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
	S0351	A. BUILDING: _____ B. WING _____	C 11/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EMERY PLACE	901 SOUTH MENTZER ROAD ROBINS, IA 52328

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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: 38 Number of tenants with cognitive impairment: 15 Total census: 53 The following regulatory insufficiencies were cited during the investigation of Incidents #112318-I, #113845-I and #114030-I and Complaints #113678-C, #113795-C, #113773-C, #114895-C, #115274-C, #116105-C and #116765-C:	A 000	See Attached POC 3/10/24	
A 150	481-67.2(3) Program Policies and Procedures 67.2(3) The program shall follow the policies and procedures established by the program. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to implement established policies and procedures related to the completion incident reports, completion of visual checks and medication administration. This pertained to 3 of 10 current tenants reviewed (Tenants #1, #4, and #5). Findings follow: 1. Record review on 10/16/23 of an Internal Investigation document, dated 6/23/23, indicated Staff A documented several tenants medications as refused from 6/2/23 to 6/13/23. Staff A failed to notify the nurse of the refusals and did not attempt to give the medications three times prior	A 150		

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

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to documenting the refusal. On 6/13/23 the Healthcare Coordinator observed several medication cards with medications remaining in the last week on first shift. The medication administration records (MARs) for that tenant and others in memory care revealed Staff A marked refused for several memory care tenants from 6/2/23 to 6/13/23 without notifying the nurse per the policy requirement. Staff A was terminated.

Continued record review on 10/16/23 of Tenant #1's file revealed the service plan dated 10/13/22 reflected staff administered Tenant #1's medications. The service plan did not reflect a history of medication refusals for Tenant #1

Further record review revealed Tenant #1's June 2023 MARs dated 6/1/23 to 6/13/23 reflected Tenant #1 should receive medications from the medication planner (7 pills) in the morning at 8:00 a.m., including: acetaminophen 650 milligrams (mg), amlodipine 5 mg, multivitamin, two naproxen 440 mg, vitamin D 5,000 IU and sertraline 50 mg total; and medications from the medication planner (6 pills) at 6:00 p.m., including: acetaminophen 650 mg, aspirin 81 mg, atorvastatin 10 mg, two naproxen 440 mg and Trazodone 25 mg. Staff A documented Tenant #1 refused morning medications on 6/6/23, 6/10/23, 6/11/23, 6/12/23 and 6/13/23.

Continued record review revealed an electronic incident report documented on 6/13/23 the Healthcare Coordinator filled Tenant #1's medication planner and noted medications remained in the planner from morning medications. The incident reported indicated an attempt was made to contact Tenant #1's legal representative on 6/24/23 and the primary care provider was notified on 6/23/23. Per a Health

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Status Note, the Health Care Coordinator completed the incident report on 6/24/2; however, the report was not signed and dated. The incident report was not completed per policy related to Tenant #1's medication issue noted on 6/13/23.

According to the Program's Incident Reporting Policy, an incident report form would be completed by the nurse or designee, when an incident report was completed it would be factual, to the point and would be timed and dated by the person completing the form. The incident report would be turned into the nurse was soon as possible and the nurse was responsible to follow up with a review of reportable incidents.

2. Record review on 11/1/23 and 11/2/23 of Tenant #4's file revealed Progress Notes indicated the following:

a. On 8/7/23 new orders were received to increase potassium to 30 milliequivalents (mEq) twice daily and re-check potassium on 8/14/23.

b. On 8/7/23 it was noted potassium oral tablet, 30 mEq twice daily for one week was not given as "Said it's for mornings."

c. On 8/12/23 it was noted potassium oral tablet, 30 mEq, twice daily for one week was on order.

d. On 8/12/23 it was noted potassium oral tablet, 30 mEq, twice daily for one week, was not in the medication cabinet.

e. On 8/13/23 it was noted potassium oral tablet, 30 mEq, twice daily for one week, was noted as medication not available.

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f. On 8/13/23 it was noted potassium oral tablet 30 mEq, twice daily for one week and no explanation was given on the administration note.

g. On 8/21/23 a new order was received for potassium to increase to 40 mEq, twice daily and check in one week.

Continued record review revealed the August 2023 MARs reflected an order for potassium chloride ER oral tablet 20 mEq two tablets daily at 8:00 a.m. The order began 3/14/23 and discontinued 8/7/23. The MAR reflected an order for potassium oral tablet 30 mEq by mouth, two times a day for a week with a start date of 8/7/23 and administration times of 8:00 a.m. and 5:00 p.m. It was charted as refused on 8/7/23 at 5:00 p.m. It was documented as administered on 8/8/23 both doses, 8/9/23 both doses, 8/10/23 both doses, and 8/11/23 both doses. On 8/12/23 & 8/13/23 both doses were charted unavailable. The MAR reflected an order for potassium chloride Crys ER oral tablet ER 20 mEq two tablets by mouth twice daily with a start date of 8/21/23.

The lab orders had a 8/11/23 fax date to the pharmacy (medication was ordered on 8/7/23). Pharmacy packaging slips indicated on 7/24/23, 56 tablets of potassium chloride micro tablets 20 mEq ER were delivered. On 8/9/23 30 tablets of potassium chloride micro tablets 20 mEq ER were delivered. On 8/15/23 28 tablets of potassium chloride micro tablets 20 mEq ER were delivered. On 8/21/23 124 and 84 tablets of potassium chloride micro tablets 20 mEq ER were delivered.

A lab dated 8/21/23 reflected to increase the supplement to potassium 40 mEq twice daily and

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to let Tenant #4 know the potassium was still low so it needed to increase again.

Record review of the Program's policy and procedure regarding medication administration indicated any violation of the six rights of medications administration was a medication error and a medication error report would be completed. The policy and procedure regarding incident reports indicated an incident report form would be completed by the nurse or designee, when an incident report was completed it would be factual, to the point and would be timed and dated by the person completing the form. The incident report would be turned into the nurse was soon as possible and the nurse was responsible to follow up with a review of reportable incidents.

The Program failed to complete an incident report/medication error report per policy (medication policy and incident report policy) related to the medication error related to Tenant #4's potassium chloride.

3. Record review on 11/1/23 of Tenant #5's file revealed the service plan dated 10/16/23 indicated staff took Tenant #5's blood glucose and administered his insulin. Tenant #5's family set up the medication planners and staff administered medications from the medication planners. Medications were stored in the locked cupboard in Tenant #5's apartment.

When interviewed on 11/14/23 at 4:08 p.m. the Healthcare Coordinator reported Tenant #5 had a narcotic, lorazepam, set up in medication planner by family and given by staff once at night. There was also the pill bottle of lorazepam, that was counted. The Healthcare Coordinator confirmed the lorazepam in the medication planner was not

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A 150	Continued From page 5 counted as staff did not know what was in the planners. Continued record review revealed Controlled Drug Receipt Record/Disposition Forms reflected a count started on 7/24/23 of lorazepam 1 mg tablet, give 0.5 mg tablet every six hours as needed, which started with 14 tablets and the count ended (when records were collected) on 11/9/23 and reflected two tablets. The lorazepam in the medication planner, that staff administered every night, was not counted each shift and the narcotic count was not maintained on the count sheets. Record review of the Program's policy and procedure regarding medication administration indicated narcotic medications administered by the Program would be counted with narcotic sheet at the nurse's discretion. Staff would count the total number of the narcotics at the beginning and end of the shift and after the administration of the narcotics. It also indicated the nurse completed random counts on all narcotics administered by the Program. Tenant #5's narcotic medication that was administered by Program staff was not counted per policy and procedure. When interviewed on 11/14/23 at 4:08 p.m. the Healthcare Coordinator confirmed all incident reports and narcotic count sheets were provided for the tenants reviewed.	A 150		
A 155	481-67.3(1) Tenant Rights 481-67.3 Tenant rights. All tenants have the following rights:	A 155		

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A 155	Continued From page 6 67.3(1) To be treated with consideration, respect, and full recognition of personal dignity and autonomy. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the Program failed to ensure tenants were consistently treated with consideration, respect, and full recognition of personal dignity and autonomy. This pertained to 1 of 3 tenants reviewed receiving hospice services (Tenant #9). Finding follows: Observation on 11/7/23 at approximately 8:55 a.m. revealed Tenant #9 slept while sitting in her wheelchair at the table for with her plate in front of her. When interviewed on 11/9/23 at 1:34 p.m. Staff F reported she observed Staff M grab Tenant #9's mouth to open it and put medications in her mouth. She said a family member had also observed it. She reported this occurred on first shift and Tenant #9 was not in pain. Staff F did not report it to anyone and she observed it happen one time. When interviewed on 11/9/23 at 1:58 p.m. Staff E reported staff talked about Staff M and that she grabbed around Tenant #9's head and shoved medications in her mouth with a metal spoon. Staff E had not observed it but heard about it from second shift staff. It had not been reported. When interviewed on 11/14/23 at 2:33 p.m. Staff M reported Tenant #9 difficult to administer	A 155		

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A 155	Continued From page 7 medications to and staff administered them with applesauce and cranberry juice. Tenant #9 would tightened her mouth and once or twice Staff M would massage her mouth to loosen her mouth. Staff M reported there was no harm to Tenant #9 and the massage assisted the tenant to open her mouth. Staff M said she used disposable spoons to assist with medications. Record review on 11/6/23 of Tenant #9's service plan dated 8/4/23 reflected Tenant #9 ate independently with meal reminders and staff should report any changes with eating or drinking to the nurse. It also reflected staff administered Tenant #9's medications. The September, October and November 2023 medication administration records (MARs) reflected medications were administered at 8:00 a.m., 7:00 p.m., 8:00 p.m. and as needed. The MARs reflected one date medications on 10/12/23 for the evening doses were refused. When interviewed on 11/14/23 at 4:08 p.m. the Healthcare Coordinator revealed she had not observed anyone hold or grab a tenant's face regarding food or medications. When interviewed on 11/14/23 at 1:37 p.m. the Assistant Healthcare Coordinator revealed she had not observed anyone hold or grab a tenant's face regarding food or medications. It also had not been reported to her.	A 155		
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	A 160		

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A 160	Continued From page 8 which are adequate and appropriate. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to provide services to tenants that were adequate and appropriate. This pertained to 8 of 10 current tenants reviewed (Tenants #1, #2, #4, #5, #7, #8, #9 and #10) and 3 of 4 discharged tenants reviewed (Tenant C1, Tenant C2, and Tenant C4). Findings follow: 1. Record review on 10/30/23 and 11/2/23 of Tenant C4's file revealed Progress Notes and Staff Documentation/Communication to Nurse documents indicated on 5/27/23 Tenant C4 bled every time staff wiped him. Staff applied A & D ointment but he was in pain. It was reviewed by the nurse on 5/30/23. Progress notes indicated on 5/30/23 staff assisted Tenant C4 up from his chair with an assist of two staff. Tenant C4 was not able to ambulate and staff could not get him back in the chair. Blood was noted on his chair and through his brief. Staff called emergency medical services (EMS) and Tenant C4 was taken to the hospital due to rectal bleeding. Tenant C4 required intravenous (IV) antibiotics at the hospital for cellulitis on his buttocks. Tenant C4 required transfer to a higher level of care for therapy and wound care. Continued record review revealed hospital records indicated Tenant C4 was seen in the emergency room on 5/30/23. His weight on admission was 282 pounds. Tenant C4 had large sacral decubitus ulcer stage II, bleeding and had a "terrible smell associated with the ulcer." It was	A 160		

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noted his "Differential diagnosis includes decubitus sacral ulcer with associated infection, UTI, electrolyte abnormality and septicemia." Tenant C4 was admitted for treatment of sacral cellulitis. The records indicated had a "significant decubitus ulcer"on his buttocks "concern for overlying cellulitis" and was started on IV antibiotics. The wound location was the buttocks, sacrum and coccyx present on admission. The etiology was a deep tissue injury. Measurements included: 11.9 x 10.9 centimeters (cm). It was "10% moist red, 40% "black adherent thinning necrotic tissue, 40% tan adherent slough, 10% non blanchable purple discoloration to the right edge." The right upper thigh wound measurements included 4.9 x 4.6 cm, it was "20% adherent tan, 80 % moist red surrounding blanchable discoloration." Both wounds were unstageable but at least stage II. The OT notes indicated Tenant C4 required total assistance of two or more for activities of daily living (ADLs) and mobility. Final diagnoses included: cellulitis of buttock, metabolic encephalopathy, pressure ulcer of left and right buttock stage II, pressure of ulcer of sacral region stage II and pressure ulcer of other site stage II. Tenant C4 was discharged to to SNF on 6/5/23 a and had ordered to follow up with wound healing center first available appointment.

