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 06/12/2024

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: 36 Total census: 40 The following regulatory insufficiency was cited during the investigation into Complaint #119775-C.	A 000	The Plan of Correction is attached.	
A 360	481-69.26(3) Service Plans 69.26(3) When a tenant needs personal care or health-related care, the service plan shall be updated within 30 days of the tenant's occupancy and as needed with significant change, but not less than annually. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to update service plans upon significant change for 2 of 4 discharged tenants reviewed (Tenant C2 and Tenant C3). Findings include: 1) A. Record review of progress notes for Tenant C2 on 6/11/24 reviewed the following incidents: - On 1/18/24 at 9:18 AM, staff entered Tenant C2's room and found her sleeping on the bedroom floor next to her bed. When staff	A 360		

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

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A 360	Continued From page 1	A 360		

attempted to obtain her vital signs or perform range of motion exercises, Tenant C2 became combative. At 1:04 PM on the same date, Tenant C2 had an unwitnessed fall. Staff observed her sitting on her bottom in front of her recliner. There were no apparent injuries.
- Tenant C2 had an unwitnessed fall on 1/27/24. She complained of pain to her head and had a bump on the back of her head with minor bleeding. Tenant C2 went to the emergency room for treatment and returned to the program.
- Tenant C2 had an unwitnessed fall on 2/1/24 resulting in a skin tear to her left wrist. An additional unwitnessed fall occurred on 2/18/24.

The program reviewed Tenant C2's falls during a fall committee meeting on 2/5/24. They noted during the month of January, Tenant C2 experienced three falls. Recommended interventions to prevent Tenant C2 from falling included reminding Tenant C2 to utilize her walker at all times and not giving PRN (as needed) medication after 6:00 PM. These interventions were not added to Tenant C2's service plan.

Tenant C2's service plan last noted she had a history of falls and staff were to notify a nurse if there were any concerns with her gait (goal last updated 9/10/23).

B. A nurse review was completed on 1/5/24 due to Tenant C2 pushing Tenant C3. Staff observed Tenant C3 lying on Tenant C2's floor. When asked what happened, Tenant C2 stated she pushed Tenant C3 because he did not belong in her room. Tenant C2 yelled at staff to remove him from her room. A 90-day assessment was written on 1/8/24 identifying Tenant C2 had agitation and anxiety toward other tenants and staff. She had been in physical and verbal

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A 360	Continued From page 2	A 360		

altercations with other tenants. A behavior log was put in place to document the effectiveness of recent medication changes on her behaviors. Tenant C2 was also resistant to personal cares at times.

Behavioral log documentation included these incidents:
- On 1/13/24 Tenant C2 tried fighting another tenant because he went in the wrong room by mistake.
- On 1/17/24 Tenant C2 kept telling people to shut up and hit them with her walker.
- On 1/19/24, Tenant C2 started hitting a staff member and tried to ram her chair into the staff person's legs. Tenant C2 dug her nails in the staff person's hand and skin leaving a couple of bleeding scratches.
- On 1/29/24, Tenant C2 refused to change her clothing even though she was covered in feces and urine. She was very combative.
- Tenant C2 tried to hit staff on 1/30/24. She dug her nails into a staff person's arm.

C. A progress note dated 3/25/24 (for an incident on 3/23/24) identified Tenant C2 had an unwitnessed fall. Staff entered her apartment to see if she was ready to go to supper. Tenant C2 was lying on the floor on her back. Tenant C3 was also on his back in the apartment. Tenant C2 was kicking Tenant C3 when staff arrived. Tenant C2 complained of neck pain. Staff contacted the on-call nurse and assisted both tenants off the floor. Tenant C2 went to dinner, however staff noticed she was not eating much and unable to turn her head from side to side normally. She went to the emergency room for further evaluation. Her family reported she experienced a C2 fracture. Tenant C2 did not return to the program.

