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
	S0314	A. BUILDING: _____ B. WING _____	C 09/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE HILLS RETIREMENT COMMUNITY Al	604 EAST HILLCREST AVENUE INDIANOLA, IA 50125

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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: 26 Number of tenants with cognitive impairment: 4 Total census: 30 The following regulatory insufficiencies were cited during the investigation of Incident 103061-I, Complaints 104701-C, 105146-C, 105280-C, 106955-C and 107700-C and the recertification visit conducted to determine compliance with certification of an Assisted Living Program for People with Dementia.	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 observation and record review the program failed to follow policy regarding 1 of 1 tenants reviewed who refused to take their medication (Tenant #3). Findings follow: Observations on 9/20/22 at 11:59 am revealed staff prepared Tenant #3's Trazadone for administration. Staff approached Tenant #3 with the medication. She attempted to administer the medication but the tenant refused. When the tenant refused she took the Trazadone to the kitchen and placed it in the drug buster bottle.	A 150	1. Education to all staff administering medications to tenant's to be completed by 1/9/2023, see attached education sheet labeled Medication Refusal and Administration. 2. Education is included in programs orientations compatancy training, education to be added to agency orientation by 1/9/23. 3. Ongoing auditing of employee records for education and training, at least yearly. 4. Audit of all Medication trained employees to be completed by 1/9/2023.	

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

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A 150	Continued From page 1 Record review on 9/22/22 revealed a medication note stating Tenant #3 refused Trazadone at 12:08 p.m. Record review revealed the Program's Medication and Treatment Guidelines to Competency/Delegation Best Practice dated 10/7/20. Direction for a refused medication included to re-offer it once. If still refusing, staff were to notify the nurse and document the reason for the refusal. The document provided no direction regarding what staff should do with a refused medication other than notify the nurse. Observation revealed the staff did not re-offer the med to Tenant #3. In addition there was no indication the nurse was notified at the time of the refusal.	A 150	Continued from page 1 5. Nurse to review the medication dashboard on a regular basis to review refused medications.	
A 285	481-67.5(2)f(4) Medications 67.5(2) Each program shall follow its own written medication policy, which shall include the following: f. When medications are administered traditionally by the program: (4) Medications and treatments shall be administered as prescribed by the tenant's physician, advanced registered nurse practitioner or physician assistant. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to consistently ensure tenants received medications as ordered for 1 of 3 tenants observed during a med pass (Tenant #5).	A 285	1. Education to all staff administering medication to tenants to be completed by 1/9/2023, see attached education sheet labeled Medication Refusal and Administration. 2. Education is included in programs orientations competency training, education to be added to agency orientation by 1/9/2023. 3. Ongoing auditing of employee records for education and training, at least yearly. 4. Audit of all medication trainied employees to be completed by 1/9/2023.	

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A 285	Continued From page 2 Finding follows: Record review on 9/27/22 revealed Tenant #5's Medication Administration Record (MAR) for August 2022. Review of the MAR on 9/26/22 revealed staff failed to record the following medications were administered on the following dates/times: a. Levothyroxin 100 mcg - 8/29/22 at 8:00 a.m. (no reason documented). b. Rytary 48.75 -195 mg (no reason documented). - 8/13/22 at 6:00 p.m. (no reason documented). - 8/14/22 at noon (no reason documented). - 8/24/22 at 6:00 p.m. (no reason documented). - 8/29/22 at 6:00 a.m. (no reason documented). c. Magnes Oxide 400 mg - 8/13/22 at 8:00 a.m. (not arrived from pharmacy) - 8/15/22 at 8:00 a.m. (not in med cabinet) - 8/29/22 at 8:00 a.m. (no reason documented). d. Quetiapine 25 mg - 8/22/22 p.m. (no time listed) - 8/29/22 at 8:00 a.m. (no reason documented) - 8/29/22 at 4:00 p.m. (not arrived from pharmacy) e. Vitamin B-12 1000 mcg - 8/23/22 at 8:00 p.m. (no reason documented). Further review revealed staff incorrectly administered Tenant #5's Vitamin B-12 on the following dates: 8/15/22 at 3:00 p.m., 8/17/22 at 3:00 p.m., 8/19/22 at 8:00 p.m., 8/24/22 at 8:00p.m., 8/26/22 at 8:00 p.m., 8/29/22 at 8:00 p.m. and 8/31/22 at 8:00 p.m. According to Tenant #5's MAR, Vitamin B-12 should have been administered on Sunday, Tuesday, Thursday and Saturday. Therefore the staff administered the medication on days it was	A 285	Continued from page 2 5. Nurse to review the medication dashboard on a regular basis to review missed or held medications.	

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A 285	Continued From page 3 not ordered to by administered. During the exit on 9/27/22 The AL Health Service Specialist acknowledged staff had failed to administer medications as ordered.	A 285		
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: Based on interview and record review the Program failed to evaluate the functional, cognitive, and health status as needed for 1 of 1 former tenants reviewed with a significant change in health status (Tenant C1). Findings follow: Review of Tenant C1's file on 9/21/22 revealed the following Progress Notes: - On 10/28/21 the tenant stated suicidal thoughts and wanted to hurt other people. A history of suicidal ideations was noted and family agreed he required a psychiatric evaluation. EMS was called and transported him to the hospital	A 145	1. Education to all nurses to be completed by 12/30/2022, see education sheet labeled Evaluation of Tenant. 2. Current program policy includes requirements of regulation 69.22(3) 3. All tenant charts audited in 10/2022 to ensure tenant's had up to date assessments to include functional, cognative and health.	

