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
	S0344	A. BUILDING: _____ B. WING _____	C 06/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMELIA SENIOR LIVING	**57 WEST FERNDALE DRIVE CO BLUFFS, IA 51503**

(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 impairment: 27 Number of tenants with cognitive impairment: 7 Total census: 34 This Program has met criteria to be an Assisted Living Program for People with Dementia by definition for at least the last two recertification visits. No regulatory insufficiencies were cited during the investigation of Complaints #118154-C, 119002-C. The following regulatory insufficiencies were cited during the investigation of Complaint #116407-C and the recertification visit conducted to determine compliance with certification of an Assisted Living Program for People with Dementia.	A 000		
A 220	481-67.4(4) Program Notification to Department 481-67.4(231B,231C,231D) Program notification to the department. The director or the director's designee shall be notified within 24 hours, or the next business day, by the most expeditious means available:	A 220		

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A 220	Continued From page 1 67.4(4) When a tenant elopes from a program. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to report an elopement. This pertained to 1 of 1 tenant who eloped (Tenant #1). Finding follows: Record review on 6/3/24 revealed an Incident Report (IR) dated 5/15/24 regarding Tenant #1's elopement. Program staff found Tenant #1 in her car at 4:50 p.m. in the Program's parking lot approximately 25 yards from the front door of the building. Staff had last observed Tenant #1 in the living room area at 4:35 p.m. When interviewed on 6/4/24 the Program nurse said the tenant was dressed appropriately for the weather. She noted no injuries and Tenant #1 appeared pleasantly confused. She explained the Program disengaged the alarm while another tenant moved their belongings out. Review of Tenant #1's service plan initiated on revealed the Program identified Tenant #1's risk of elopement. The plan directed staff to ensure Tenant #1's safety by pleasant diversions. Record review on 6/4/24 revealed the Program's Policy for Elopements revised 2007. The policy directed at no time shall a door alarm be turned off without the continual supervision of the exit. Further review revealed the policy directed the Program staff to contact the state survey agency to report a tenant elopement. Record review on 6/4/24 revealed Tenant #1's elopement evaluation dated 5/1/24 identified she was at risk for elopement.	A 220	Tag220 Education was completed with entire team on 5/16/24 with documentation. Before unlocking the door, first notify all staff which door will be unlocked over the paging system, the door is then to be supervised the entire time the door is unlocked. Drills: Complete monthly for 6 months, then back to quarterly. Updated: Elopment binder with current census	

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A 220	Continued From page 2 On 6/5/24 at 11:00 a.m. the administrative staff confirmed the Program failed to report the elopement to the Department.	A 220		
A 350	481-69.26(1) Service Plans 69.26(1) A service plan shall be developed for each tenant based on the evaluations conducted in accordance with subrules 69.22(1) and 69.22(2) and shall be designed to meet the specific service needs of the individual tenant. The service plan shall subsequently be updated at least annually and whenever changes are needed. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to consistently ensure service plans were based on evaluations. This pertained to 4 of 4 tenants (Tenant #1- #4). Finding follows: Record review on 6/4/24 revealed the following regarding service plans: Tenant #1's service plan was dated 7/21/23. The Program could not produce health, functional or cognitive evaluations used to develop the service plan. Tenant #2's service plan was initiated 8/26/23. Further review revealed Tenant #2's cognitive evaluation was dated 9/5/23.	A 350	Tag A350 July 1, 2023 the corporation migrated to a new EMR, PCC. Prior data was not available in PCC for admissions that came in before July 1, 2023. All admissions prior to July 1, 2023 have been reviewed with paper assessments to verify that service plans were created from the appropriate assessment. Going forward service plans will be reviewed and updated as needed with any new evaluations completed.	

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A 350	Continued From page 3 Tenant #3's service plan was dated 7/26/23. The Program could not produce health, functional or cognitive evaluations used to develop the service plan. Tenant #4's service plan was initiated 7/1/23. Further review revealed Tenant #1's cognitive, health and functional evaluations were dated 11/14/23. On 6/5/24 at 11:00 a.m. the administrative team confirmed the Program failed to ensure the most recent service plans were based on required evaluations.	A 350		
A 390	481-69.26(3)e 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. e. The service plan shall be reviewed, updated if necessary, and signed and dated by all parties at least annually. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to consistently ensure services plans were signed and dated. This pertained to 4 of 4 tenants (Tenant #1-#4). Finding follows: Record review on 6/4/24 revealed the Program failed to obtain signatures with dates for Tenants #1- #4's service plans. Tenant #1's service plan was initiated 7/21/23.	A 390	Tag A390 Documentation: All level of care assessments for new residents will be reviewed at admission, with any significant change in condition and anually with the resident and or the resident representitive. After reveiwed signatures of all parties present will be obtained.	

