PRINTED: 04/11/2022
FORM APPROVED

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
	S0330	A. BUILDING: _____ B. WING _____	C 03/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HANSEN HOUSE	2331 NASH BOULEVARD CO BLUFFS, IA 51501

(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. General Population Number of tenants without cognitive disorder: 0 Number of tenants with cognitive disorder: 33 TOTAL Census of Assisted Living Program for People with Dementia: 33 During the investigation of Complaint #100909-C the following regulatory insufficiencies were cited.	A 000	POC attached OK 5-11-22	
A 160	481-67.3(2) Tenant Rights 481-67.3 Tenant rights. All tenants have the following rights: 67.3(2) To receive care, treatment and services which are adequate and appropriate. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to consistently ensure tenants received care, treatment and services that were adequate and appropriate. This affected 1 of 4 closed tenants (Tenant C1) and potentially affected 4 of 4 tenants (Tenants #1 - #4) and 3 of 4 closed tenants (#C2 - #C4). Finding follows: When interviewed on 3/28/22 a complainant	A 160		

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

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A 160	Continued From page 1 expressed concerns regarding a Tenant C1's dental and foot care. According to the complainant after the pandemic when she was allowed to see Tenant C1 she noticed she has lost her most of her teeth. She also said Tenant C1's toe nails had not been cared for as needed. She said when they took Tenant C1 to a physician the podiatrist noted - high risk foot education was reviewed with the patient. The physician's note said the patient (C1) should monitor daily and call with problems. Photos provided to the department C1's toenails extended past the end of her toes requiring debridement. Record review on 3/30/22 revealed Tenant C1's service plan dated 12/20/19. According to the plan Tenant C1 had difficulty remembering and completing oral cares and grooming. Service Provider responsibilities under grooming included provide verbal cuing and prompting to encourage resident to complete grooming cares. Further review revealed C1 needed frequent assistance with bathing needs. She was unable to complete shower on own. Can still complete part of the tasks but needs substantial assistance. Further review revealed no documentation of assistance provided Tenant C1 with oral cares. Review of the tasks sheets from 12/1/19 - 1/24/21 (when C1 moved Out) revealed staff recorded "Bathing with hands on Assist" for the following dates: a. 12/2/19 b. 12/6/19 c. 12/9/19 d. 12/13/19 e. 12/16/19 f. 12/23/19 g. 12/27/19 h. 12/30/19 i. 1/3/20 j. 1/6/20	A 160		

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A 160	Continued From page 2 k. 1/10/20 l. 1/13/20 m. 1/24/20 Record review revealed staff failed to document the condition of Tenant C1's toenails even though they provided hands on assist during bathing. When interviewed on 3/30/22 the administrative team confirmed the Program failed to maintain task sheets and document health-related services for all tenants.	A 160		
A 330	481-69.25(1)q Tenant Documents 69.25(1) Documentation for each tenant shall be maintained by the program and shall include: q. When the tenant is unable to advocate on the tenant's own behalf or the tenant has multiple service providers, including hospice care providers, accurate documentation of the completion of routine personal or health-related care is required on task sheets. If tasks are doctor-ordered, the tasks shall be part of the medication administration records (MARs) This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to consistently document completion of personal and/or health-related care on task sheets for tenants who were unable to advocate for themselves. This affected 4 of 4 tenants (Tenants #1 - #4) and 4 of 4 former/closed tenants (Tenants #C1 - #C4). Findings follow: Record review on 3/29/22 revealed Tenants #1 -	A 330		

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A 330	Continued From page 3 #4 and #C1 -#C4 had cognitive impairment and were unable to advocate for themselves. Record review on 3/29/22 and 3/30/22 revealed the Program only used task sheets for laundry and bathing. When asked to provide task sheets the Administrator said the Program did not have task sheets and only documented showers. During the exit on 3/30/22 the administrative staff confirmed the Program did not have task sheets for cares other than showers/baths.	A 330		
A 530	481-69.29(4) Staffing 481-69.29(231C) Staffing. 69.29(4) A dementia-specific assisted living program shall have one or more staff persons who monitor tenants as indicated in each tenant's service plan. The staff shall be awake and on duty 24 hours a day on site and in the proximate area. The staff shall check on tenants as indicated in the tenants' service plans. A non-dementia-specific assisted living program shall have one or more staff persons who monitor tenants as indicated in each tenant's service plan. The staff shall be able to respond to a call light or other emergent tenant needs and be in the proximate area 24 hours a day on site. The staff shall check on tenants as indicated in the tenants' service plans. This REQUIREMENT is not met as evidenced by: Based on observations, interview and record review the Program failed to include direction regarding tenants need to be monitored/checked in tenant service plans. This affected 1 of 1	A 530		