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A 145	Continued From page 4	A 145		

and he returned the same day with no new orders.
- On 10/29/21 the tenant revealed ongoing depressive thoughts and the nurse offered suggestions to improve his mood and he chose to stay in bed.
- On 11/15/21 staff reported they found a written note that included "tired of being depressed, can't function, not funny." The nurse met with Tenant C1 and he stated he was ok. The nurse reported the incident to his mental health provider.
- On 11/22/21 staff found him the day before on the floor and he stated he just wanted to die. His mental health nurse was present at the time and intervened. A history of depression was noted and he received several antidepressant and anti-psychotic medications. The nurse contacted his primary physician for recommendations and will continue to monitor for escalations in behavior.
- On 1/11/22 staff heard a loud noise in his apartment and discovered him on the floor with a plastic bag wrapped around his neck and tied in two knots. There was a broken curtain rod above his head. The staff noted it was very tight and difficult to remove the bag. EMS arrived and transported him to the hospital.

Review of an Incident Report dated 1/11/22 revealed staff found Tenant C1 in his room with a plastic bag double knotted around his neck. Staff notified the nurse, called 911, and notified the family.

No functional, cognitive, and health assessments could be located for the increased depression and attempted suicide.

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A 360	Continued From page 5	A 360		
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 as needs changed for 1 of 1 former tenants reviewed (Tenant C1). Fndings include: Review of Tenant C1's file on 9/21/22 revealed the following Progress Notes: - On 10/28/21 the tenant stated suicidal thoughts and wanted to hurt other people. A history of suicidal ideations was noted and family agreed he required a psychiatric evaluation. EMS was called and transported him to the hospital and he returned the same day with no new orders. - On 10/29/21 the tenant revealed ongoing depressive thoughts and the nurse offered suggestions to improve his mood and he chose to stay in bed. - On 11/15/21 staff reported they found a written note that included "tired of being depressed, can't function, not funny." The nurse met with Tenant C1 and he stated he was ok. The nurse reported the incident to his mental health provider. - On 11/22/21 staff found him the day before on the floor and he stated he just wanted to die. His mental health nurse was present at the time and intervened. A history of depression was noted and	A 360	1. Education for all nurses to be completed by 12/30/2023, see attached education sheet labeled Service Plans. 2. Education added to nurse orientation packet by 1/9/2023. 3. Charts audited in 10/2022 for up to date Service Plans.	

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A 360	Continued From page 6 he received several antidepressant and anti-psychotic medications. The nurse contacted his primary physician for recommendations and will continue to monitor for escalations in behavior. - On 1/11/22 staff heard a loud noise in his apartment and discovered him on the floor with a plastic bag wrapped around his neck and tied in two knots. There was a broken curtain rod above his head. The staff noted it was very tight and difficult to remove the bag. EMS arrived and transported him to the hospital. Review of an Incident Report dated 1/11/22 revealed staff found Tenant C1 in his room with a plastic bag double knotted around his neck. Staff notified the nurse, called 911, and notified the family. The Service Plan dated 10/13/21 failed to be updated to include his history of depression, suicidal ideation, or interventions for staff to manage his symptoms.	A 360		
A 395	481-69.26(4)a Service Plans 69.26(4) The service plan shall be individualized and shall indicate, at a minimum: a. The tenant's identified needs and preferences for assistance This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure preferences for medication assistance was included in service plans for 3 of 4 tenants reviewed (Tenants #1, #3,	A 395	1. Education for all nurses to be completed by 12/30/2022, see attached education sheet labeled Service Plans. 2. Education added to nurse orientation packet by 1/9/2023. 3. All resident charts to be audited and updated as needed to ensure that preferences for medication assistance is included by 1/9/2023.	

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A 395	Continued From page 7 #4). Findings include: Record review on 9/26/22 revealed the service plans for Tenants #1, #3 and #4 did not include information regarding the administration of medications. During the exit interview on 9/27/22 the AL Health Service Specialist acknowledged this finding.	A 395		
A 405	481-69.26(4)c Service Plans 69.26(4) The service plan shall be individualized and shall indicate, at a minimum: c. The service provider(s), if other than the program, including but not limited to providers of hospice care, home health care, occupational therapy, and physical therapy This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to indicate outside service providers on the service plans for 1 of 1 discharged tenants reviewed (Tenant C1). Findings follow: Record review on 9/21/22 revealed the following Progress Notes: - On 10/28/21 the tenant stated suicidal thoughts and wanted to hurt other people. A history of suicidal ideations was noted and family agreed he required a psychiatric evaluation. EMS was called and transported him to the hospital and he returned the same day with no new orders. - On 10/29/21 the tenant revealed ongoing	A 405	1. Education for all nurses to be completed by 12/30/2022, see attached education sheet labeled Service Plans. 2. Tenant Record policy implemented 12/28/2022 which will ensusure that outside providers are on the service plan, see Tenant Record policy attached. 3. All resident chart audit to be completed and updated as needed by 1/9/2023 to ensure outside providers are listed on the service plan.	