When interviewed on 10/31/23 at 2:49 p.m. Staff I stated on 5/30/23 she went back to the memory care unit to check on staff and they were trying to get Tenant C4 up (on 5/30/23). Tenant C4 could not stand and his eyes were glossy. He said he hurt and had buttocks pain. There was a protective pad on his chair and dried and fresh blood could be seen on the pad. Tenant C4 was lowered to floor and there was blood on the floor. The nurse was called, 911 was called, and vitals

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were taken. When the emergency medical technicians (EMTs) got him up off the floor, there was blood on the floor. She recalled she wiped him once and she thought it was hemorrhoids or something and let the nurse know. She did not remember any open areas. He had a spot off of his tailbone as it was difficult to get him out of the chair. She believed it was reported to the nurse. She said staff assisted Tenant C4 with toileting assistance including changing his brief.

When interviewed on 11/7/23 the Healthcare Coordinator she was made aware of Tenant C4's staff communication report dated 5/27/23 on 5/30/23 (related to the bleeding). The primary care provider (PCP) had previously noted an spot on his leg. The Healthcare Coordinator reported she received a telephone call on 5/30/23 regarding Tenant C4 bleeding. Staff reported there was blood everywhere and he was sent out for evaluation. She said she never saw Tenant C4's wound. She said Tenant C4 slept in a chair and it was hard to look. She said regarding his level of care he went back and forth. She reported she received no prior notification of a wound to Tenant C4's groin before 5/30/23.

Further record review revealed Tenant C4 was staged a five on the Global Deterioration Scale, which indicated moderately severe cognitive decline and had a diagnosis of Parkinson's disease. The the service plan indicated staff assisted with bathing twice per week and to check skin with bathing and report any reddened/open areas to the nurse. The service plan also indicated staff assisted with toileting, including assistance with perineal care as needed and changing protective undergarments at times. It was noted Tenant C4 was incontinent of bladder and bowel. The service plan also

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reflected Tenant C4 transferred with assist of one and his walker. The service plan did not reflect Tenant C4 had history of medication refusals or refusals, to get up, it also did not reflect Tenant C4 required transfer assistance of more than one person.

Continued record review revealed Documentation Survey Reports for April 2023 reflected nine scheduled bathing tasks and only two documented baths/showers on 4/18/23 and 4/25/23. The remaining entries were charted as not applicable or refused. The Documentation Survey for May 2023 reflected nine scheduled bathing tasks and only three documented baths/showers on 5/13/23, 5/20/23 and 5/27/23. The remaining entries were charted as not applicable, refused or unavailable. The Documentation Survey Reports did not reflect any tasks entered for toileting assistance that Staff I, Staff J and the Healthcare Coordinator indicated was provided to Tenant C4.

Further record review revealed the April and May 2023 MARs reflected orders for Baza protect cream, apply to affected area (perineal area) twice daily as needed and Calmoseptine ointment, apply topically to coccyx at bedtime as needed for redness. There were no documented doses administered in April or May 2023.

In summary, Tenant C4's service plan reflected he required staff assistance with toileting, bathing and transfers. Per staff, Tenant C4 at times took two staff for transfers. Hospital records indicated he required two or more to assist with ADLs and mobility and reflected a weight of 282 pounds. Documentation reflected Tenant C4 at times refused to get up and had some discoloration noted on his buttocks in April. For April and May

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2023 no documented doses of the Baza cream or Calmoseptine that were ordered as needed were documented as administered. On 5/27/23 staff noticed bleeding when wiping him. On 5/30/23 staff tried to assist him and he was lowered to the ground. There was blood (both fresh and dried) on the protective pad on his chair. Tenant C4 was lowered to the floor and there was blood on the floor from where he was sitting and he had complaints of buttocks pain. Tenant C4 was taken to hospital and upon admission it was noted he had large sacral decubitus ulcer stage II and the ulcer had a "terrible smell." Tenant C4 was admitted and received IV antibiotics. He had stage II wounds on his left and right buttock, sacral area and on the right upper thigh. He also had overlying cellulitis of the buttock. The size of the wound buttocks, sacrum and coccyx measured 11.9 x 10.9 cm. Staff were scheduled to assist with routine daily cares for Tenant C4 including with transfers, bathing and toileting as indicated in his service plan. Based on the area of the wound and the size of the wound, it should have visible with the provision of the cares indicated on his service plan (the ER also noted a terrible odor to the wound). However, his wound, which was noted as "significant" in hospital records, was not discovered until he went to the hospital on 5/30/23. There was no documentation in Tenant C4's file, with the exception of the staff report to the nurse on 5/27/23, which was three days before hospitalization, regarding Tenant C4 having blood when wiping him. Tenant C4 did not receive adequate and appropriate services related to care needs and he did not receive services adequate and appropriate related to the identification, assessment and treatment of his wounds.

2. Record review on 10/16/23 and 10/17/23 of

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Tenant C2's file revealed the service plan reflected Tenant C2's history of falls and required safety checks every 30 minutes. It also indicated family preferred an assist with ambulation and walker inside the apartment and assistance in her wheelchair outside of the apartment.

An incident report dated 3/24/23 documented staff called the nurse on-call and said Tenant C2 sat on the floor with her back to the wall. Tenant C2 was not in pain but had a bump on the back of her head. Family was notified and gave permission to call 911 to transport to the hospital. Tenant C2 was not taken to the hospital due to refusal.

An Internal Investigation document indicated on 3/24/23 at 7:00 p.m. Staff D went into Tenant C2's apartment and noted her sitting on the floor with her back against the wall inside of her apartment door. Tenant C2 was an assist of one with mobility. Tenant C2 had a bump on the back on her head. Staff D called for staff assistance and the nurse on-call was notified. Staff called 911 and they arrived and Tenant C2 refused to go to the emergency room (ER) for evaluation. On 4/2/23 at 9:39 a.m. staff called the Healthcare Coordinator and told her Tenant C2 was lethargic, in pain and did not want to bear weight. Tenant C2 was taken the ER to be evaluated. The hospital staff reported Tenant C2 had a brain bleed and her brain had shifted. Tenant C2 returned to the Program on 4/2/23. The summary indicated Tenant C2 got up without calling for assistance, fell and hit her head. Visual checks were not completed as scheduled on 3/24/23 at 6:30 p.m.

Continued record review revealed Progress Notes indicated the following:

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A 160	Continued From page 14 a. On 3/24/23 staff notified the nurse on-call that Tenant C2 fell and hit her head. She had bump and bruise on the back of her head. When family arrived to the building Tenant C2 decided she did not want to go to the ER and the refusal form was signed. b. On 4/2/23 the nurse received a call from staff Tenant C2 was really weak and had a difficult time bearing weight on her legs. Family was notified and would come in to take her to the ER for evaluation. c. On 4/2/23 Tenant C2's family called and said emergency medical services (EMS) would be transporting her to the hospital and she could not get into the car. d. On 4/2/23 hospital staff reported Tenant C2 had a brain bleed from her fall last weekend. Family requested Tenant C2 return to the Program with minimal interventions. e. On 4/6/23 Tenant C2 died. Further record review revealed the ER After Visit Summary, dated 4/2/23, indicated Tenant C2 was seen for leg swelling and diagnoses include traumatic subdural hygroma and bilateral lower extremity edema. When interviewed on 11/6/23 at 3:20 p.m. Staff D reported around 7:00 p.m. and she administered medications and she went to Tenant C2's apartment where she found her on the floor behind her apartment door. Tenant C2 did not have any injuries at that time. She called the lead direct care staff working to call family to take her to the hospital. The nurse was notified too.	A 160		

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Tenant C2 did not complain of any pain. She had her walker with her. Staff helped her stand and put her in the wheelchair. She said she could not remember how many times Tenant C2 was scheduled to be checked but she would have been checked every hour, she did not remember the last time she had seen Tenant C2 prior to her fall. Her visual check was done at 7:00 p.m. (when Tenant C2 was found). Tenant C2 said she was fine and did not want to go to the hospital. Later on it was found that Tenant C2 had a head injury and it was related to her death.

When interviewed on 10/17/23 at 12:05 p.m. the Healthcare Coordinator said she was not the nurse on-call when the incident occurred. She received a text or call from the on-call nurse regarding Tenant C2's fall and that she hit her head. Family refused for her to be sent out for evaluation. On 4/2/23 she received a call from staff and she called family to have Tenant C2 sent out for evaluation. She went to the hospital and had a diagnosis of a brain bleed. Staff were re-educated on visual checks after the incident.

Continued record review the Documentation Survey Report for March 2023 reflected Tenant C2 required visual checks every 30 minutes. The checks on 3/24/23 at 2:30 p.m., 3:00 p.m. and 3:30 p.m. were all documented at 3:29 p.m. by Staff D. The 4:00 and 4:30 p.m. checks were documented at 4:46 p.m. by Staff D. The 5:00 and 5:30 p.m. checks were documented at 5:29 p.m. by Staff D. The 6:00 p.m. was documented at 6:01 p.m. by Staff D The 6:30 p.m., 7:00 p.m., 7:30 p.m., 8:00 p.m. and 8:30 p.m. checks were all documented at 8:00 p.m. by Staff D.

Further record review the program's Nurse Delegation for Visual Checks indicated to enter

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the tenant apartment, make visual contact of the tenant (sleeping or awake), document the visual check according to the scheduled time. Visual checks were to be completed as close to the scheduled time as possible.

In summary, Tenant C2 required safety checks every 30 minutes related to her falls and required the assistance of staff for mobility in her apartment and outside of her apartment. Staff failed to follow the policy for visual checks related to Tenant C2's fall on 3/24/23. Staff D documented a check at 6:01 p.m. and the next check was scheduled at 6:30 p.m. but was not documented as completed until 8:00 p.m. Tenant C2 was found on the floor with a bump on the back of her head at 7:00 p.m. On 4/2/23 Tenant C2 went out to hospital due weakness and non-weight bearing. Tenant C2 was diagnosed with a traumatic subdural hygroma, went on hospice services and died on 4/6/23.

3. Record review on 10/11/23 to 10/16/23 of Tenant C1's file revealed the service plan reflected Tenant C1 had history of falls and was a one assist with all mobility. Continued review of Tenant C1's file revealed the following:

a. Incident reports for 6/19/23 at 12:47 a.m. noted staff observed Tenant C1 laying the floor sleeping with no clothing on and just a protective undergarment. Tenant C1 appeared to be confused, but no injuries were noted. Tenant C1 was covered with a blanket and was groaning but denied pain. The note indicated action taken was "Nurse Assessment completed", vital signs were taken and she was assisted from the floor with assist of one. Tenant C1's oxygen was noted at 92%. It indicated Tenant C1's family member

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was notified at 9:36 a.m.

A Progress Note on 6/19/23 at 12:47 a.m. noted staff observed Tenant C1 laying the floor sleeping with no clothing on and just a protective undergarment. Tenant C1 was covered with a blanket and was groaning but denied pain.

b. On 6/19/23 at 5:30 a.m. staff completed safety checks and observed Tenant C1 laying on the floor on her left side. She was groaning and reported mild pain. Injuries included a bruise on her left cheek, small lacerations on the right hand, bruises on the thighs, it was painful when touched. Her oxygen was noted at 90%. Documented "Nurse assessment," indicated she was assisted up with guided assist of one. The Healthcare Coordinator was called at 6/19/23 at 5:33 a.m. It indicated Tenant C1's family was notified at 9:36 a.m.

A Progress Note On 6/19/23 at 5:30 a.m. noted staff completed safety checks and observed Tenant C1 laying on her left side. She was groaning and reported mild pain. There was bruising to the left cheek, and both legs. A small laceration was noted to the right hand.

c. On 6/19/23 at 9:15 a.m. Tenant C1 observed laying the floor with no clothing on. Tenant C1 reported moderate pain and she did not have her oxygen in her nose. There was a skin tear noted on the right arm and Tenant C1 complained of pain everywhere. Staff called 911 and Tenant C1 was transported to the hospital for evaluation. It indicated Tenant C1's family member was notified at 9:36 a.m.