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A 360	Continued From page 3 On 6/11/24 at 11:05 AM, Staff A reported Tenant C2 was not the easiest woman to get along with. Tenant C2 swatted at other tenants whenever they were in her space and she did not like what they were doing. This often happened at the dining room table when Tenant C2 was agitated with others. They redirected others away from Tenant C2 when she swatted at people. On 6/11/24 at 11:32 AM, Staff B stated Tenant C2 hated it if someone entered her room. If another tenant wandered in she got ticked off. Tenant C2 hit a tenant if they entered her apartment. Tenant C3 got hit when he went in the apartment. Staff B did not witness the altercation, but saw Tenant C3 exit the apartment with scratches on his face. She knew something took place. On 6/11/24 at 11:50 AM, Staff C recalled once or twice when Tenant C2 and Tenant C3 left their apartments at the same time, Tenant C2 rammed her walker into Tenant C3. Tenant C2 had a service plan which was last updated on 1/8/24. It noted a behavior log was put in place to document the effectiveness of the medication changes, but no interventions were listed to assist staff to manage her behaviors. 2) A review of progress notes for Tenant C3 revealed unwitnessed falls on the following dates: 1/5/24 (in another tenant's apartment), 1/8/24, 1/11/24, 2/13/24, 2/15/24 (observed lying on the floor in another tenant's room), 2/20/24, 3/8/24, 3/23/24 (found on the floor in Tenant C2's apartment), 3/24/24 and 3/25/24. Information on Tenant C3's falls were brought in front of the monthly fall committee on 2/5/24,	A 360		

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A 360	Continued From page 4	A 360		

3/5/24 and 4/4/24. The committee recommended staff make sure Tenant C3 wore proper footwear at all times, wore his glasses, had proper urine output and wore his leg bag at all times. These interventions were not added to Tenant C3's service plan.

Tenant C3 had an annual service plan developed on 3/11/24. He was noted to have a history of falls. Staff were to encourage and assist him to sit down and rest. It was noted Tenant C3 wandered into other's apartments. Staff were to utilize methods to positively affect his behavior including supervision, distraction and redirection. The plan showed dates sections of the plan were last updated. No updates were made to the service plan in the area of falls or behavior since 6/7/23 (including on 3/11/24). The service plan was not promptly updated to address falls or wandering after his multiple falls and being found on the floor in other's rooms on 1/5/24, 2/15/24 and 3/23/24.

On 6/11/24 at 11:05 AM, Staff A reported Tenant C3 wandered into apartments but was easily directed out.

On 6/11/24 at 11:32 AM, Staff B stated Tenant #3 was a wanderer. There were times it took 2 to 3 staff to get him out of another tenant's apartment. When Tenant #3 went into someone else's room, it upset the other tenant.

On 6/11/24 at 11:50 AM, Staff C recalled Tenant #3 could be difficult to redirect at times when he wandered. Tenant #3 wandered into the apartments located at the corner of the building, thinking it was his apartment.

3) On 6/12/24 at 8:30 AM the Assistant Executive Director confirmed the tenants' service plans

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A 360	Continued From page 5 were not updated.	A 360		

Plan of Correction – Senior Star at Elmore Place

Date: 7/2/24
To: Iowa Department of Inspections & Appeals (DIA)
From: Amanda Buchholz, Assistant Executive Director
RE: DIA Visit on 6/11/24-6/12/24

Enclosed is the Plan of Correction (POC) in response to on-site monitoring visit by DIA monitor Stephanie Dodge on June 11th, 2024 through June 12th, 2024 to Senior Star at Elmore Place Memory Care. Regulatory Insufficiencies in the area(s) of: service plans. Each area of regulatory Insufficiency is noted in this document including a detailed POC.

PLAN OF CORRECTION

Area: Service Plans

Regulatory Insufficiency #1: 481-69.26(3) service plans. When a tenant needs personal care of health-related care the service plan shall be updated within 30 days of the tenant's occupancy and as needed with significant change, but not less than annually.

POC:

1. **The Program will correct the regulatory insufficiency by:** Senior Star at Elmore Place will correct any service plan to reflect the resident needs to ensure services are adequate and appropriate. The community will ensure all staff is following individual service plans.
2. **The following measures will be taken to ensure the problem does not recur:** The registered Nurses and or designee will continue ongoing training regarding service plan review and the need to add interventions specific to tenant.
3. **The Program plans to monitor performance to ensure compliance by:** The registered nurses and or designee will review service plans and update within 30days, change in condition, and annually to ensure the service plans accurately reflect the care, treatment and services appropriate for the tenant.
4. **The regulatory insufficiency will be corrected by:** July 31, 2024