DEPARTMENT OF INSPECTIONS AND APPEALS ok

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0343	A. BUILDING: _____ B. WING _____	C 05/18/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FLOYD PLACE	403 C STREET SERGEANT BLUFF, IA 51054

(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: 19 Number of tenants with cognitive impairment: 5 Total census: 24 The following regulatory insufficiencies were cited during the investigation of Complaint #112669-C and the recertification visit conducted to determine compliance with certification of an Assisted Living Program for People with Dementia.	A 000	See Attached POC 6/12/23	
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 provide adequate and appropriate care, treatment, and services. This pertained to 1 of 2 tenants reviewed (Tenant #1). Finding follows:	A 160		

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

DEPARTMENT OF INSPECTIONS AND APPEALS

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A 160	Continued From page 1 Record review on 5/8/23 revealed an incident report (IR) dated 5/2/23. According to the IR on 5/2/23 at approximately 4:30 p.m. Staff took Tenant #1 to her apartment, locked her door and wrapped a bungee cord around the door knob and a railing next to her apartment door. Tenant #1 tested positive for COVID-19 earlier during the 2:00 p.m. to 10:00 p.m. shift. Tenant #1 had a GDS score of five and a history of wandering. When interviewed on 5/8/23 at 3:47 p.m. Staff D said she arrived at approximately 10:00 p.m. and during rounds with the 2:00 p.m. - 10:00 p.m. staff she discovered a bungee cord on Tenant #1's door and adjacent railing. Staff D said she texted the Regional Care Specialist, completed an incident report, took pictures of the bungee cord and documented in staff communication. The Clinical Services Manager was notified at 7:16 a.m. on 5/3/23. The program initiated an Investigation and staff who used the bungee cord were contacted for statements. The Nurse completed a head to toe assessment of Tenant #1 with no injuries noted. The Program contacted Tenant #1's power of attorney (POA) via text message (her preference). The Program notified Sargent Bluffs police department and an officer reported nothing criminal occurred at this point. Record review on 5/9/23 revealed the Clinical Service Manager told staff to do what they could to keep Tenant #1 in her apartment. The Clinical Service Manager was unavailable for interview. Her statement at the time of the incident confirmed that direction to staff. When interviewed on 5/9/23 at 11:35 a.m. Staff C said two senior staff utilized a bungee cord to prevent Tenant #1 from leaving her apartment.	A 160		

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A 160	Continued From page 2 According to Staff C the two senior staff placed and/or adjusted the cord to ensure Tenant #1 could not leave her room. During the exit on 5/10/23 at 11:00 a.m. the Regional Executive Director confirmed the staff should not have utilized the bungee cord and she initiated retraining for staff regarding possible abuse by using the cord.	A 160		
A 345	481-67.9(4)b Staffing 67.9(4) Nurse delegation procedures. The program's registered nurse shall ensure certified and noncertified staff are competent to meet the individual needs of tenants. Nurse delegation shall, at a minimum, include the following: b. Within 30 days of beginning employment, all program staff shall receive training by the program's registered nurse(s). This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to consistently ensure staff were trained/delegated within 30 days of employment. This pertained to 2 of 4 staff (Staff C and D) and potentially affected 24 of 25 tenants (Tenants #1-#24). Finding follows: Record review on 5/9/23 revealed the Program hired Staff C on 3/29/23 and Staff D on 1/2/23. The Program could not locate documentation that the delegating nurse had completed training/review/delegations. During the exit on 5/10/23 at 11:00 a.m. the Regional Executive Director confirmed the	A 345		

