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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IAALP333 HFD	A. BUILDING _____ B. WING _____	12/21/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOMESTEAD OF ALBIA	6592 165TH STREET ALBIA, IA 52531

(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 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: 18 Number of tenants with cognitive disorder: 2 TOTAL census of Assisted Living Program: 20 The following regulatory insufficiencies were cited during the investigation into Complaints #104732-C and #104822-C.	A 000	See Attached POC 5/1/23	
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 needs of 1 of 4 current tenants reviewed (Tenant #3). Findings follow: A review of Nursing notes for Tenant #3 dated 11/3/22 revealed Tenant #3 had a pre-operative physical for a left reverse total shoulder surgery	A 145		

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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A 145	Continued From Page 1 scheduled for 11/16/22. A note dated 11/19/22 indicated Tenant #3 returned to the building following her surgery with minimal pain and range of motion exercises. She was to follow up with her surgeon in one week. The program had a copy of Tenant #3's discharge instructions from her surgeon in the record. The records included discharge/activity instructions: No use of left arm, remain in a sling at all times except for hygiene and pendulum exercises. Come out of the sling four times per day to work on elbow range of motion and shoulder pendulum exercises. No pushing/pulling or lifting with left arm. Showering and bathing instructions: may shower with Aquacel dressing in place. Reinforce bandage as needed. Wound/Incision Care Instructions: don't remove dressing, reinforce dressing if needed. On 11/21/22, the nurse assisted Tenant #3 with her dressing and assisted the tenant with putting her arm in a sling. On 11/29/22, Tenant #3 came to the nurse's office and the nurse noted a foul smell. The nurse asked Tenant #3 when she showered last and the tenant reported last week. The nurse explained to Tenant #3 she needed to allow staff to help her with bathing to maintain hygiene and keep her skin folds clean and dry as there were excoriation issues to her abdominal folds which was an ongoing issue. Tenant #3 had an appointment with her physician that day with her doctor. The nurse asked Tenant #3 to allow staff to assist her with a shower before appointment, but Tenant #3 stated she would shower when she got back from appointment. The nurse noted Tenant #3 refused staff assistance with showers and showered on over nights. The nurse explained to Tenant #3 she needed to start showering every other day	A 145		

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A 145	Continued From Page 2 with staff assistance and Tenant #3 agreed. A review of Tenant #3's record revealed the program did not evaluate Tenant #3's needs following her shoulder surgery on 11/16/22. The program updated Tenant #3's service plan on 12/20/22 to add showering and toileting assistance from staff. Prior to 12/20/22, Tenant #3 was noted to be independent with these tasks. The service plan did not address dressing. The Administrator confirmed this finding on 12/21/22 at 9:30 AM.	A 145		
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 administer medication as prescribed to 1 of 5 discharged tenants reviewed (Tenant C1). Findings follow: Record review on 12/21/22 revealed nursing notes for Tenant C1 indicated she displayed increased anxiety. On 5/2/22, Tenant C1 was noted to be consistently restless. She was unable to sit still and paced back and forth all day long. Her alprazolam (an anti-anxiety medication), which	A 285		

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A 285	Continued From Page 3	A 285		

could be given as needed, was ineffective. The nurse sent a fax to Tenant C1's doctor with an update.

On 5/4/22, Tenant C1 was in the nurse's office when she was on the phone. Tenant C1 was unable to follow simple instructions. She picked up the nurse's coffee cup and tried to drink from it. Tenant C1 wandered in and out of offices and could not be redirected. The nurse placed a call to the doctor's nurse to follow up on the unanswered fax sent on 5/2/22. The doctor sent over a new order for alprazolam 0.5 mg. twice daily and 0.5 mg. once daily as needed.

Tenant C1 continued to pace throughout the building and was unable to sit still on 5/5/22. At breakfast, Tenant C1 walked up to other tenants and stood over them, moving things on their tables. Staff redirected Tenant C1 back to her apartment several times.

The Activity Director noted Tenant C1 consistently interrupted her on 5/9/22. She would not join the group or sit down. She was pacing and restless. Her as needed medication was administered. Staff took her outside for a walk. Tenant C1 disrupted other tenants at mealtime.

Staff reported Tenant C1 was up all night on 5/10/22. She was restless and pacing. Tenant C1's doctor ordered Trazodone, 100 mg. at night to help with this. Tenant C1's daughter was notified of the addition of the medication. The medication administration record was updated with the order.

A small laceration was noted above Tenant C1's eye on 5/13/22. She denied pain. Tenant C1 did not know how she was injured. Tenant C1's daughter was notified of the injury.

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A 285	Continued From Page 4 Tenant C1 discharged from the program on 5/21/22. A review of Tenant C1's Medication Administration Record revealed she was administered her first dose of Trazodone on 5/10/22. The program noted they held the medication on 5/15/22, 5/16/22 and 5/18/22. There were no notes in Tenant C1's record indicating why the medication was held. There were no physician's orders directing staff to hold the medication. The Administrator confirmed she was not aware of why staff did not administer Trazodone to Tenant C1 as prescribed on 12/21/22 at 5:00 PM.	A 285		
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 did not complete service plans in a timely manner for 1 of 5 discharged tenants and 1 of 4 current tenants reviewed (Tenant C4 and Tenant #1). Findings follow: Record review on 12/20/22 revealed Tenant C4 had a service plan dated 10/12/21. A nurse review was completed on 10/3/22 indicating an annual evaluation was completed. However, a new service plan was not written. Tenant C4 discharged from the program on 12/1/22.	A 360		

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A 360	Continued From Page 5 Tenant #1 moved to the program on 8/1/22. The program did not complete an updated service plan within 30 days of occupancy. The Administrator confirmed these findings on 12/21/22 at 12:30 PM.	A 360		

Catie Cambell,Bureau Chief

Adult/Special services Bureau

1515-281-3759

Re: Investigation # 104822-C and #104732-C

Homestead of Albia

1. Medication management: Staff will follow the MAR and doctors orders as prescribed when administering medications. Staff education completed on medication administration guidelines. Nurse will monitor medications. 5/1/23 completed

2. Evaluations: Nursing staff will evaluate each resident when there is a question of a change in condition and complete proper assessments. Education for current nursing staff on what is a change in condition and what steps should be taken when one is noted. Program will continue to communicate about changes in tenant's changes between director and nursing staff to ensure assessments are completed. 5/1/23

3. Service plans: Service plans will be completed and updated as required. Staff will use the notifications in PCC for reminders. Director will review with nurse on a regular basis if care plans are complete. 5/1/23