumatic brain injury and dementia. Review of Resident #1's service plan dated 6/13/22 included Service Need areas for Mobility and Transfers. These areas documented the resident had fallen almost daily. Further review revealed Resident #1 was very compulsive and had a history of falls. She had short term memory loss and forgot she was not able to ambulate safely. She often got up and tried to ambulate independently without her walker and fell. In addition, the resident liked to sit on the floor and had purposely slid off her bed or chair at times. Staff were to walk with the resident in the halls, her room and in common areas to help strengthen her legs and for safety. The service plan noted Resident #1 was not able to independently use the call light system in her room. Routine checks had been increased in the evening and throughout the night due to increased confusion and behaviors. The resident required 1:1 time with a caregiver at times during the evening and night.

The service plan had no goals or objectives addressing the need areas of falls or increased supervision due to confusion and behaviors at night.

2. On 8/1/22 record review revealed Resident #3 was noted to suffer from Parkinson's disease and Alzheimer's disease. Resident #3's service plan noted he was incontinent of bowel and bladder with no control and needed total assistance with toileting. The Service Need area indicated staff were to assist Resident #3 to the restroom every 1-3 hours and as needed.

The service plan had no goal or objective regarding the resident's continency needs or where to document when toileting assistance

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R 830	Continued From page 4 occurred. 3. On 8/01/22 at 12:10 p.m. the Health Services Director confirmed the service plans failed to have goals and objectives.	R 830		
R 874	481-57.24(1) Residents' Rights 57.24(1) Each facility shall ensure that policies and procedures are written and implemented which include, at a minimum, the provisions of this rule and which govern all areas of service provided by the facility. These policies and procedures shall be available to staff, residents, residents' families or legal representatives and the public and shall be reviewed annually. (II, III) This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to ensure policies and procedures were written and implemented to include all areas of services provided by the facility as noted in the Iowa Residential Care Residency Agreement. Findings include: On 7/28/22 at 12:18 p.m. observation of Resident #1's room revealed when the push button located above the bed was pushed the light on the wall came on. The emergency system's pull cord in the bathroom also activated the light when pulled. In addition, the vigil system's sensor positioned on the ceiling of Resident's #1's room was used to detect movement. This system also appeared to be working as evidenced by the illumination of	R 874		

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R 874	Continued From page 5	R 874		

the flashing light on the sensor with movement in the room. The Health Services Director (HSD) reported both lights and the vigil system rang into the computer at the nurses' station. When the HSD tried to demonstrate how the emergency systems registered in the computer the required icon was not on the computer and the system did not work. The length of time the system had been down could not be determined.

When interviewed on 7/28/22 at 1:20 p.m. the Administrator was unaware the system was not working. She thought the IT guys may have "screwed it up."

On 7/28/22 at 12:58 p.m. a confidential family interview confirmed the emergency call light system was not working in her loved one's room either. The family reported when they first moved into the facility the former Administrator reviewed the call light system with them at admission.

On 7/28/22 at 4:10 p.m. the Administrator reported they didn't need to provide the emergency call light system if it was noted in the service plan the resident was unable to use the emergency call light system.

On 7/28/22 review of the Iowa Residential Care Residency Agreement form revealed Terms regarding accommodations and services the community would provide to the resident. Noted under the Accommodations section was a statement describing the right to occupy an apartment subject to the rights and responsibilities of the resident set forth in this agreement, the community's (facility's) Resident Handbook and other written policies of the community. Review of the Resident Handbook revealed a description of an emergency system

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R 874	Continued From page 6 such as a pull cord or push button provided to residents for personal use to notify staff of the need for immediate assistance. There was nothing in the Handbook about not providing this service to individuals who could not utlize the system on their own. On 7/28/22 at 4:10 p.m. review of Resident #1's service plan revealed she was not able to utilize the call light system. On 8/01/22 review of Resident #2's service plan signed on 4/19/22 revealed no cognitive impairment or dementia diagnosis. The resident would have been able to use the call light system. On 8/01/22 at 11:39 a.m. the Administrator confirmed she was unable to locate a policy on the vigil system or the call light system.	R 874		

Glen Oaks Alzheimer's Special Care Center
Plan of Correction
September 6, 2022

On behalf of Glen Oaks Alzheimer's Special Care Center, I respectfully submit our Plan of Correction for your approval. The response or providers plan of correction contained herein shall not be considered or construed as an admission of the validity of the citation or alleged deficiency to which it is addressed.

R 412: General Policies

Plan: The Community will ensure that Community policies and processes are in place and followed.

The Executive Director and Health Services Director have written a policy for resident supervision and educated all staff regarding the updated policy. The revised policy acknowledges that, because of cognition impairment, each resident requires an individual approach/or varying degree of supervision. The level of supervision depends on the extent of cognitive impairment and behaviors. Because supervision needs can vary, the type and intensity of supervision varies based on the resident's current needs each day.

Executive Director or Designee will monitor to ensure ongoing compliance using the Community's Quality Assurance process.

Compliance Date: **9/19/2022**

R 642: Records

Plan: The Community will ensure Community policies and processes are in place and followed.

The Health Services Director re-educated all nurses regarding Community policies and processes, as well as expectations, for completing Incident Reports. Education included where to find forms, how & when to complete forms, where to place form for signatures & follow up, under what circumstances more than one form must be completed, and where/how to file completed Incident Reports.

Health Services Director or Designee will monitor to ensure ongoing compliance using the Community's Quality Assurance process.

Compliance Date: **9/19/2022**

R 830: Orientation and Service Plan

Plan: The Community will ensure that all Service Plans will have measurable goals and objectives.

Health Services Director and Nurse Educator reviewed all Service Plans to ensure each contains measurable goals and objectives, rewriting those that did not meet the standard criteria,

Executive Director or Designee will monitor to ensure ongoing compliance using the Community's Quality Assurance process.

Compliance Date: 9/19/2022

R 874: Residents' Rights

Plan: The Community will ensure Community policies and processes are in place and followed.

Executive Director and Health Services Director have reviewed the ability of all current residents to correctly use the pull cord and push button emergency call system. Those who can use the push button or pull cord will be given a device similar to, but not tied to, the current Emergency Call System. Those who are not able to use the push button or pull cord devices will be Care Planned to be checked every 1-3 hours per Community policy. Additionally, specific changes to Residency Agreement and Resident Handbook have been sent to the corporate legal team for review and possible implementation.

Compliance Date: 9/19/2022