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A 345	Continued From page 3 Program could not locate the documentation of Staff C and D's delegations.	A 345		
A 400	481-67.19(3) Record Checks 67.19(3) Requirements for employer prior to employing an individual. Prior to employment of a person in a program, the program shall request that the department of public safety perform a criminal history check and the department of human services perform child and dependent adult abuse record checks of the person in this state. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to consistently perform evaluations of criminal history prior to employment. This pertained to 2 of 4 staff (Staff A and B) and potentially affected 24 of 24 tenants (Tenants #1-#24). Finding follows: Based on record review on 5/9/23 the Program hired Staff A on 4/18/22 and Staff B on 9/9/22. Further review revealed the Program completed Staff A's SING (Single contact license and background check) on 4/21/22 and Staff B's on 8/30/22, the SING directed the Program to conduct further research for both staff. Further review revealed Staff B's evaluation dated 9/12/22. When interviewed on 5/9/23 at 1:00 p.m. the Regional Executive Director confirmed the Program failed to complete the required evaluation prior to employment of Staff A and B.	A 400		

Floyd Place
Senior Living

June 12, 2023

Kristina Dolsen
Adult/Special Services Bureau
Health Facilities Division

Re: Floyd Place Plan of Correction

Enclosed is the required Plan of Correction regarding the Survey which concluded May 18, 2023, at Floyd Place. Submission of this response of the Plan of Correction is not a legal admission that a deficient practice exists, or that the Statement of Deficiencies was correctly cited, and is also not to be construed as an admission against interest by the residence, or any employees, agents or other individuals who drafted or may be discussed in the response on the Plan of Correction. In addition, preparation and submission of the Plan of Correction does not constitute an admission of agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency. Rather, it is a submitted confirmation of our ongoing efforts to comply with statutory and regulatory requirements.

A 160 481-67.3(2)

Tenant Rights 481-67.3 Tenant rights.

- The two primary employees involved directly with this incident resigned.
- All staff were retrained with an In Service for Resident Abuse, Neglect and Exploitation
- At the completion of this training, all staff were given a test to review a picture of an example of Resident Abuse, Neglect and Exploitation and answer several questions.
- All training was documented and kept on file with a signature log.
- In future situations where isolation of a resident may be needed, a plan will be put in place where an employee or a family member will be asked to personally monitor and possibly stay in closer proximity to the resident to ensure isolation is maintained with the Residents Rights as a guide.

A 345 481-67.9(4)b Staffing

67.9(4) Nurse delegation procedures.

- Nurse has been trained on Delegation procedure.
- Nurse understands that all Nurse Delegations must occur within 30 days of care team employment.
- Nurse has/will audit all current care team employee files to ensure everyone has Nurse Delegations on file.
- Director will audit next 5 new care team employees to ensure nurse delegations are complete.
    - If these nurse delegations are not completed on time, audits will continue until compliance is achieved.

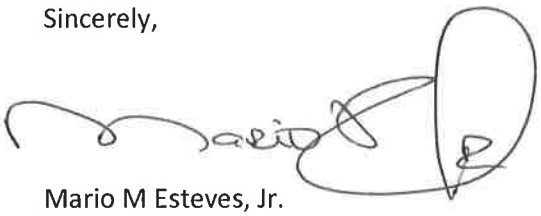
Floyd Place
Senior Living

A 400 481-67.19(3) Record Checks 67.19(3) Requirements for employer prior to employing an individual.

- The Regional Director has retrained this locations Executive Director on the procedure to request all background and criminal history before any new potential employees begin employment, this includes the State DIA approval when needed as well as Dependent Abuse record checks.
- The Executive Director will/has audited all employee files to ensure background and criminal history reports have been completed and are on file.
- The next 5 new hire files will be audited to ensure background and criminal history reports have been received and are on file and compliance has been achieved.
    - If these are not completed on time, audits will continue until compliance is achieved.

Please advise if any additional information is needed. We remain committed to the delivery of quality services and will continue to make changes and improvements to satisfy that objective.

Sincerely,



Mario M Esteves, Jr.
Executive Director
Floyd Place Senior Assisted Living
403 C Street
Sergeant, Bluff, IA. 51054
712-943-7025 office
712-943-7172 fax
floydplace@tutera.com