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A 530	Continued From page 4 current tenants reviewed (Tenant #1) and potentially 6 of 6 tenants (#1 - #6). Finding follows: Based on interview and record review the Program failed to include direction regarding tenants need to be monitored/checked in tenant service plans. This affected 4 of 4 tenants (Tenants #1 - #4) and 4 of 4 former/closed tenants (Tenants #C1 - #C4). Findings follow: Record review on 3/29/22 revealed Tenants #1 - #4 and #C1 -#C4 had cognitive impairment and were unable to advocate for themselves. Record review on 3/29/22 and 3/30/22 revealed the Program failed to include direction regarding tenants need to be monitored in service plans. During the exit on 3/30/22 the administrative staff confirmed the Program did not regularly include information in tenant service plans regarding the tenant need to be monitored/checked.	A 530		

Hansen House
ASSISTED LIVING AND MEMORY CARE RESIDENCE

POC
OK 5-11-22

May 2nd, 2022

Department of Inspections and Appeals
Attn: Catie Campbell
Lucas State Office Building
321 East 12th Street
Des Moines, Iowa 50319

Dear Ms. Campbell,

On behalf of Hansen House Memory Care Residence in Council Bluffs, I respectfully submit our Plan of Correction for your approval. Our response is specific to the report dated 04-11-2022. Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider of the truth of facts alleged or conclusions set forth in the Statement of Deficiencies. The Plan of Correction is prepared and/or executed solely because it is required by the provision of state law.

Tenant Rights-

Elements detailing how the program will correct each regulatory insufficiency.

- The tenant in question was placed with us through facilitation with Adult Protective Services due to the conditions at home and the lack of care she was receiving.
  At the time that Adult Protective Services was involved, the Granddaughter was made the tenants Medical Power of Attorney. When the tenant arrived with us via transport by Granddaughter, she had multiple health conditions including open wounds on lower extremities, poor feet and toe conditions, and missing teeth. Shortly after admission to our facility, this tenant was admitted to Home Health Services to assist the Program in resolving the open wounds. The Medical Power of Attorney chose not to take her grandmother out for treatment to address the concerns as she was working in the COVID-19 Unit at the University of Nebraska Medical Center due to the Coronavirus Crisis. At the time the monitor came to the building, we were not aware who made the complaint. We could have provided additional information and pictures from when the tenant was admitted to our Program and when Home Health Care was initiated. The individual who made this complaint is a friend of the family and unfortunately, we could not share medical information with her. We understand she may have had some concerns as she was not aware of our interactions with the Medical Power of Attorney. Feet and toe conditions as well as dental conditions have been added to the comprehensive

assessment. Should a tenant need podiatry or dental services, it will be the responsibility of the Responsible Party to coordinate these services. If requested or indicated, the Program will assist the Responsible Party in coordinating these services.

What measures will be taken to ensure the problem does not reoccur.

- When the assessment identifies feet or toe conditions, or dental conditions, the service plan will indicate the programs actions to address the conditions.

How the Program plans to monitor performance to ensure compliance.

- Over the next 6 months, the Program's Registered Nurse, Residence Director, or designee will periodically review assessments and service plans to assure feet and toe conditions as well as dental conditions are being addressed.

The date by which the regulatory insufficiency will be corrected.

- This regulatory insufficiency will be corrected by 05-11-2022.

Tenant Documentation-

Elements detailing how the program will correct each regulatory insufficiency.

- The Program was doing documentation by exception. Whereas the services related to Activities of Daily Living were presumed completed unless documented on communication form otherwise. The Program will change that policy going forward and will document each of those tasks individually on task sheets. The Electronic Medical Records have been changed to add these services to task sheets.

What measures will be taken to ensure the problem does not reoccur.

- The Electronic Medical Record will automatically populate tasks when they are identified on the assessment. The task sheets are signed off by the staff member that completed the task.

How the Program plans to monitor performance to ensure compliance.

- Over the next 6 months, the Program's Registered Nurse, Residence Director, or designee will periodically review task sheets to ensure compliance.

The date by which the regulatory insufficiency will be corrected.

- This regulatory insufficiency will be corrected by 05-11-2022.

Staffing-

Elements detailing how the program will correct each regulatory insufficiency.

- All routine checks and health-related services that are to be provided to each tenant, will be specified in the Individualized Service Plan. When the assessment is completed, the tasks will be prepopulated and pulled to each tenant's Task Sheet.

What measures will be taken to ensure the problem does not reoccur.

- When the assessment identifies any routine checks and/or health-related services needed, each task will be prepopulated and automatically pulled over to the tenants Task Sheet. The tasks on the Task Sheets are signed off by the staff member that completed each task.

How the Program plans to monitor performance to ensure compliance.

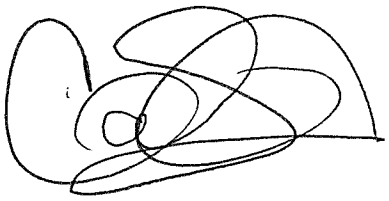
- Over the next 6 months, the Program's Registered Nurse, Residence Director, or designee will periodically review task sheets to ensure compliance.

The date by which the regulatory insufficiency will be corrected.

- This regulatory insufficiency will be corrected by 05-11-2022.

If you have any questions regarding this plan of correction, please feel free to reach out to me at the contact information below.

Sincerely,



Cassie Erwin, Residence Director
Hansen House Memory Care Residence
2331 Nash Blvd
Council Bluffs, Iowa 51501
Phone: 712-242-5734