A Progress Note on 6/19/23 at 9:15 a.m. noted Tenant C1 observed laying the floor with no

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clothing on. Tenant C1 reported moderate pain and she did not have her oxygen in her nose. There was a skin tear noted on the right arm and Tenant C1 complained of pain everywhere. Staff called 911 and Tenant C1 was transported to the hospital for evaluation.

d. A Progress Note on 6/19/23 at 4:12 p.m. documented Tenant C1 had a femur fracture and was admitted to the hospital.

e. A Progress note on 6/21/23 noted Tenant C1 died.

Continued record review revealed an Internal Investigation dated 6/20/23 indicated on 6/19/23 at 9:15 a.m. Staff Q completed a visual check and found Tenant C1 on the floor without her oxygen. She complained of pain all over. The Healthcare Coordinator assessed Tenant C1 and told staff to call 911. Tenant C1 was transported to the hospital for evaluation. Hospital staff called and reported Tenant C1 had a right femur fracture, was admitted and it was unsure if she was a surgical candidate.

Staff B's written statement indicated around 12:40 a.m. he found Tenant C1 laying on the floor with her oxygen on covered with a blanket. Staff B tried to the call the Healthcare Coordinator and received no response. Staff B helped her up and into the seat of her recliner. He wrote the incident report. At about 5:30 p.m. he checked on Tenant C1 and he found her on the floor close to her recliner wearing only a protective undergarment. She was laying on her left side, she did not have her oxygen on and it was disconnected from the concentrator. He put on her oxygen, called the Healthcare Coordinator, took vital signs. Her oxygen was below 90% at 85%. With two staff

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assist they helped her to sit on her recliner and wrote an incident report.

Attempts to interview Staff Q were made; however, were not successful. Staff Q's written statement indicated when completing her 10:00 a.m. visual check she found Tenant C1 on the floor, laying on her left side, face down, without her oxygen. She was not wearing any clothing with her protective undergarment ripped on the side and Staff Q indicated she must have ripped it off herself. Her walker was about three feet away. Staff Q notified the Healthcare Coordinator and she called for EMS. Tenant C1 was in a lot of pain, especially her legs. Her right wrist was also bleeding and it appeared to be a skin tear.

A Counseling Documentation Report, dated 6/26/23, documented on 6/19/23 Staff B provided assisted to Tenant C1 by picking her up twice without the use of the lift. It was noted Staff B did not follow tenant fall guidelines. It was a verbal warning.

When interview on 10/12/23 at 3:02 p.m. Staff B stated he could not recall when he first saw Tenant C1 on his shift but he worked third shift that night. At approximately midnight he found her on the floor, close to her chair. There were no injuries and no complaints of pain. He called the on-call nurse, the Healthcare Coordinator and did not receive an answer. He assisted her back to her recliner. He wrote the incident report. He went to check on Tenant C1 around 5:00 a.m. and she laid on her side. She had bruises on her thighs and blood on her hand. She also had a scratch on her face. Her oxygen was removed and it was disconnected from her machine. She had a protective undergarment and no clothing on. She had her lower body covered with a wrap.

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Staff B called the Healthcare Coordinator and did not receive an answer. He requested another staff to assist in getting her up and it took two staff. She was seated on her recliner. With the second fall he took pictures on the work cell phone of her injuries for the Healthcare Coordinator as he did not talk to her when she was called. He wrote up the report and first shift arrived. He told Staff Q about the falls and showed her the pictures and gave her the work phone. He said the pictures were of her legs and hand and nothing of related to privacy. Staff B said the Healthcare Coordinator did not call back for either calls. A day or two later, corporate staff were involved and the Former Executive Director called and asked him to write a statement. Someone deleted the pictures and no one told him it was a problem. After the corporate staff called, everything was deleted. After the incident the Former Executive Director told him he should have used a mechanical lift.

When interviewed on 10/16/23 at 10:04 a.m. the Healthcare Coordinator reported another nurse was on-call the weekend Tenant C1 fell. She was there on Monday when Tenant C1 fell. Tenant C1 had a skin tear from a previous fall and no visible injuries but had pain in her legs. Staff called EMS and she was taken out to the hospital. Tenant C1's family was notified. Tenant C1 went to the hospital and had a fractured femur. Tenant C1 was supposed to be an assist of one with her walker or wheelchair as needed. She did not recall if she received telephone calls on 6/19/23 and said her phone was on silent. She said did not recall missing any calls that night. She would assume staff notified nurse on-call. She said there was a calendar in the workroom with the on-call nurse schedule and phone numbers. At that time the on-call was shared every other

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weekend with another nurse, it started at 5:00 p.m. on Friday and she resumed call at 8:00 a.m. on Monday. She said she did not know the pictures (Tenant C1) existed for a week in the work phone. It was picture of the skin tear on the arm and a skin tear/bruise on the thigh. Staff B took the pictures and they were never shown to the Healthcare Coordinator. Staff were allowed to take pictures on the work phone or video chat.

Continued record review revealed the June 2023 nurse on-call schedule was provided and indicated on 6/19/23 the Healthcare Coordinator was listed as the on-call nurse. A handwritten note was added to the calendar at the time of the investigation that indicated call started at 5:00 p.m. on Friday and stopped at 8:00 a.m. on Monday. That indicated the Healthcare Coordinator's call did not start until 8:00 a.m. on Monday and another nurse was on-call on 6/16/23 at 5:00 p.m. until the Healthcare Coordinator resumed on-call on 6/19/23 at 8:00 a.m. Staff B documented he called the Healthcare Coordinator on 6/19/23 at 12:47 a.m. and 5:33 a.m.

Pendant history records from 6/19/23, for the building and for Tenant C1 were requested and were not accessible at the time of the investigation.

Further Record review revealed a Medication Admin Audit Report of morning medications on 6/19/23 reflected Tenant C1's medications scheduled at 7:30 a.m. and 8:00 a.m. were not administered as prescribed. The report indicated all of Tenant C1's morning medications and treatments were documented as not given due to hospitalization at 10:13 a.m., which was at least two hours after Tenant C1's medications and

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treatments were prescribed. Tenant C1 did not receive her medications as prescribed on 6/19/23, after sustaining three falls and prior to going out to the hospital, despite being ordered before she left for the hospital.

A June 2023 Documentation Survey report (task record) indicated all of the first shift or 8:00 a.m. morning cares on 6/19/23 for Tenant C1 were documented by Staff Q at 10:02 a.m. and were charted as tenant unavailable, including dressing/undressing for first shift, TLSO brace on at all times day shift, meal reminders at 8:00 a.m.; despite Tenant C1 not going to the hospital until after the fall at 9:15 a.m. None of Tenant C1's morning cares were documented as completed prior to her going to the hospital on 6/19/23. Visual checks were scheduled four times per shift for Tenant C1. On 6/18/23 the 10:00 p.m., 12:00 a.m. and 2:00 a.m. check were all documented at 2:34 a.m. The 4:00 a.m. check was documented at 5:07 a.m. The 6:00 a.m. check was documented at 7:17 a.m. and the 8:00 a.m. and 10:00 a.m. checks were documented at 10:02 a.m. and charted as tenant unavailable, despite Tenant C1 being in the building at 8:00 a.m.

In summary, Tenant C1 who had a history of falls and required assistance of one with all mobility, had three falls on 6/19/23 from 12:47 a.m. to 9:15 a.m. When the first fall occurred at 12:47 a.m. Staff B contacted the Healthcare Coordinator, who was not the on-call nurse, received no response and assisted Tenant C1 back up to her chair. It was noted she was groaning but not in pain. Her oxygen saturation was at 92%. Staff B did not report or document any additional attempts to contact the Healthcare Coordinator, other nurses or leadership staff related to Tenant

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C1's fall. The Healthcare Coordinator did not call back per Staff B. At 5:30 a.m. Staff B found Tenant C1 on the floor for her second fall. She was without her oxygen, had visible injuries, was groaning and reported mild pain. Staff B again contacted the Healthcare Coordinator, received no response and Staff B and another staff lifted her up. Her oxygen saturation was at 90%. Staff B did not report or document any additional attempts to contact the Healthcare Coordinator, other nurses or leadership related to her fall. First shift staff, Staff Q, was informed of Tenant C1 falls from Staff B at shift report. At 9:15 a.m. Staff Q found Tenant C1 on the floor and she had complaints of pain all over and a skin tear on her right arm. Tenant C1's family was notified of all three falls on 6/19/23 after the third fall at 9:15 a.m. Tenant C1's morning medications and mornings cares were not documented as administered and completed on 6/19/23 due to her not being available; however, she did not go out to eh hospital until after the third fall which occurred at 9:15 a.m. It could not be determined when Staff Q first saw Tenant C1 on first shift as she did not return calls for an interview; however, none of Tenant C1's morning medications or cares were completed. She was found on the floor at 9:15 a.m. and first shift started at 6:00 a.m. Visual checks were also not documented at the scheduled times during the time of her three falls, by Staff B on third shift and Staff Q on first shift. Tenant C1 was sent to the hospital, was diagnosed with a femur fracture and was not a candidate for surgical repair. She died on 6/21/23. Tenant C1 did not receive services that were adequate and appropriate related to her cares, services and falls on 6/19/23.

4. When interviewed on 10/17/23 at 3:11 p.m.

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Staff H reported when first shift left Tenant #5 and Tenant #7 were soaked with urine through the pants. It occurred twice when a certain staff worked on first shift and she wrote a communication to the nurse about it.

When interviewed on 11/9/23 at 10:16 a.m. Staff K said Tenant #10 was not getting changed over any shifts because she was in so much pain last Thursday.

When interviewed on 11/9/23 at 12:14 p.m. Staff L said in the morning when first shift arrived at times tenants were "soaking wet." She said this morning everyone was good but when a certain staff worked on third shift it occurred and she did not think the third shift staff was doing his job.

When interviewed on 11/9/23 at 4:17 p.m. Staff N said Tenant #5, #7, #9 and #10 were soaked to the linens when in bed after lunch. She said they had been sitting there awhile. She said bathing, especially in memory care was not being completed.

When interviewed on 11/14/23 at 1:37 p.m. the Assistant Healthcare Coordinator noted staff had reported approximately a couple times per week that first shift reported tenants were wet when first shift arrived. She said it mostly occurred in memory care and Tenant #7 had been wet when first shift arrived.

b. Record review on 10/16/23 of Tenant #1's file revealed the Documentation Survey Reports for July, August and September 2023 reflected scheduled tasks not documented as completed including: dressing/undressing, hygiene and grooming, visual checks, garbage removal and bathing. In September 2023 there were eight

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scheduled bathing tasks for the month. On 9/4/23 and 9/14/23 there was no documentation of the task. On 9/11/23, 9/25/23 and 9/28/23 it was charted as "RR" for tenant refused. One entry was charted as "NA" not applicable on 9/7/23. On 9/18/23 it was charted as task completed. There was one documented shower/bath provided for Tenant #1 in the month of September. Tenant #1's service plans dated 10/13/22 and 10/5/23 indicated Tenant #1 required staff assistance with bathing and should receive showers on Wednesday and Sunday, with no preference to the time of her showers. The service plan did not reflect a history of bathing refusals for Tenant #1.

c. Record review on 10/30/23 and 10/31/23 revealed Tenant #2's file included a Documentation Survey Report for October 2023 reflected scheduled tasks not documented as completed including for: dressing/undressing, hygiene and grooming, anti-embolism hose, trash removal and visual checks. There were 13 bathing intervals reflected for hands on assistance as needed and six entries documented as either tenant refused, unavailable or not applicable.
The current service plan reflected Tenant #2 required hands on assistance as needed, including assistance with transfers in and out, cueing to wash and dry herself, washing her hair and applying lotion. The service plan did not reflect a history of bathing refusals for Tenant #2.

c. Record review on 11/1/23 and 11/2/23 of Tenant #4's file revealed Documentation Survey Reports for August, September and October 2023 reflected scheduled tasks not documented as completed including for: bathing, garbage removal, tubigrips and weekly weights.