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A 405	Continued From page 8 depressive thoughts and the nurse offered suggestions to improve his mood and he chose to stay in bed. - On 11/15/21 staff reported they found a written note that included "tired of being depressed, can't function, not funny." The nurse met with Tenant C1 and he stated he was ok. The nurse reported the incident to his mental health provider. - On 11/22/21 staff found him the day before on the floor and he stated he just wanted to die. His mental health nurse was present at the time and intervened. A history of depression was noted and he received several antidepressant and anti-psychotic medications. The nurse contacted his primary physician for recommendations and will continue to monitor for escalations in behavior. The tenant's service plan failed to be updated to include his mental health provider. During the exit interview on 9/27/22 the AL Health Service Specialist acknowledged outside providers should be included in tenant service plans.	A 405		
A 410	481-69.26(4)d Service Plans 69.26(4) The service plan shall be individualized and shall indicate, at a minimum: d. For tenants who are unable to plan their own activities, including tenants with dementia, a list of person-centered planned and spontaneous activities based on the tenant's abilities and personal interests. This REQUIREMENT is not met as evidenced by: Based on interview and record review the	A 410	1. Education for all nurses to be completed by 12/30/2022, see attached education sheet labeled Service Plans. 2. Education added to nurse orientation training by 1/9/2023. 3. All tenant chart audit to be completed and charts updated as needed for service plans to ensure they include at a minimum for tenants who are unable to plan their own activities, including tenants with dementia, a list of person-centered planned and	

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A 410	Continued From page 9 Program failed to include planned and spontaneous activities on the service plans for 2 of 3 current tenants (Tenants #1 and Tenant #2) and 1 of 1 discharged tenants (Tenant C1) reviewed unable to plan their own activities. Findings follow: Review of tenant files on 9/21/22 revealed the following: - Tenant #1's Global Deterioration Scale dated 8/26/22 revealed a score of 5 indicating moderately severe cognitive decline. The service plan failed to include activities based on her preferred interests and abilities. - Tenant #2's Global Deterioration Scale dated 5/18/22 revealed a score of 5 indicating moderately severe cognitive decline. The service plan failed to include activities based on her preferred interests and abilities. - Tenant C1's Global Deterioration Scale dated 10/13/21 revealed a score of 5 indicating moderately severe cognitive decline. The Service Plan dated 10/13/21 failed to include activities based on his preferred interests and abilities. During the exit interview on 9/27/22 the AL Health Service Specialist acknowledged tenant service plans should include spontaneous activities.	A 410	Continued from page 9 spontaneous activities based on the tenant's abilities and personal intrests.	
A 525	481-69.29(3) Staffing 69.29(3) The owner or management corporation of the program is responsible for ensuring that all personnel employed by or contracting with the program receive training appropriate to assigned tasks and target population. This REQUIREMENT is not met as evidenced	A 525	1. On site orientation process in place for Vintage Hills employees and agency staff. 2. Weekly audits to be completed to ensure agency staff have recieved thier orientation training starting 1/2/2023. 3. Audit of all current employee files for	

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A 525	Continued From page 10 by: Based on interview and record review the Program failed to ensure all personnel including contract/agency staff were appropriately trained to meet the tenant needs. This potentially affected 26 of 26 tenants. Finding follows: Record review on 9/20/22 revealed no training documentation for 6 of 6 agency staff reviewed. When interviewed the Regional Assisted Living Director-Iowa said the Program had a procedure for training agency staff but the documentation of this training could not be located for staff who had worked since June 2022. Further record review revealed that 51 agency staff had worked at the Program since 8/1/22. When interviewed on 9/20/22 the Regional Assisted Living Director-Iowa confirmed the Program failed to consistently ensure contract/agency staff received the required training.	A 525	Continued from page 10 required training to be completed by 1/9/2023.	
A 555	481-69.30(3)a Dementia Specific Education for Personnel 69.30(3) Dementia-specific continuing education a Except as otherwise provided in this subrule, all personnel employed by or contracting with a dementia-specific program shall receive a minimum of two hours of dementia-specific continuing education annually. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure staff received	A 555	1. Current process in place to have all personnel employed recieve a minimum of two hours of dementia-specific continuing education annually. 2. Audit of all current employee files to ensure annual dementia training completed by 1/9/2023. 3. Ongoing auditing of employee files to ensure annual dementia training completed at least annually.	

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A 555	Continued From page 11 dementia-specific education annually for 1 of 1 staff reviewed employed more than 1 year (Staff D). Finding follows: Record review on 9/21/22 revealed Staff D had not completed eight hours of dementia-specific training annually. Staff D completed dementia specific training on 6/25/21. When interviewed the Regional Assisted Living Director - Iowa said Staff D had been scheduled to complete annual training in June but had failed to do so.	A 555		