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
	S0292	A. BUILDING: _____ B. WING _____	C 01/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SENIOR STAR AT ELMORE PLACE MEMORY C	4504 ELMORE AVENUE DAVENPORT, IA 52807

(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: 11 Number of tenants with cognitive disorder: 27 Total census:8 No regulatory insufficiencies were cited during the the investigation of Incident #107848-I or Complaint #106112-C. The following regulatory insufficiency was cited during the investigation of Complaint #106688-C.	A 000		
A 150	481-67.2(3) Program Policies and Procedures 67.2(3) The program shall follow the policies and procedures established by the program. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to follow the Sexual Relationships Between Residents with Cognitive Impairment policy for 1 of 5 tenants reviewed (Tenant #1). Findings follow: Record review on 1/10/23 revealed Tenant #1 scored a 6 on the Global Deterioration Scale on 11/17/21. A score of 6 indicated an individual with a severe cognitive decline. Nurse Reviews dated 11/17/21 and 3/13/22 noted Tenant #1 had been observed in her room with her husband partially dressed. It was possible Tenant #1 continued to be sexually intimate with her husband. At the time, Tenant #1 continued to recognize her husband, was happy to see him and was not	A 150	The Plan of Correction is attached.	

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A 150	Continued From page 1	A 150		

upset during or after his visits.

There was an incident on 4/23/22 in which Tenant #1 was upset following a visit with her husband. No one was clear what happened, but it was determined in a meeting with Tenant #1's POA (power of attorney) and Tenant #1's husband that he would meet with his wife in common areas or in her apartment with the door open.

The Memory Care Director produced a timeline of events relating to Tenant #1. In the week leading up to 4/23/22, staff identified Tenant #1's pants were off or down when they went to her apartment when her husband was present.

The Assistant Health Care Director conducted the Iowa Assisted Living Verbal Informed Sexual Consent Assessment Tool on 4/13/22. Based on Tenant #1's answers, she was unable to give consent to sexual activities. Tenant #1's physician signed a letter on 4/13/22 stating Tenant #1 was unable to make her own decisions.

The program's Sexual Relationships Between Residents with Cognitive Impairment policy identified the need for completion of the Verbal Informed Sexual Consent Assessment Tool for a resident who was engaging in or had verbally or otherwise expressed the desire to engage in a sexual relationship. Determination of the expressed desire to engage in a sexual relationship would be made by the Director based on the resident being evaluated. Identification of the need began at move-in and continued throughout residency.

The program failed to complete the Verbal Informed Sexual Consent Assessment Tool when

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A 150	Continued From page 2 they first suspected Tenant #1, a tenant with severe cognitive decline, was engaged in sexual activity. On 1/12/23 at 10:30 AM, the Administrator confirmed the program did not follow the Sexual Relationships Between Residents with Cognitive Impairment policy.	A 150		

Plan of Correction – Senior Star at Elmore Place

Date: 3.16.23
To: Iowa Department of Inspections & Appeals (DIA)
From: Amanda Buchholz, Assistant Executive Director
RE: Complaint #106688-C

Enclosed is the Plan of Correction (POC) in response to investigation visit by a representative of the department regarding in our memory care for Complaint #106688-C. Regulatory Insufficiencies in the area(s) of: Policy and Procedure, provides specific information regarding the regulatory insufficiency and how the Program failed to comply with regulations. The regulatory Insufficiency is noted in this document including a detailed POC. Submission of this Plan of Correction is not a legal admission that a deficiency exists or that this Statement of Deficiencies was correctly cited. In addition, preparation and submission of this POC does not constitute an admission or agreement of any kind by the facility of the truth of any facts set forth in this allegation by the surveyor's agency.

PLAN OF CORRECTION

Area: Policy and procedure

Regulatory Insufficiency #1 481-67.2(3) Program Policies and Procedures 67.2(3) The program shall follow the policies and procedures established by the program.

POC:

1. **The Program will correct the regulatory insufficiency by:** Senior Star at Elmore Place will ensure that any forms related to policies and procedures are completed as outlined in the policy.
2. **The following measures will be taken to ensure the problem does not recur:** The Registered Nurse and or designee will collaborate with corporate to review policies according to Iowa standards to ensure compliance.
3. **The Program plans to monitor performance to ensure compliance by:** The Registered Nurse and or designee has reviewed and revised policy to adhere to standards. Education provided to Senior Star associates responsible for completion of any documents pertaining to policies and procedures at time policy was changed. The policies and procedures related to sexual relationships will be reviewed at least annually for any changes and make any necessary changes at the time identified.
4. **The regulatory insufficiency will be corrected by: 3/22/2023**

√ 3/31/23