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d. Record review on 11/1/23 of Tenant #5's file revealed Documentation Survey Reports for August, September and October 2023 reflected scheduled tasks not documented as completed including for: check and change protective undergarment and ostomy, four times per shift while awake and twice at night. Empty ostomy bag once in the morning and once in the evening. For third shift to check and change in bed. Scheduled tasks were also not completed related to dressing/undressing, hygiene and grooming, bathing, garbage removal and visual checks.

e. Record review on 11/6/23 of Tenant #7's file revealed Documentation Survey Reports for August, September, October 2023 reflected scheduled tasks not documented as completed including for: bathing, continence, dressing/undressing, hygiene and grooming, washing out his drinking cup each shift, garbage removal and visual checks. In August it reflected nine bathing tasks scheduled. Three entries were charted as not applicable, one entry was charted as tenant refused and two entries were charted as task not completed. In September it reflected nine bathing tasks scheduled. One entry was left blank or an omission, two entries were charted as not applicable and three entries were charted as tenant refused. October tasks reflected nine bathing tasks scheduled. Two entries were charted as not applicable, two entries were charted as tenant refused and one entry was charted as tenant unavailable. Tenant #7's service plan reflected Tenant #7 required bathing assistance. The service plan did not reflect a history of bathing refusals for Tenant #7.

f. Record review on 11/6/23 of Tenant #8's file revealed Documentation Survey Reports for

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A 160	Continued From page 27 August, September and October 2023 reflected scheduled tasks not documented as completed including for: assistance to the toilet and with perineal care four times per shift while awake and twice per shift at night, hygiene and grooming, dressing/undressing, garbage removal, visual checks and bathing. g. Record review on 11/6/23 of Tenant #9's file revealed Documentation Survey Reports for August, September, and October 2023 reflected scheduled tasks were not documented as completed including for: dressing/undressing, gait belt used for transfers, hygiene and grooming, garbage removal, assistance to the bathroom twice per shift and to check and change in bed on third shift and visual checks. h. Record review on 11/7/23 ofTenant #10's file revealed Documentation Survey Reports for September, October and November 2023 reflected scheduled tasks were not documented as completed including for: hygiene and grooming, garbage removal, incontinence to check and change protective undergarments, and visual checks. The October it indicated bathing assist, and reflected four tenant refusals for bathing. In November 2023 it reflected bathing assist and two of the two times scheduled bathing was refused. Continued record review of Tenant #10's service plan reflected to assist with a sponge bath or shower, if tolerated and hands on assist. Tenant #10's service plan did not reflect a history of bathing refusals. When interviewed on 11/14/23 at 4:08 p.m. the Healthcare Coordinator confirmed all task records for the tenants reviewed were provided. In summary, staff interviews indicated at times	A 160		

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tenants were found soaked in urine and bathing was not completed in the memory care unit. Based on interview and record review the tenants listed above (#1, #2, #4, #5, #7, #8, #9 and #10) did not receive scheduled tasks and cares, including bathing and toileting.

5. When interviewed on 11/9/23 at 10:16 a.m. Staff K reported Tenant #7 ran out of insulin over the weekend and Tenant #4 had run out of strips previously. She said strips had been borrowed from one tenant and used for another tenant.

When interviewed on 11/9/23 at 12:14 p.m. Staff L said she was pretty sure Tenant #7 had run out of insulin supplies.

When interviewed on 11/9/234 at 1:34 p.m. Staff F said Tenant #5 and Tenant #7 had been out of insulin supplies, including wipes and lancets.

When interviewed on 11/9/23 at 1:58 p.m. Staff E said Tenant #7 was out of insulin and Tenant #5's insulin was used. She said the nurse was aware and had told staff to do it.

When interviewed on 11/9/23 at 4:17 p.m. Staff N said Tenant #4, Tenant #5 and Tenant #7 had ran out of insulin supplies. She said she had to take a needle out of Tenant #5's supply as she needed needles for Tenant #7. She said there was no stock supply. She said it happened here and there, approximately two to three times per week and she hated to do it.

When interviewed on 11/14/23 at 1:37 p.m. the Assistant Healthcare Coordinator said at times insulin supplies were not available, she said approximately twice per month. She said

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A 160	Continued From page 29 supplies, including a new insulin pen, a meter and strips had been borrowed from a tenant and used for another tenant. She said Tenant #5's family notified her there was a lancet with the poker found in his apartment and she wondered why it was left out. When interviewed on 11/14/23 at 4:08 p.m. the Healthcare Coordinator said they had stock supplies and she said staff should not be borrowing supplies.	A 160		
A 270	481-67.5(2)f(1) 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: (1) The administration of medications shall be provided by a registered nurse, licensed practical nurse or advanced registered nurse practitioner registered in Iowa, by an individual who has successfully completed a department-approved medication aide or medication manager course and passed the respective department-approved medication aide or manager examination, or by a physician assistant (PA) in accordance with 645-Chapter 327. Injectable medications shall be administered as permitted by Iowa law by a registered nurse, licensed practical nurse, advanced registered nurse practitioner, physician, pharmacist, or physician assistant (PA). This REQUIREMENT is not met as evidenced by: Based on interview and record review the	A 270		

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A 270	Continued From page 30 Program failed to ensure staff completed a state-approved medication manager course prior to administering medications. This pertained to 2 of 6 staff reviewed for medication manager training (Staff A and Staff K). Findings follow: 1. Record review on 10/30/23 of Staff A's training information revealed Staff A was hired on 4/10/23 and was terminated on 6/15/23. Staff A had medication manager certificate dated 6/27/23 (after Staff A's termination date). Staff A had nurse delegated training related to medication administration dated 4/12/23, 5/5/23 and 5/9/23. Continued record review on 10/16/23 revealed and Internal Investigation dated 6/23/23 indicated Staff A documented medications as refused for several tenants in the memory care unit from 6/2/23 to 6/13/23. It was noted Staff A did not notify the nurse of the medication refusals and did not attempt to administer three times before documenting them as refused. See 67.5(2) f (4) for more information related to the investigation. Further record review on 10/17/23 of medication administration records (MARs), including for Tenant #1, indicated Staff A had administered medications prior to receiving the certificate for the completed medication manager course. 2. Record review on 11/14/23 of Staff K's medication training information revealed Staff K was hired on 8/1/23. Staff K had a medication manager certificate dated 11/9/23 (date staff file information was requested). Staff K had nurse delegated training related to medication administration dated 9/14/23.	A 270		

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A 270	Continued From page 31 Continued record review of MARs, including for Tenant #1, indicated Staff K administered medications prior to receiving the certificate for the completed medication manager course. 3. When interviewed on 11/14/23 at 4:08 p.m. the Healthcare Coordinator confirmed all medication manager training was provided for the staff reviewed.	A 270		
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 medications as prescribed. This pertained to current 11 of 14 current tenants reviewed (Tenants #1, #3, #4, #5, #7, #8, #10, #11, #12, #13, #14) and 2 of 4 discharged tenants reviewed (Tenants C1 and Tenant C2). Findings follow: 1. Record review on 10/16/23 revealed an Internal Investigation document, dated 6/23/23, noted Staff A documented several tenants	A 285		

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medications as refused from 6/2/23 to 6/13/23, but failed to notify the nurse of the refusals and did not attempt to give them three times prior to documenting the refusal. This pertained to multiple tenants on multiple dates in memory care. On 6/13/23 the Healthcare Coordinator observed several medication cards with medications remaining in the last week on first shift. The medication administration records (MARs) for that tenant and others in memory care revealed Staff A had marked refused for several memory care tenants from 6/2/23 to 6/13/23 without notifying the nurse per the policy requirement. It was determined Staff A failed to administer medications to tenants as ordered, she did not attempt to give medications three times (medications were still in the bubble packs), she failed to follow the policy on medication refusals and failed to notify the nurse of the refusals. Staff A was terminated.

Continued record review of Tenant #1's file revealed the service plan dated 10/13/22 reflected staff administered Tenant #1's medications. The service plan did not reflect a history of medication refusals for Tenant #1. An incident report indicated on 6/13/23 the Healthcare Coordinator filled Tenant #1's medication planner and noted medications remained in the planner from the morning medications.

Further record review revealed June 2023 MARs dated 6/1/23 to 6/13/23 reflected medications should be administered from the medication planner in the morning at 8:00 a.m. (7 pills, including: acetaminophen 650 milligrams (mg), amlodipine 5 mg, multivitamin, two naproxen 440 mg, vitamin D 5,000 IU and sertraline 50 mg total) and at 6:00 p.m. (6 pills including:

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acetaminophen 650 mg, aspirin 81 mg, atorvastatin 10 mg, two naproxen 440 mg and Trazodone 25 mg). Staff A documented Tenant #1 refused morning medications on 6/6/23, 6/10/23, 6/11/23, 6/12/23 and 6/13/23.

Further record review revealed three refusals charted for Tenant #1 the entire month of May 2023, of which two were documented by Staff A on 5/20/23 and 5/30/2. No refusals were documented for July 2023.

When interview on 10/17/23 at 12:05 p.m. the Healthcare Coordinator reported she set up Tenant #1's medications in a medication planner and went to make changes to the medications and noted there were medications left in the planner. She said another tenant had medications left in a bubblepack. She looked at the MARs and many had medications charted as refused by Staff A. She said she and the Former Executive Director met with Staff A. Staff A said the tenants refused and when asked why there were still in the bubblepack, Staff A did not respond. Staff A was terminated. The Healthcare Coordinator said she had not been notified of the refusals.

Further record review revealed other tenants were identified related to the internal investigation including: Tenants #7, #10, #11, #12, #13 and #14 reflected the tenants had multiple medication refusals, the refusals were charted by one staff member (Staff A) on various dates in June. The tenants did not receive the medications as ordered from 6/2/23 to 6/13/23.

Continued record review on 10/16/23 of Tenant #1's file revealed the service plan dated 10/13/22 reflected staff administered medications. Review

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of July and August 2023 MARs reflected medications were not available in the medication planner to administer on 7/1/23 (x 2), 7/2/23, 7/17/23, 8/14/23, 8/28/23 and 8/29/23. Medications were administered per order for Tenant #1 due to medications not being available.

In summary, Tenant #1 and six other tenants (Tenants #7 #10, #11, #12, #13 and #14) had medications charted as refused and the medications were not administered per order. The medications remained in the bubble packs or medication planner; however, Staff A charted the medications as refused; it did not appear the medications were dispensed to administer as they were observed in the container or packaging. The tenants listed above did not receive the medications as ordered. Additionally, Tenant #1 did not receive medications as ordered due to medications not being available to administer.

2. Record review on 10/30/23 of Tenant #3's file revealed a fax to the primary care provider (PCP) dated 9/1/23 indicated pharmacy did not send the correct card for Tenant #3's Lovastatin 40 mg. The order directed two 80 mg tablets should be taken at bedtime, but Tenant #3 had only been taking 40 mg. Pharmacy was notified and sent the correct card.

Continued record review revealed an incident report dated 8/29/23 staff reported the medication card was wrong. The order was for two 80 mg tablets at bedtime, but Tenant #3's card had only 40 mg tablets. The incident report did not identify the number of days or tablets the incorrect dosage was given.

Further record review revealed Tenant #3's

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August 2023 MAR reflected the order for Lovastatin tablet 40 mg, two tablets at bedtime, documented as given from 8/1/23 to 8/31/23; however, for undetermined amount of days and doses, Tenant #3 did not receive 80 mg as ordered.

3. Record review on 11/1/23 and 11/2/23 of Tenant #4's file revealed Tenant #4 had diagnoses including: Parkinson's disease and hypertension. A Progress Note dated 8/25/23 indicated occupational therapy worked with Tenant #4 with a focus on lymphedema in lower extremities three times per week.

September and October 2023 MARs reflected Tenant #4's carbidopa-levodopa 25-100 mg, give 1.5 mg tablet four times per day for Parkinson's (dopamine promoter) was not available on 9/20/23 at the 8:30 p.m. On 10/18/23 at the 6:30 a.m. dose it was charted as not given; however, no reason was charted. It was also not documented as given on 10/22/23 8:30 p.m. dose and on 10/28/23 11:30 a.m. dose. Bumex (diuretic) 2 mg, take one tablet by mouth twice per day at 8:00 a.m. and 12:00 p.m. for edema was not available on 9/23/23, 9/24/23, 9/27/23, 9/28/23, 9/29/23, 10/1/23, 10/2/23, 10/15/23, 10/16/23 and 10/19/23.

Progress Notes indicated the following:

a. On 8/7/23 new orders were received including to increase potassium to 30 milliequivalents (mEq) twice daily and re-check potassium on 8/14/23.

b. On 8/7/23 potassium oral tablet 30 mEq, twice daily for one week was not given as "Said it's for

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mornings."

c. On 8/12/23 potassium oral tablet, 30 mEq, twice daily for one week was on order.

d. On 8/12/23 potassium oral tablet, 30 mEq, twice daily for one week, was not in the medication cabinet.

e. On 8/13/23 potassium oral tablet, 30 mEq, twice daily for one week, was noted as not available.

g. On 8/14/23 potassium oral tablet give 30 mEq, twice daily for one week noted "Lactulose?"

h. On 8/21/23 new order received for potassium to increase to 40 mEq, twice daily and check in one week.