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A 390	Continued From page 4 Tenant #2's service plan was initiated 8/26/23. Tenant #3's service plan was initiated 7/26/23. Tenant #4's service plan was initiated 8/8/23. On 6/5/24 at 11:00 a.m. the administrative team confirmed the Program failed to ensure service plans were signed and dated.	A 390		
A 420	481-69.27(1)a Nurse Review 69.27(1) If a tenant does not receive personal or health-related care, but an observed significant change in the tenant's condition occurs, a nurse review shall be conducted. If a tenant receives personal or health-related care, the program shall provide for a registered nurse: a. To monitor, at least every 90 days, or after a significant change in the tenant's condition, any tenant who receives program-administered prescription medications for adverse reactions to the medications and to make appropriate interventions or referrals, and to ensure that the prescription medication orders are current and that the prescription medications are administered consistent with such orders This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to consistently complete 90-day nurse reviews for tenants who receive health related care. This pertained to 4 of 4 sample tenants (Tenants #1-#4). Findings follow: Record review on 6/4/24 revealed no current	A 420	Tag A420 Quarterly assessments were not triggering a schedule in PCC, all schedules reflect this appropriately now and a quarterly assessment was completed on each resident to be in compliance. Will monitor all new addmissions to ensure that quarterly nursing assessments is triggering properly.	

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A 420	Continued From page 5 90-day nurse reviews documented for Tenants #1-#4. The Program explained monthly reviews were completed regularly. Review of monthly reviews revealed the monthly reviews failed to address medications. On 6/5/24 at 11:00 a.m. the administrative team confirmed the Program failed to complete 90-day nurse reviews for Tenants #1 - #4.	A 420		
A 635	481-69.32(2) Life Safety - Emergency Policies / Structure 69.32(2) An operating alarm system shall be connected to each exit door in a dementia-specific program. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to consistently ensure an operating door alarm on each exit door. This pertained to 1 of 1 tenants (Tenant #1) who eloped and potentially 6 of 6 tenants with impaired decision making. Finding follows: Record review on 6/3/24 revealed an Incident Report (IR) dated 5/15/24 regarding Tenant #1's elopement. Program staff found Tenant #1 in her (staff's) car at 4:50 p.m. in the Program's parking lot approximately 25 yards from the front door of the facility. Staff had last observed Tenant #1 in the living room area at 4:35 p.m. When interviewed on 6/4/24 the Program nurse said the tenant was dressed appropriately for the weather. She noted no injuries and Tenant #1 appeared pleasantly confused. She explained the Program disengaged the alarm while another tenant	A 635	Tag A635 Education was completed on 5/16/24 that any door alarm/alert sound that they are to investigate and ensure who/what set the alarm off. Utilize the walkie system for communication to discern an "all clear" situation. To be monitored during elopement drills monthly for 6 months then quarterly.	

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A 635	Continued From page 6 moved their belongings out. When interviewed on 6/10/24 at 10:13 a.m. the state climatologist provided the following weather information for 5/15/24 at 3:50 p.m. The temperature measured 70 degrees F, 46 % relative humidity, winds out of the west-northwest at 18 mph, gusting to 30 mph, no precipitation detected and fair conditions. Record review on 6/4/24 revealed Tenant #1's elopement evaluation identified she was at risk for elopement. Record review of Tenant #1's service plan initiated on 10/2/23 revealed the Program identified a risk of elopement. The plan directed staff to ensure Tenant #1's safety by pleasant diversions and planned activities. Record review on 6/4/24 revealed the Program's Policy for Elopements revised 2007. The policy directed at no time shall a door alarm be turned off without the continual supervision of the exit. Tenant #1's diagnosis included unspecified dementia, unspecified severity, without behavioral disturbance, psychotic disturbance and anxiety. The Program admitted Tenant #1 on 7/1/23, she was 81 years old and had a Global Deterioration Scale (GDS) score of 5 moderately severe cognitive decline. On 6/5/24 at 11:00 a.m. administrative staff confirmed the Program failed to ensure either the alarm on the front door was engaged at all times, or the policy requiring continual supervision of the door when the alarm was shut off was followed.	A 635		