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 |
|---|---|---|---|
| | S0348 | A. BUILDING: _____ B. WING _____ | 07/17/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| EAGLE POINTE PLACE | 2700 MATTHEW JOHN DRIVE DUBUQUE, IA 52002 |

| (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<br><br>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 visit.<br><br>Number of tenants without cognitive impairment: 86<br>Number of tenants with cognitive impairment: 6<br>Total census: 92<br><br>The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification rules for an Assisted Living Program: | A 000 | Trustwell Living at Eagle Pointe Place Assisted Living POC for July 2024 Recertification Survey<br><br>Submission of this response and Plan of Correction is NOT a legal admission that a deficiency exists or, that this Statement of Deficiency was correctly cited, and is also NOT to be construed as an admission against interest by the facility, or any employees, agents, or other individuals who drafted or may be discussed in the Response and Plan of Correction. In addition, preparation and submission of this plan of correction does NOT constitute an admission or 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 | Completion Date:<br><br>8/15/2024 |
| A 395 | 481-69.26(4)a Service Plans<br><br>69.26(4) The service plan shall be individualized and shall indicate, at a minimum:<br><br>a. The tenant's identified needs and preferences for assistance<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on interview and record review, the program failed to develop service plans to adequately address the needs of 5 of 9 tenants reviewed (Tenant #1, Tenant #2, Tenant #3, Tenant #6 and Tenant #7). Findings follow:<br><br>1. On 7/16/24 a review of Tenant #1's Resident Functional Needs Assessment dated 5/13/24 revealed she needed frequent checks. The comment box indicated Tenant #1 had an issue with wandering and staff should monitor closely for safety. | A 395 | | |

Continued on Page 2

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

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| A 395 | Continued From page 1<br><br>Tenant #1's Service Plan dated 5/13/24 noted frequent checks would be done by staff, but did not specify how often to check her.<br><br>At 2:00 p.m. the RN confirmed the Tenant #1's Service Plan should have provided information regarding the meaning of "frequent checks".<br><br>2. On 7/16/24 a review of Tenant #2's Resident Functional Needs Assessment dated 6/12/24 revealed he needed frequent checks. The comment box indicated Tenant #2's family requested staff remind the tenant to come to meals three times daily and to check in periodically to ensure safety.<br><br>Tenant #2's Service Plan dated 6/12/24 noted frequent safety checks would be done by staff, but did not specify how often to check on him.<br><br>On 7/17/24 at 8:45 a.m. the RN verified Tenant #2's Service Plan indicated he needed frequent checks, but did not specify the frequency.<br><br>3. On 7/16/24 a review of Tenant #6's Resident Functional Needs Assessment dated 6/13/24 indicated he needed frequent checks. The comment box indicated Tenant #6 had a diagnosis of dementia and had issues with wandering.<br><br>Tenant #6's Service Plan dated 6/13/24 noted frequent safety checks would be done by staff, but did not specify how often to check on him.<br><br>4. On 7/16/24 a review of Tenant #7's Resident Functional Needs Assessment dated 5/29/24 indicated she needed frequent checks. The comment box indicated Tenant #7 needed | A 395 | Tenant #1 is no longer residing at Eagle Pointe Place.<br><br>Tenants #2,6,7 service plans have been updated to reflect the frequent check timeframes required.<br><br>A chart audit review was completed by the Health Services Director (HSD) and Assistant Health Service Director (AHSD) to ensure service plans include specific timeframes for anyone requiring frequent checks.<br><br>Resident service plans have been updated and individualized as appropriate.<br><br>Quarterly audits will be conducted by the Executive Director (ED) and Health Services Director (HSD) to ensure service plans reflect specific frequent check timeframe requirements.<br><br>Any deficent practice will be corrected immediately upon discovery.<br><br>8 Resident charts will be audited per month by the HSD to ensure compliance.<br><br>Findings of audits will be discussed at quality improvement meetings.<br><br>HSD and AHSD received education regarding documentation of resident individualized needs including frequent check requirements.<br><br>Continued on Page 3 | |

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| A 395 | Continued From page 2<br>frequent checks due to a GDS (Global Dementia Score) of 5 and getting lost if her husband was not present.<br><br>Tenant #7's Service Plan dated 5/30/24 noted frequent safety checks would be done by staff, but did not specify how often to check on her.<br><br>On 5/17/24 at 2:00 p.m. the RN confirmed the program failed to specify how often staff should check on Tenant #7.<br><br>5. On 7/16/24 a review of Tenant #3's Tenant Admission Record indicated a move in date of 5/20/24. A physician's order signed 5/01/24 noted Tenant #3 needed a mechanical soft diet. His Wellness Baseline Assessment dated 5/02/24 indicated a mechanical soft diet and noted, he was "able to distinguish what he can/can't eat."<br><br>Tenant #3's Resident Function Needs Assessment dated 5/08/24 indicated he did not receive a special diet, but noted the physician's order for mechanical soft diet. The assessment noted Tenant #3 reported he had few teeth, but was able to manage a regular diet.<br><br>Tenant #3's Wellness Baseline Assessment dated 6/09/24 indicated he was on a regular diet, with no additional comments.<br><br>Tenant #3's Service Plan dated 6/20/24 made no mention of any special dietary needs/food texture.<br><br>On 7/16/24 at 4:00 p.m. the RN (who was hired after the tenant was admitted) and the Director indicated they didn't know Tenant #3 had a physician's order for a mechanical soft diet. | A 395 | Tenant #3 service plan has been reviewed and updated to reflect his dietary needs and preferences.<br><br>A chart audit review has been completed by the HSD and AHSD to ensure service plans include any special dietary needs.<br><br>Resident service plans have been updated and individualized as appropriate.<br><br>Quarterly audits will be conducted by the ED and HSD to to ensure service plans reflect specific dietary needs.<br><br>Any deficent practice will be corrected immediately upon discovery.<br><br>8 resident service plans will be audited per month by the HSD to ensure compliance.<br><br>Finidings of audits will be discussed at quality improvement meetings.<br><br>HSD and AHSD received education regarding documentation regarding individualized resident needs including specific dietary needs. | |