Continued record review revealed the August 2023 MARs reflected an order for potassium chloride ER oral tablet 20 mEq two tablets once per day at 8:00 a.m. The order was started on 3/14/23 and discontinued on 8/7/23. The MAR reflected an order potassium oral tablet 30 mEq by mouth, two times a day for a week with a start date of 8/7/23 and administration times of 8:00 a.m. and 5:00 p.m. It was charted as refused on 8/7/23 at 5:00 p.m. It was documented as administered on 8/8/23 both doses, 8/9/23 both doses, 8/10/23 both doses, and 8/11/23 both doses. On 8/12/23, 8/13/23 both doses and on 8/14/23 the morning dose it was charted as "9" see other/progress notes (see above). It was charted as on order, not in the medication cabinet, not available, no explanation for why it was given and a question regarding another medication was charted for the reason it was not administered. The MAR reflected an order for

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potassium chloride Crys ER oral tablet ER 20 mEq give two tablets by mouth twice daily with a start date of 8/21/23.

The lab and orders had a 8/11/23 fax date to the pharmacy (medication was ordered on 8/7/23). Pharmacy packaging slips indicated on 7/24/23, 56 tablets of potassium chloride micro tablets 20 mEq ER were delivered. On 8/9/23 30 tablets of potassium chloride micro tablets 20 mEq ER were delivered. On 8/15/23 28 tablets of potassium chloride micro tablets 20 mEq ER were delivered. On 8/21/23 124 and 84 tablets of potassium chloride micro tablets 20 mEq ER were delivered.

A lab dated 8/21/23 reflected to increase the supplement to potassium 40 mEq twice daily and to let Tenant #4 know the potassium was still low so it needed to increase again.

In summary, Tenant #4 had a change in the dosage of his potassium chloride from 20 mEq (two tablets) once daily, to 30 mEq twice daily on 8/7/23. The order was not faxed to the pharmacy and the tablets were not delivered from pharmacy. Staff initialed the administration or refusal or the medication from 8/7/23 to 8/12/23 and then staff charted it as not administered as it was on order or not available. From 8/15/23 to 8/21/23 there were no doses of potassium chloride documented no explanation in nurse's notes related to the mediation issue. Tenant #4's potassium was checked on 8/21/23 and was noted to be low and was increased to 40 mEq twice per day. Tenant #4 did not receive his potassium chloride as ordered and medications noted above were not available to administer as ordered.

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4. Record review on 11/1/23 of Tenant #5's file revealed a clinic note dated 9/7/23 from a diabetic and kidney center indicated Novolog should be given immediately before Tenant #5 ate his meal. Tresiba U200 39 units daily and Novolog sliding scale insulin before meals was ordered. It indicated for less blood glucose readings than 70 to treat per hypoglycemia protocol. It indicated to Dexcom or check blood glucose check four times per day, before meals and at bedtime. The clinic note also indicated to contact the clinic with any hypoglycemic or hyperglycemic episodes.

A clinic note dated 10/17/23 from a diabetic and kidney center indicated orders to continue administered Tresiba 38 units daily, administer Novolog 10 units at the onset of breakfast, 16 units at the onset of lunch and 12 units at the onset of dinner. Dexcom or check blood glucose check four times a day, before meals and at bedtime. It indicated to contact the clinic with hypoglycemic or hyperglycemia episodes.

Continued record review revealed Tenant #5's September, October and November 2023 MARs reflected the order to check blood glucose using the Dexcom reader before meals and to call the nurse if Tenant #5's blood glucose was under 70 or over 400. It reflected the blood glucose monitoring at 7:30 a.m., 11:00 a.m. and 4:00 p.m. The MARs did not reflect the blood glucose monitoring at bedtime as ordered. It was ordered four times per day and the MARs only reflected three times per day.

When interviewed on 11/6/23 Tenant #5's family said recently Tenant #5's blood glucose was trending down and his blood glucose was 44 at 12:49 a.m. A glucose tablet was given and his

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blood glucose was at 196 at 1:19 a.m.

When observed on 11/9/23 at the noon medication pass, there were various over the counter medications in Tenant #5's locked medication cabinet including glucose tablets.

Continued record review revealed the November 2023 MAR did not reflect an order for glucose tablets. Per family interview, staff administered a glucose tablet recently when Tenant #5's blood glucose was low (despite not having an order for the medication).

Record review of the Medication Administration Audits for Tenant #5 on 11/4/23 indicated his blood glucose monitoring was ordered at 7:30 a.m. and was not documented until 8:57 a.m. The Novolog sliding scale insulin was ordered at 8:00 a.m. and was not administered until 10:08 a.m. and documented at 10:25 a.m. It was documented at the same time as the blood glucose monitoring ordered at 11:00 a.m. which was completed at 10:08 a.m. and documented at 10:25 a.m. Novolog sliding scale insulin was ordered at 12:00 p.m. and was administered at 12:52 p.m. and documented at 1:31 p.m.

In summary, Tenant #5's blood glucose monitoring at bedtime was not reflected on the MAR and was not documented as completed, on 11/4/23 Tenant #5's insulin and blood glucose monitoring was not administered at the prescribed time. Additionally, staff administered a medication (glucose tablet) that was not ordered or on the MAR.

5. Record review on 11/6/23 reavealed Tenant #7's service plan dated 7/11/23 reflected staff

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administered his medications. A Medication Admin Audit Report for August 2023 reflected medications were not given in the prescribed timeframe including medication late on 8/14/23 at 8:00 p.m., 8/16/23 at 12:00 p.m. and 5:00 p.m., 8/23/23 at 8:00 a.m., 8/26/23 at 8:00 a.m., 8/28/23 at 8:00 a.m. and 5:00 p.m., 8/30/23 at 8:00 a.m. 8/30/23 at 12:00 p.m.

Review of August 2023 MARs indicated the following:

a. Calazime skin protectant, applied topically to the affected area three times daily was not available to administer more than 10 times.

b. Melatonin 3 mg, two tablets by mouth at bedtime was not available to administer 5 times.

September 2023 MARs indicated the following:

a. Bacitracin ointment 500 gram, applied topically to biopsy sites and open areas on bilateral hands daily was not available to administer 6 times.

b. Calazime skin protectant, applied topically to the affected area three times daily was not available to administer over 20 times.

October 2023 MARs indicated the following:

a. Calazime skin protectant, applied topically to the affected area three times daily was not available to administer more 5 times.

b. Melatonin 3 mg, two tablets by mouth at bedtime was not available to administer 3 times.

Record reivew of the Medication Administration Audits for Tenant #7 on 11/4/23 indicated the

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A 285	Continued From page 41 Freestyle test, four times per day was ordered at 8:00 a.m. and was completed at 10:04 a.m. and documented at 10:05 a.m. Novolog insulin inject 10 units was ordered at 8:00 a.m. and was administered at 10:04 a.m. and documented at 10:05 a.m. The Freestyle test, four times per day was ordered at 12:00 p.m. and was completed at 1:40 p.m. and documented at 1:51 p.m. The Novolog insulin inject 10 units was ordered at 12:00 p.m. and was administered at 1:40 p.m. and documented at 1:51 p.m. In summary, Tenant #7 did to received medications administered in the prescribed timeframe and also had medications that were not available to administer per order. On 11/4/23 Tenant #7's blood glucose monitoring and insulin administration was not administered at the prescribed time. 6. Record review on of Tenant #8's file revealed Progress Notes indicated the following: a. On 8/15/23 Tenant #8 returned the Program (from nursing facility). Family filled her medication planners. A new treatment order to the left arm, cleanse with normal saline, pat dry, apply A& D ointment and cover with post op-site every 7 days on Tuesdays and as needed. b. On 8/22/23 the nurse was notified Tenant #8 had a spot on her buttocks, possibly from wiping. The PCP was visiting the next day. c. On 8/23/23 the PCP note indicated Tenant #8 had left arm wound and buttock wound. It was noted wound #1 was on the coccyx with multiple small open area. The second wound was on her left forearm and it appeared to be healed.	A 285		

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Diagnoses included abrasion of the left forearm and pressure injury of the coccyx region, stage 2.

d. On 8/23/23 a new order was received to discontinue the wound treatment to the arm and to add Triad paste to buttocks twice daily and as needed.

e. On 9/6/23 the coccyx wound no longer had open areas.

f. On 10/13/23 Tenant #8's skin was intact and would contact PCP regarding an order to discontinue the Triad paste as the wound has healed.

Continued record review revealed the August 2023 MARs reflected the order for the wound treatment to the left elbow, cleanse with normal saline, pat dry, apply A& D ointment and cover with post op-site every 7 days on Tuesdays and as needed. It was not completed on 8/22/23 as ordered was charted as "9" which indicated other/progress notes. The August and September 2023 MAR did not reflect the order for the PCP ordered Triad paste, twice daily and as needed.

When interviewed on 10/31/23 at 12:03 p.m. Staff J said Tenant #8 had a barrier cream and Staff J applied if she asked.

When interviewed on 11/7/23 the Healthcare Coordinator said Tenant #8 self administered the Triad cream.

Tenant #8 did not receive physician ordered treatments as ordered.

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7. Record review on 10/11/23 to 10/16/23 of Tenant C1's file revealed Progress Notes indicated on 6/19/23 at 12:47 a.m.staff observed Tenant C1 laying the floor sleeping with no clothing on and just a protective undergarment. Tenant C1 was covered with a blanket and was groaning but denied pain. The note indicated action taken was "Nurse Assessment completed", vital signs were taken and she was assisted from the floor with assist of one. At 5:30 a.m. staff completed safety checks and observed Tenant C1 laying on her left side. She was groaning and reported mild pain. There was bruising to the left cheek, and both legs. A small laceration was noted to the right hand. "Nurse assessment," tenant was assisted up with guided assist of one. At 9:15 a.m. Tenant C1 was observed laying the floor with no clothing on. Tenant C1 reported moderate pain and she did not have her oxygen in her nose. There was a skin tear noted on the right arm and Tenant C1 complained of pain everywhere. Staff called 911 and Tenant C1 was transported to the hospital for evaluation.

Continued record review revealed the June 2023 MAR reflected Tenant C1 had orders to check blood glucose daily at 8:00 a.m., check blood pressure, pulse and weight once daily at 7:30 a.m., Tresiba FlexTouch pen 100 units/milliters, inject 28 units subcantaneously, one time per day at 8:00 a.m. and a medication reminder three times per day (administer from a medication planner) including at 8:00 a.m. On 6/19/23 the morning medications and treatments as listed above were scheduled at 7:30 a.m. and 8:00 a.m. The MAR reflected staff's initials and charted Tenant C1 was hospitalized. Tenant C1's last fall on 6/19/23 was documented at 9:15 a.m., which was greater than one hour after the prescribed times for medications to be administered. A

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Medication Admin Audit Report of morning medications on 6/19/23 reflected Tenant C1's medications scheduled at 7:30 a.m. and 8:00 a.m. were not administered as prescribed. The report indicated all of Tenant C1's morning medications and treatments were documented as not given due to hospitalization at 10:13 a.m., which was at least two hours after Tenant C1's medications and treatments were prescribed. Tenant C1 did not receive her morning medications as ordered on 6/19/23.

8. Record review on on 10/16/23 and 10/17/23 of Tenant C2's file revealed the service plan reflected staff administered Tenant C2's medications. January and February 2023 MARs reflected medications were not available to administer to Tenant C2 including:

a. Lantanoprost Solution 0.005% drops were ordered, one in both eyes at bedtime. It was documented as not available to administer 1/2/23 to 1/5/23.

b. Calmoseptine ointment 0.44-20.6% applied to buttocks twice daily for wound treatment. It was documented as not available to administer on 2/21/23 and 2/22/23 at 8:00 a.m. but was documented as administered on 2/21/23 and 2/22/23 at 8:00 p.m.

Tenant C2's medications were not administered as ordered as the medications were not available to administer.

