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 11/15/2023

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 population served. The census numbers were provided by the Program at the time of the on-site. Number of tenants without cognitive impairment: 4 Number of tenants with cognitive impairment: 34 Total census: 38 The following regulatory insufficiency was cited during the investigation of Complaint #116795-C and Complaint #116794-C.	A 000		
A 635	481-69.32(2) Life Safety - Emergency Policies / Structure 69.32(2) An operating alarm system shall be connected to each exit door in a dementia-specific program. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the Program failed to ensure all exit doors had an operating alarm system affecting 1 of 3 tenants reviewed (Tenant #2). Findings include: 1. Review of Tenant #2's record on 11/14/23 revealed an incident report dated 11/8/23. The incident report showed Tenant #2 was found outside in the courtyard on 11/8/23 at 7:21 pm laying on the ground on his right side. Tenant #2's range of motion and vitals appeared within normal limits. Tenant #2 was sent to the emergency room for evaluation due to complaints of right shoulder pain.	A 635	The Plan of Correction is attached	

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

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A 635	Continued From page 1	A 635		

The tenant's record also revealed he was on hospice and had a diagnosis of Alzheimer's dementia. Tenant #2's most recent scored Global Deterioration Scale (GDS) dated 9/19/23 was scored at a 6. According to Tenant #2's service plan dated 9/19/23, he self-propelled himself using a wheelchair or walked using his walker.

2. A nurse's note dated 11/9/23 completed by the Assistant Health Services Director revealed Tenant #2 was evaluated at the hospital and returned to the facility the same night with no injuries and no new physician's orders. The nurse's note indicated an internal investigation was completed by viewing video footage of the event. Camera footage showed Tenant #2 going to the courtyard door after it was locked by Staff A. Tenant #2 was observed pushing on the door release and the handicap accessible button at the same time for 2 minutes. This door unlocked and released for Tenant #2 and he exited into the courtyard. At some point between 5:15 pm and 7:21 pm, Tenant #2 fell onto his side while in the courtyard. The nurse's note indicated Tenant #2 was wearing a sweater, pants, socks, and slippers. The temperature outside at the time Tenant #2 was discovered was 61 degrees Fahrenheit which was obtained by the staff using a weather app. On 11/9/23, the door company examined the courtyard door and found a glitch in the wiring system of the door. The door was repaired immediately.

3. On 11/14/23 at 1:03 pm, Staff B stated she was in charge of Tenant #2's wing. Staff B stated she observed Tenant #2 eat supper some time between 4:30 pm and 5:00 pm. She believed she had seen him at 6:00 pm in the front sitting area by the courtyard door which was common for Tenant #2. Staff B added another tenant looked

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A 635	Continued From page 2	A 635		

like Tenant #2 and it could have been him. Tenant #2 was to receive normal checks which generally occurred approximately every 2 hours or during some type of care (meals, personal cares, or activities). Staff B stated after supper she assisted other residents with toileting and preparing for bed. She went to retrieve Tenant #2 from the front sitting area by the courtyard doors at around 7:00 pm to assist him in getting ready for bed. He was not there so she checked his room but he was not there. Staff B immediately asked Staff A and others to assist her in looking for Tenant #2. Staff A discovered Tenant #2 lying on the ground outside of the courtyard door. Staff B stated she was not sure if the courtyard door had an alarm on it as she had never heard one before. Staff B stated the courtyard doors were to be locked each night.

4. On 11/14/23 at 2:30 pm, Staff A stated she worked the front desk until 8:00 pm. On 11/8/23, she observed Tenant #2 come into the building from the courtyard door at around 5:00 pm. Staff A locked the courtyard door immediately after Tenant #2 came inside. At approximately 7:00 pm, Staff B asked her if she had seen Tenant #2. Staff A stated she had not recently seen Tenant #2 and assisted in looking for him in the building. She went down the hallway looking into rooms. She checked the courtyard door to see if it was locked and it was. She unlocked the door and looked outside and observed Tenant #2 laying on his right side in the dirt and grass just off the sidewalk. Tenant #2's wheelchair was sitting beside him. He was slightly moaning and looked cold. She alerted others she had found him and they covered him with blankets until Staff C arrived to assess Tenant #2. Tenant #2 was sent to the emergency room to be evaluated due to complaints of pain. Staff A stated it was very

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A 635	Continued From page 3 common for Tenant #2 to go outside into the courtyard. Staff A explained the courtyard door was unlocked every morning and locked every night (or when it gets dark). Tenants were allowed free access to the courtyard unless the weather was inclement. There was always a staff person at the front desk when the courtyard door was unlocked. The front desk was adjacent to the glass door to the courtyard and the glass wall that overlooked the courtyard. Once the door was locked in the evening that person helped out on the unit until their shift ended. 5. On 11/14/23 at 1:21 pm, the Health Services Administrator stated the courtyard door was locked each day at dusk but the door had no alarm on it. 6. On 11/15/23 at 10:30 am, the Health Services Administrator, the Community Relations Consultant, and the Execute Director confirmed the Program had never had an operating alarm on the courtyard door before.	A 635		

Plan of Correction – Senior Star at Elmore Place

Date: 02/29/24
To: Iowa Department of Inspections & Appeals (DIA)
From: Amanda Buchholz, Assistant Executive Director
RE: DIA Investigation 11/14/23-11/15/23

Enclosed is the Plan of Correction (POC) in response to investigation visit by a representative of the department on November 14 & 15th, 2023, to Senior Star at Elmore Place Memory Care. Regulatory Insufficiencies in the area of: Life Safety, provides specific information regarding the regulatory insufficiency and how the Program failed to comply with regulations. Each area of 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: Life Safety- Emergency Policies/Structure

Regulatory Insufficiency #1: 481—69.32 (231C) Life safety—emergency policies and procedures and structural safety requirements. 69.32(2) An operating alarm system shall be connected to each exit door in a dementia-specific program.

POC:

1. **The Program will correct the regulatory insufficiency by: E**nsuring that courtyard doors have operating alarm system according to Chapter 69.32(2)

2. **The following measures will be taken to ensure the problem does not recur:** The courtyard doors will have operating alarm system in place according to chapter 69.32(2)

3. **The Program plans to monitor performance to ensure compliance by:** The Designee will ensure door alarms are in place and functional according to policy and procedures.

4. **The regulatory insufficiency will be corrected by:** November 18, 2023

✓ 6/27/24