9. When interviewed on 11/7/23 and 11/14/23 at 4:08 p.m. the Healthcare Coordinator confirmed the Program had one hour before and after the

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A 285	Continued From page 45 prescribed timeframe to administer medications. She also confirmed all MARs for the tenants listed were provided.	A 285		
A 325	481-67.9(1) Staffing 67.9(1) Number of staff. A sufficient number of trained staff shall be available at all times to fully meet tenants' identified needs. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the Program failed to provide sufficient staff to meet the needs of the tenants. This potentially affected all tenants (census of 53). Findings follow: 1. Record review of the ALP Monitoring Entrance Form indicated four staff scheduled on first and second shifts and three staff on third shift. The building had a general assisted living section and two memory care units (Gardens and Vineyards) for a total of three sections/units. Observation on 11/7/23 at approximately 5:30 a.m. revealed three staff on duty. Two staff had worked the second shift and stayed for the third shift. When first shift arrived four staff were on duty and one was not a medication passer. Staff P was assigned to the Vineyards and Staff F was assigned to the Gardens. The other two first shift staff were not observed assisting with a.m. cares, the meals or medications in the memory care units. When observed at approximately 7:10 a.m. Tenant #9 sat in her wheelchair in the common area of the Gardens (memory care unit). At 7:56 a.m. Tenant #5 and Tenant #9 were in the living	A 325		

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room area and Tenant #9 was asleep. At 8:10 a.m. the hot cart for breakfast arrived in the Vineyards (memory care unit). Staff P assisted Staff F with Tenant #10 in the Gardens. There were seven tenants in the Vineyards waiting at the table for the meal. Per tenant interview they waited 45 minutes to one hour. One tenant said they were short staffed and it was hurry up and wait. Staff P was gone for approximately 14 minutes helping with Tenant #10 and returned at about 8:24 a.m. At 8:25 a.m. Staff P started serving the breakfast in Vineyards. At 8:45 a.m. the hot cart with breakfast was brought to the Gardens. There were three tenants seated the table, including Tenant #5 and #9. At 8:56 a.m. Tenant #5 received his breakfast. Tenant #9 was asleep at the table with a plate in front of her. She had been sitting in the common area since about 7:10 a.m. Staff P assisted Staff F with cares for both Tenant #9 and #10, in the Gardens.

2. When interviewed on 11/9/23 at 10:16 a.m. Staff K reported the previous weekend there were four staff working, but only two of the staff could pass medications for the building on her shift. Garbage did not get done and medications were administered late when this occurred with staffing.

When interviewed on 11/9/23 at 12:14 p.m. Staff L reported two weeks prior she and Staff K were on the only medication managers on the shift. There were four staff but only two medication passers. As a result, pendant responses were delayed. Staff L stated in the morning when first shift arrived at times tenants were "soaking wet." She said this morning everyone was good but when a certain staff worked on third shift it occurred and she did not think the third shift staff

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was doing his job.

When interviewed on 11/9/23 at 4:17 p.m. Staff N said six out of seven days per week staffing was three on the shift and not four staff. Staff N said there was not sufficient staff to meet the needs of the tenants. She said Tenant #5, #7 #9 and #10 were soaked to the bed linens and had been sitting there awhile. She reported due to staffing, bathing, especially in memory care, was not being completed.

When interviewed on 10/17/23 at 3:11 p.m. Staff H said when first shift left Tenant #5 and Tenant #7 were soaked with urine through the pants. It occurred twice when a certain staff worked on first shift and she wrote a communication to the nurse about it.

When interviewed on 11/14/23 at 1:37 p.m. the Assistant Healthcare Coordinator said staff reported approximately a couple times per week that first shift reported tenants were wet when first shift arrived. She said it mostly occurred in the units (memory care) and Tenant #7 had been wet when first shift arrived.

3. The Gardens (memory care unit) had six current tenants (one tenant was in the hospital) of those six current tenants, Tenants #7, #9 and #10 were identified by staff interviews and record review as needing assistance of more than one person for cares and transfers. There was one staff assigned to the Gardens on each shift. See 69.23 (1) for more information.

Record review revealed scheduled tasks were not documented as completed for Tenants #1, #2, #4, #5, #7, #8, #9 and #10. See 67.3 (2) for more

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A 325	Continued From page 48 information. 4. Continued record review revealed pendant response for the building indicated the following: -From 10/13/23 to 10/15/23 there were over 15 times the pendant reset response was greater than 15 minutes, including a time of 83 minutes. -From 10/20/23 to 10/22/23 there were over 15 times the pendant reset response was greater than 15 minutes, including a time of 52 minutes. -From 11/3/23 to 11/5/23 there were over 15 times the pendant reset response was greater than 15 minutes, including a time of 37 minutes. Further record review revealed Tenant #4's pendant times from 10/23/23 to 10/27/23 included three times the pendant response reset was greater than 15 minutes, including on 10/25/23 at 4:37 a.m. when it was not reset for 49 minutes. A review of Tenant #8's pendant times from 10/10/23 to 10/12/23 included four times the pendant response reset was greater than 15 minutes, including on 10/12/23 at 9:29 p.m. when it was not reset for 53 minutes. From 10/23/23 to 10/27/23, there were nine times Tenant #8's pendant response reset was greater than 15 minutes including on 10/27/23 at 1:44 p.m. when it was not reset 47 minutes. When interviewed on 11/14/23 the Executive Director stated the goal for pendant response was five minutes or less. An email from the Executive Director confirmed the some of times indicated the pendants	A 325		

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response exceeded the time expected and an instant in-service was provided to staff, an internal investigation was started and pendant audit forms were initiated.

5. When interviewed on 11/9/23 at 1:34 p.m. Staff F reported the previous weekend, Staff P was 30 to 40 minutes late for her shift and left early in the middle of her shift. She returned a couple hours later. Staff F and Staff E were the only medication passers for the building and medications were administered late, Tenant #5 and #7 got their insulin two hours late.

When interviewed on 11/9/23 at 1:58 p.m. Staff E reported the previous weekend Staff P walked out, leaving Staff E and Staff F after Staff J also left during the shift. Tenant #7's blood glucose was low and breakfast was served at 10:00 a.m. She said when Staff P left, she left her keys unattended and the narcotic box open.

Record review revealed a statement regarding first shift on 11/4/23 indicated the Executive Director received a message from Staff P at 6:00 a.m. that she overslept and would be late to work. Staff P arrived at 6:45 a.m. (shift started at 6:00 a.m.) Staff P called the Executive Director at 9:09 a.m. and said she was overwhelmed, there was personal circumstance and she needed to go home. At 10:19 a.m. the Executive Director was called by Staff J who requested to go home due to sick spouse. She was told to find coverage or wait until Staff P was back. Staff P returned to the building at 11:15 a.m. and Staff J left at 11:50 a.m.

Continued record review of the schedule and timecard records indicated Staff E, Staff F, Staff J

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and Staff P were scheduled to work. Staff J did not administer medications. From 6:00 a.m. to 6:45 a.m. there were three staff for the entire building and only two staff could administer medications (Staff E, Staff F and Staff J). From 6:45 a.m. to 9:25 a.m. there were four staff (Staff E, Staff F, Staff J and Staff P). From 9:25 a.m. to 11:15 a.m. there were three staff in the building and only two staff could administer medications (Staff E, Staff F and Staff J). From 11:52 a.m. until the end of the shift there were three staff (Staff E, Staff F and Staff P). There were three sections in the building and the Program's census was 53 tenants. As indicated above Tenants #7, #9 and #10 required the assistance of more than one staff per interviews and record review.

Further record review of the Medication Administration Audits for Tenant #5 on 11/4/23 indicated his blood glucose monitoring was ordered at 7:30 a.m. and was not documented until 8:57 a.m. The Novolog sliding scale insulin was ordered at 8:00 a.m. and was not administered until 10:08 a.m. and documented at 10:25 a.m. It was documented at the same time as the blood glucose monitoring ordered at 11:00 a.m. which was completed at 10:08 a.m. and documented at 10:25 a.m. Novolog sliding scale insulin was ordered at 12:00 p.m. and was administered at 12:52 p.m. and documented at 1:31 p.m.

Record review of the Medication Administration Audits for Tenant #7 on 11/4/23 indicated the Freestyle test, four times per day was ordered at 8:00 a.m. and was completed at 10:04 a.m. and documented at 10:05 a.m. Novolog insulin inject 10 units was ordered at 8:00 a.m. and was administered at 10:04 a.m. and documented at 10:05 a.m. The Freestyle test, four times per day

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was ordered at 12:00 p.m. and was completed at 1:40 p.m. and documented at 1:51 p.m. The Novolog insulin inject 10 units was ordered at 12:00 p.m. and was administered at 1:40 p.m. and documented at 1:51 p.m.

6. When interviewed on 10/12/23 at 3:02 p.m. Staff B reported he previously worked third shift and currently worked second shift. He said people would be sleeping when it was 3:00 a.m. He said there was one staff who was no longer there, Staff R, who was asleep in the corner with blankets.

When interviewed on 10/17/23 at 3:11 p.m. Staff H said she had not seen people sleeping but staff closed their eyes for five minutes.

When interviewed on 10/31/23 at 2:49 p.m. Staff I said she heard on third shift was sleeping a couple months ago. She said it was Staff B and his last day was today.

When interviewed on 11/7/23 the Healthcare Coordinator said Staff R had been found sleeping on third shift and she was not employed anymore.

Record review of a Counseling Documentation Form indicated on 8/13/23 Staff R was sleeping on her shift. During the that time tenants had hourly visual checks and the checks were documented as done. It was noted on the camera that Staff R slept through numerous checks and charted at 4:00 a.m. that she had completed the checks. Staff R was terminated.

Continued record review of a Counseling Documentation Form indicated on 9/8/23 Staff S was sleeping while on duty and falsified the visual

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checks that were not completed. Staff S was terminated.

7. Record review of the Program's policy and procedure for staffing indicated the program would provide sufficient trained staff to meet the tenants needs. They offered 24 hour staff to provide personal care per the tenant's service plans. The level of staffing would changed based on tenant needs.

In summary, pendant times reviewed exceeded the Program's goal of five minutes or less and numerous response times exceeded 15 minutes including a response of greater than one hour. Staff reported difficulty completing tasks and cares with the current staffing level, including when there were four staff scheduled but only two staff administered medication for the entire building. Scheduled tasks for tenants were not documented as completed, several tenants required the assistance of more than one person, and staff reported finding tenants soaked in urine at the start of their shift. Staff reported cares or tasks could not be completed or were not being completed on time. Staff also reported a situation on 11/4/23 where only two medications passers were in the building and there were only three staff for entire building for the majority of the first shift. On 11/4/23 it was noted blood glucose monitoring and insulin administration was not completed at the ordered times for Tenant #5 and Tenant #7. Additionally, two staff had been terminated for sleeping on duty and it was noted visual checks were documented during the time they slept and were documented as completed. One other staff (Staff B) had also been identified by staff as sleeping on third shift; however, there were no disciplinary action forms completed

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A 325	Continued From page 53 related to the issue. The Program did not have sufficient staff to meet the identified of the tenants.	A 325		
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 provide nurse delegated training for staff within 30 days of employment. This pertained to 2 of 3 staff reviewed hired in August 2023 (Staff K and Staff O). Findings follow: 1. Record review on 11/14/23 revealed Staff K's training documents indicated a hire date of 8/1/23. Nurse delegated training was documented on 9/8/23 and 9/14/23, which was greater than 30 days from Staff K's date of hire. 2. Record review on 11/14/23 revealed Staff O's training documents indicated a hire date of 8/8/23. Nurse delegated training was documented on 9/11/23 to 9/13/23, which was greater than 30 days from Staff O's date of hire. 3. When interviewed on 11/14/23 at 4:08 p.m. the Healthcare Coordinator confirmed all nurse	A 345		

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A 345	Continued From page 54 delegated training was provided for the staff reviewed.	A 345		
A 355	481-67.9(4)d 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: d. Certified and noncertified staff shall receive training regarding service plan tasks (e.g., wound care, pain management, rehabilitation needs and hospice care) in accordance with medical or nursing directives and the acuity of the tenants' health, cognitive or functional status. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure staff were competent to meet the needs of the tenants including training on service plan tasks. This pertained to 5 of 5 staff reviewed that administered medications (Staff E, F, K, O and P). Findings follow: 1. Record review on 11/1/23 revealed Tenant #5's service plan dated 10/16/23 reflected staff took Tenant #5's blood glucose and administered his insulin. The service plan also indicated staff emptied the ostomy bag once in the morning and once in evening. The service plan reflected to change the ostomy bag every three days and as needed. The service plan reflected to change the bag per physician's orders (no orders were found related to the colostomy bag). Continued record review revealed the October	A 355		

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2023 medication administration record (MAR) reflected staff initialed for the completion of checking Tenant #5's blood glucose using the Dexcom reader before meals at 7:30 a.m., 11:00 a.m. and 4:00 p.m. The October 2023 Documentation Survey Report (task record) reflected staff initialed for the completion of continence care, including emptying the ostomy bag once in the morning and once in the afternoon.

2. When interviewed on 11/9/23 at 10:16 a.m. Staff K reported Tenant #5 had a Dexcom (continuous glucometer) and she knew how to use it. She did not specifically receive training on it.

When interviewed on 11/9/23 at 12:14 p.m. Staff L reported Tenant #5 had a colostomy and she had never changed his colostomy. She was sent a video to watch about it and to ask if she had any questions. She was not shown or demonstrated by the nurse. She said Staff K changed it for her as she was not comfortable doing it.

When interviewed on 11/9/23 at 1:34 p.m. Staff F reported Tenant #5 had a continuous glucometer, she had been told how to use but was not sure she was trained on it.

When interviewed on 11/9/23 at 1:58 p.m. Staff E reported she had not received training on the continuous glucometer but Tenant #5's family showed her and also provided training on his colostomy. She had not received training on the colostomy care by the nurse.

When interviewed on 11/9/23 at 4:17 p.m. Staff N reported she received training on the continuous

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glucometer from Tenant #5's family. She said she has not received training on the colostomy.

When interviewed on 11/9/23 at 2:11 p.m. Staff O said she had had been a certified nursing assistant for years and had training on colostomy bags.

When interviewed on 11/14/23 at 4:08 p.m. the Healthcare Coordinator said Tenant #5 had a continuous glucometer. Regarding training on the glucometer, she said staff did not really do anything with it but just looked at it. Staff did not change the meter, the Assistant Healthcare Coordinator changed the meter. Tenant #5's family showed her. Staff knew the meter had to be close to him but there was no formal training.

3. Record review on 11/14/23 revealed Staff E, F, K, O, and P's training documents indicated nurse delegated training was completed on glucometer test (finger stick); however, no documented training was provided regarding the use of a continuous glucometer for the staff reviewed. Additionally, Staff E, F, K, O and P had documented training on a colostomy care change of a wafer and protective barrier. The training on colostomy care did not include emptying the bag as indicated on Tenant #5's service plan and task record twice daily. Staff E, F, K, O and P did not have training on service plan tasks, including the continuous glucometer and emptying the colostomy bag.

4. When interviewed on 11/14/23 the Healthcare Coordinator confirmed all nurse delegation training requested was provided.

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A 365	Continued From page 57	A 365		
A 365	481-67.9(4)g 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: g. The program shall have in place a system by which certified or noncertified staff communicate in writing occurrences that differ from the tenant's normal health, functional and cognitive status. The program's registered nurse or designee shall train certified and noncertified staff on reporting to the program's registered nurse or designee and documenting occurrences that differ from the tenant's normal health, functional and cognitive status. The written communication required by this paragraph shall be retained by the program for a period of not less than three years, and shall be accessible to the department upon request. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure staff documented, in writing, occurrences that differed from the tenant's normal health, functional and cognitive status. This pertained to 1 of 1 tenant reviewed with a continuous glucometer (Tenant #5). Findings follow: 1. Record review on 11/1/23 of Tenant #5's file revealed the service plan, dated 10/16/23, reflected staff took Tenant #5's blood glucose readings, administered insulin and provided a medication reminder from a medication planner set up by family.	A 365		

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Continued record review revealed a clinic note dated 9/7/23 from a diabetic and kidney center indicated Novolog should be given immediately before Tenant #5 ate his meal. Tresiba U200 39 units daily and Novolog sliding scale insulin before meals was ordered. It indicated for less blood glucose readings than 70 to treat per hypoglycemia protocol. It indicated to Dexcom or check blood glucose check four times per day, before meals and at bedtime. The clinic note also indicated to contact the clinic with any hypoglycemic or hyperglycemic episodes.

A clinic note dated 10/17/23 from a diabetic and kidney center indicated orders to continue administered Tresiba 38 units daily, administer Novolog 10 units at the onset of breakfast, 16 units at the onset of lunch and 12 units at the onset of dinner. Dexcom or check blood glucose check four times a day, before meals and at bedtime. It indicated to contact the clinic with hypoglycemic or hyperglycemia episodes.

2. Continued record review revealed Tenant #5's September, October and November 2023 medication administration records (MARs) reflected the order to check blood glucose using the Dexcom reader before meals and to call the nurse if Tenant #5's blood glucose was under 70 or over 400. According to the August 2023 MAR, on 8/30/23 at 4:00 p.m. Tenant #5's blood glucose was 424. There was no documentation from staff to the nurse regarding Tenant #5's blood glucose outside of the parameters.

3. Further record review revealed Progress Notes indicated the following:

a. On 8/13/23 it was noted the Assistant

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Healthcare Coordinator was notified Tenant #5's afternoon blood glucose was low and she instructed staff to give juice and and a snack and re-check his blood glucose. The glucose was re-checked and was stable.

b. On 9/14/23 it as noted staff called and reported Tenant #5's blood glucose was 410. Tenant #5 had received 38 units of insulin at supper. The nurse on-call instructed staff to push fluids and re-check his blood glucose in 30 minutes. Staff called back to report Tenant #5's blood glucose was trending downwards.

4. Continued record review revealed 14-Day Glucose Summary from Tenant #5's Dexcom indicated the average glucose was 215. The summary indicated 21% of time was in the very high range, 52% of the time was in the high range, 26% of the time was in range, less than 1% was in the low range and 0% was in the very low range. High alerts were set to 400 and low alerts were set to 90.

When interviewed on 11/6/23 Tenant #5's family said very recently Tenant #5's blood glucose was trending down and it was 44 at 12:49 a.m. Tenant #5's family member called the Program and a glucose tablet was given and his blood glucose was at 196 at 1:19 a.m.

5. Staff Documentation/Communication to the Nurse documents were requested for Tenant #5 and included no reports completed related to blood glucose readings outside of the parameters (high or low) for Tenant #5; despite instances when Tenant #5's blood glucose was outside of the ordered parameters.

6. When interviewed on 11/14/23 at 4:08 p.m. the

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A 365	Continued From page 60 Healthcare Coordinator confirmed all staff to nurse reports for the tenants reviewed were provided.	A 365		
A 106	231C.5 1 Occupancy Agreement 231C.5 Written occupancy agreement required. 1. An assisted living program shall not operate in this state unless a written occupancy agreement, as prescribed in subsection 2, is executed between the assisted living program and each tenant or the tenant's legal representative, prior to the tenant's occupancy, and unless the assisted living program operates in accordance with the terms of the occupancy agreement. The assisted living program shall deliver to the tenant or the tenant's legal representative a complete copy of the occupancy agreement and all supporting documents and attachments and shall deliver, at least thirty days prior to any changes, a written copy of changes to the occupancy agreement if any changes to the copy originally delivered are subsequently made. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to provide a written 30 day notice regarding changes in services and fees related to medication services and pharmacy. This pertained to 5 of 5 current tenants reviewed that had received medication reminders (Tenants #2, #5, #8, #15 and #16). Findings follow: 1. Record reivew on 11/14/23 revealed a letter went out to tenants who had been receiving a medication reminder including: Tenants #2, #5, #8, #15 and #16. The letter indicated there were	A 106		

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updates to the medication management and medication reminder options. A medication reminder was when staff went into the assigned tenant's apartment and verbally reminded the tenant to take their medications. Staff could not touch the medication planner or dispense the medication. The medications could not be locked in a cupboard or drawer. Tenants in the memory care unit or closer care unit could not receive medication reminders and those tenants "must have medication management" provided by the Program.

The letter indicated the Program had a preferred pharmacy that would provide the ordered medications and staff would administer the medications. If tenants chose to keep their pharmacy and had staff administer the medications there would be a $450.00 per month charge for not using the Program's preferred pharmacy. It indicated to return the form with the tenant's election related to medications and pharmacy to the Healthcare Coordinator or Assistant Healthcare Coordinator by 10/10/23.

The letter indicated choices for assisted living tenants included: medication reminders, medication management with the preferred pharmacy or medication management with an outside pharmacy at $450.00 per month fee.

The letter indicated choices for closer care and memory care tenants indicated medication management with the preferred pharmacy, medication management with an outside pharmacy with the $450.00 per month fee or family would come in and administer medications at all times. Medications would be need to locked if left the medications in the apartment.

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2. An email from the Executive Director indicated the letter (noted above) went out with October billing on or around 9/25/23 to all tenants that had received medication reminders. The monthly charge was reduced from $450.00 to $175.00 per month on 9/29/23. An email from the Executive Director indicated seven tenants received the letter, two tenants were since discharged and five current tenants. She indicated Tenant #2 changed to a medication reminder, Tenant #5 was changing to Program administered medications; however, the form was not sent back, Tenant #16 changed to Program administered medications, Tenant #15 changed to Program administration of medications and Tenant #8 would change to Program administered medications upon her return. The family of Tenant #8 and Tenant #15 verbally verified program management of medications.

3. Signed occupancy agreements and addendums were obtained for Tenants #2, #5, #8, #15 and #16. The occupancy agreements indicated the Program could provide medication reminders, management or supervision at the tenant or legal representative's request. The Program failed to give 30 days written notice regarding changes in medication administration services, including medication reminders and cost of fees related if Program's preferred pharmacy was not utilized.

4. When interviewed on 11/14/23 at 4:08 p.m. the Healthcare Coordinator said the letter (noted above) went out with the September bills. It affected seven tenants and two of those tenants were discharged.

When interviewed on 11/14/23 the Executive Director said the letter went out the end of

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A 106	Continued From page 63 September and the amount (for use of a the non-preferred pharmacy) was reduced to $175.00 after corporate changed the amount. She said it was not a change for tenants with medications from Veterans Affairs.	A 106		
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 complete evaluations as needed with significant change. This pertained 7 of 10 current tenants reviewed (Tenants #2, #3, #5, #7, #8, #9 and #10) and 2 of 4 discharged tenants reviewed (Tenants C2 and C4). Findings follow: 1. Record review on 10/30/23 and 10/31/23 revealed Tenant #2's Progress Notes indicated the following: - On 10/11/23 Tenant #2 was unsure about which	A 145		

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medications to take and had medications left in her planner from previous days. Staff reminded her to take her medications and she was "responsible for taking her meds." Staff assisted her with the medications in the planner.

- On 10/13/23 staff reported Tenant #2's medications were not in medication planner.

- On 10/15/23 staff reported Tenant #2 complained of chest pain. It was dull, constant "bad pain." Vital signs were as follows: temperature 98 degrees, blood pressure was 128/58, pulse was 60, oxygen saturation was 89% on room air, respiration rate was 16. Staff was directed to call emergency medical services (EMS) and to have Tenant #2 transported to the hospital.

Continued record review revealed the current service plan reflected Tenant #2's family set up medications in a medication planner and staff provided medication reminders.

Continued record review revealed the most recent evaluations were dated 1/7/23. Evaluations were not completed as needed regarding Tenant #2's medications and to determine if Tenant #2 required more assistance with medication administration.

2. Record review on 10/30/23 of Tenant #3's file revealed the current service plan directed to observe and report changes in Tenant #3's mood to the nurse with an effective date of 8/28/23.

When interviewed on 10/31/23 at 10:27 a.m. Staff F reported Tenant #3 yelled at people, slammed her door and shouted at people, mostly Tenant

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#2. It occurred about once or twice per week. She said Tenant #3 tended to take things from behind the desk.

When interviewed on 10/17/23 at 12:53 p.m. Staff G reported verbal altercations occurred a few times with Tenant #3 and other tenants, including Tenant #2. He said there was an incident when staff from the kitchen and direct care staff separated them.

When interviewed on 10/31/23 at 2:49 p.m. Staff I reported Tenant #3 got upset about little things and got agitated with other tenants. She noted the agitation was mostly verbal and staff could intervene before it was physical.

Continued record review revealed an incident report, dated 8/28/23, documented another tenant called Tenant #3 a name and Tenant #3 shoved her. Tenant #3 said the other tenant was talking about her and denied shoving the other tenant.

Review of Staff Documentation/Communication to Nurse documents indicated on 9/10/23 at 10:00 p.m. Tenant #3 was angry at Tenant #2. Staff voiced concerns about Tenant #3 going into Tenant #2's apartment, and concerns for Tenant #2's safety. On 9/10/23 at 11:30 a.m. Tenant #2 and Tenant #3 sat at lunch together. Tenant #2 looked for her key and Tenant #3 offered to go look for it in Tenant #2's apartment. Tenant #3 returned to the able with a key in her pocket and said it was her key, though Tenant #2 thought it looked like her key. Staff took the key and tried Tenant #2's door and it worked. Staff also observed Tenant #3 move Tenant #2's walker away from the table and out of Tenant #2's reach. Staff noted it was likely when Tenant #3 removed the key from Tenant #2's walker, as it was always

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on Tenant #2's walker. Staff also heard Tenant #3 make rude comments towards Tenant #2 in the dining room. Staff voiced concerns that potentially Tenant #3 took things from Tenant #2, as she thought she could into her apartment at her discretion. It was noted Tenant 3 took thing from the desk and went into the staff workroom.

Continued record review revealed the most recent evaluations were dated 11/29/22. Evaluations were not completed as needed related to Tenant #3's behavior, including towards other tenants (including Tenant #2).

3. Record review on 11/1/23 revealed Tenant #5's most current evaluations, dated 10/16/23, were completed following three falls. The evaluation indicated Tenant #5 had a steady gait and did not use an ambulatory device.

Observation on 11/7/23 at approximately 7:56 a.m. revealed Tenant #5 ambulated with a walker and was noted to limp.

Continued record review revealed an incident report, dated 11/6/23, documented staff asked the nurse to come to Tenant #5's apartment. He had an abrasion on the right knee and complained of pain, though he could not voice where it was painful. Tenant #5 did not bear weight on his right leg.

An incident report, dated 11/10/23, indicated staff entered Tenant #5's apartment and observed him laying on the floor with a blanket and pillow. Staff helped Tenant #5 up. A nurse assessed him post fall and noted edema on the right ankle from a prior incident.

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When interviewed on 11/14/23 at 1:37 p.m. the Assistant Healthcare Coordinator reported Tenant #5 had a right ankle sprain following an unwitnessed incident. Staff tried to get him to use a walker and he used a wheelchair. Tenant #5's family took him to the emergency room (ER) and there was no fracture. She said she had not seen him be able to get himself off of the floor.

When interviewed on 11/14/23 at 4:08 p.m. the Healthcare Coordinator stated when staff gave Tenant #5 a shower they noticed limping, but did not know the origin of the injury. An x-ray was completed and he was also taken to the hospital. There were no fractures noted and he did not use an assistive device. She noted no falls were reported and the tenant could get himself up if he fell.

Further record review revealed Tenant #5's evaluations were last updated on 10/16/23, prior to the unwitnessed incident with injury with the noted change in Tenant #5's mobility and use of assistive devices. Evaluations were not updated as needed with significant change.

4. Record review on 11/6/23 revealed Tenant #7's Staff Documentation/Communication to the Nurse documents included the following:

a. On 9/21/23 Tenant #7 required the assistance of two people for toileting and was always wet. Tenant #7 required the assistance of two people again at 5:00 a.m.

b. On 9/26/23 Tenant #7 required the assistance of two people to and from the bathroom.

c. On 9/30/23 Tenant #7 required the assistance

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of two people to and from the bathroom and again at 5:00 a.m.

d. On 10/2/23 (two reports 12:30 a.m. and 5:30 a.m.) Tenant #7 required the assistance of two people to and from the bathroom.

e. On 10/5/23 Tenant #7 was a "heavy" two person assist.

f. On 10/12/23 Tenant #7 required the assistance of two people to and from the bathroom and bed.

g. On 10/14/23 Tenant #7 was a "very, very heavy" two person assist. Tenant #7 did not help or bear any weight. It took two staff, four times to get him off the toilet.

h. On 11/5/23 Tenant #7 required the assistance of two people to and from the bathroom.

Observation on 11/7/23 at approximately 3:30 p.m. revealed Tenant #7 transferred with two staff from his lift chair, one staff on each side of him hanging on to the gait belt. He stood up and grabbed the walker that was placed in front of his lift chair. He walked to bathroom with his walker and a staff on each side hanging on the gait belt. Staff noted prior to the transfer that Tenant #7 was incontinent of urine. Once staff assisted Tenant #7 up out of this chair a line was visible on bottom of shirt that appeared to wet.

When interviewed on 11/9/23 at 10:16 a.m. Staff K reported Tenant #7 was difficult to assist and some people were not comfortable assisting him with one. She said he took very small steps.

When interviewed on 11/9/23 at 12:14 p.m. Staff L reported for the most part she assist him with

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one. She had called for help and the assistance of two staff was needed a few times. The last time she assisted him, he was more of a two assist.

When interviewed on 11/14/23 at 2:33 p.m. Staff M reported Tenant #7 was a two person assist all of the time.

When interviewed on 11/9/23 at 1:34 p.m. Staff F stated Tenant #7 was a two person assist about 50% of the time.

When interviewed on 11/9/23 at 1:58 p.m. Staff E stated Tenant #7 was a two to three person assist everyday.

When interviewed on 11/9/23 at 4:17 p.m. Staff N stated Tenant #7 was always a two person assist.

When interviewed on 11/9/23 at 2:11 p.m. Staff O stated Tenant #7 was a two person assist. He used to walk a lot, but it depended on his day.

When interviewed on 11/14/23 at 1:37 p.m. the Assistant Healthcare Coordinator said last week staff used two for Tenant #7's transfer. Tenant #7 was weak and did not walk much.

When interviewed on 11/7/23 the Healthcare Coordinator stated on 10/22/23 she assisted a staff with his transfer and it took two staff. She said Tenant #7 could stand.

When interviewed on 11/8/23 at 1:22 p.m. Hospice Nurse #2 said on Monday two home health aides (hospice) transferred him with a gait belt. It was a pivot transfer. He really leaned and once in the shower chair he was leaning over. She said Tenant #7 was discussed recently and

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A 145	Continued From page 70 that it might be time for a higher level of care. Continued record review revealed Tenant #7's evaluations were most recently completed on 7/11/23. Evaluations were not completed as needed with significant change including with changes in Tenant #7's transfers. 5. Record review on 11/6/23 revealed Tenant #8's Progress Notes indicated the following: a. On 8/15/23 Tenant #8 returned to the Program (from a skilled nursing facility). Family filled her medication planners. A new treatment order was received for the left arm to cleanse with normal saline, pat dry, apply A& D ointment and cover with post op-site every 7 days on Tuesdays and as needed. b. On 8/22/23 the nurse was notified Tenant #8 had a spot on her buttocks, possibly from wiping. The primary care provider (PCP) was visiting the next day. c. On 8/23/23 the PCP note indicated Tenant #8 had two wounds: the first wound on the coccyx with multiple small open areas; the second wound on her left forearm appeared to be healed. Diagnoses included abrasion of the left forearm and pressure injury of the coccyx region, stage 2. d. On 8/23/23 a new order was received to discontinue the wound treatment to the arm and to add Triad paste to buttocks twice daily and as needed. e. On 9/6/23 it was noted the coccyx wound no longer had open areas.	A 145		

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f. On 10/13/23 Tenant #8's skin was intact and her PCP would be contacted regarding an order to discontinue the Triad paste as the wound has healed.

Continued record review revealed Tenant #8's evaluations were completed on 8/14/23 and reflected the skin tear on the left elbow; however, evaluations were not completed as needed related to pressure injury wound on Tenant #8's coccyx and treatment.

6. Record review on 11/6/23 revealed Tenant #9's Staff Documentation/Communication to Nurse document indicated the following:

a. On 9/21/23 Tenant #9 required a two person assist for toileting.

b. On 9/26/23 Tenant #9 was a one person assist to the wheelchair from bed and required a two person assist from the wheelchair to the toilet. Tenant #9 required the assist of one staff from the toilet with her walker and gait belt.

c. On 9/30/23 Tenant #9 was a one person assist from her bed to the wheelchair and then a one person assist to the toilet from the wheelchair and back. Tenant #9 took two to assist from her wheelchair back to bed.

d. On 10/12/23 Tenant #9 was combative and required the assistance of two staff from the wheelchair to the toilet. Once she calmed she was a one person assist back to bed.

Observation on 11/7/23 at approximately 3:30 p.m. revealed staff attempted to transfer Tenant #9 from her chair, and she crossed her arms

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refusing to transfer. Three staff attempted to transfer her with a gait belt.

When interviewed on 11/9/23 at 10:16 a.m. Staff K stated Tenant #9 usually required the assistance of two staff with transfers. She tried one person at first, because it was usually behavioral with her. At times she could stand up and walk and only required the assistance of one staff 60% of the time, using a lot of muscle.

When interviewed on 11/9/23 at 12:14 p.m. Staff L said the last time she worked with Tenant #9 two other staff assisted with transfers, for three staff total. She said the issue was behavioral with Tenant #9 and related changing her and privacy.

When interviewed on 11/14/23 at 2:33 p.m. Staff M said Tenant #9 required the assistance of two staff all of the time, and that was very difficult.

When interviewed on 11/9/23 at 1:34 p.m. Staff F stated usually two people were used to transfer Tenant #9.

When interviewed on 11/9/23 at 1:58 p.m. Staff E reported it took two to three staff to transfer Tenant #9 everyday.

When interviewed on 11/9/23 at 4:17 p.m. Staff N stated it took two to four people to transfer Tenant #9 and she would "fight" if she did not want to get up.

When interviewed on 11/9/23 at 2:11 p.m. Staff O said two staff were used to assist Tenant #9 with transfers. Depending on how she was feeling, she was able to stand and walk. Staff O said they always called a second person when transferring her.

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A 145	Continued From page 73 When interviewed on 11/7/23 the Healthcare Coordinator said she helped another staff transfer Tenant #9 on 10/22/23. She said if Tenant #9 wanted to get up and walk she was able to. When interviewed on 11/8/23 at 1:22 p.m. Hospice Nurse #2 reported Tenant #9's transfers were interesting. An attempt was made to transfer Tenant #9 with two people and she threw her weight back in her wheelchair. She then attempted to transfer her and she held onto her hands while two aides walked along and loosely hung on. She said two aides got her into and out of the shower, but she had not observed that transfer. Continued record review revealed Tenant #9's evaluations were last completed on 8/4/23 and were not completed as needed with significant change related to her transfers. 7. Record review on 11/7/23 revealed an incident report indicated on 10/14/23 Tenant #10 had been incontinent. Staff removed the wet sheet and Tenant #10 walked to bathroom, when she lost her balance and fell into the shower. Tenant #10's hip was on the threshold of the shower and her right arm was under her. Tenant #10 complained of pain in her arm and leg. Hospice was notified and 911 was called. Continued record review revealed Progress Notes indicated the following: a. On 10/17/23 Tenant #10 returned from the hospital via ambulance. b. On 10/20/23 the PCP note indicated Tenant	A 145		

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#10 had a recent fall and had right humeral fracture. She returned to the building with a different hospice provider. Family requested Tramadol be discontinued. Therapy orders were also received to address repositioning and transfers.

c. On 11/1/23 a new order was received to start oxycodone 2.5 milligrams (mg), every six hours as needed.

d. On 11/6/23 (late entry) staff reported to the Healthcare Coordinator Tenant #10 had a sore on her heel. She checked the area and called the hospice nurse to come and assess.

e. On 11/6/23 a new order was received for a right heel wound; to cleanse the wound, paint right heel with iodine and apply Mepilex border. Change on Tuesday and Fridays, and hospice would complete the wound care.

f. On 11/9/23 Tenant #10 had edema in her right arm, "Dependent from poor positioning." Tenant #10 had pain with "any movement and cares." Staff was instructed to give as needed oxycodone, prior to repositioning and a mattress overlay was ordered.

g. On 11/12/23 as needed oxycodone was administered and it charted as ineffective with a pain scale rating of nine.

Observation on 11/7/23 at approximately 3:30 p.m. revealed Tenant #10 lay in bed.

When interviewed on 11/9/23 at 10:16 a.m. Staff K said Tenant #10 came back from the hospital and really hurt her arm. She reported it was difficult to work with the tenant, as it took two

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people and supplies were not provided from hospice including tab briefs and protective pads. She only had one pain medication. She said it took two people to get her up 100% of the time and Tenant #10 was changed in bed.

When interviewed on 11/14/23 at 2:33 p.m. Staff M stated it took three or four staff to transfer Tenant #10.

When interviewed on 11/9/23 at 1:34 p.m. Staff F reported Tenant #10 always required the assistance of two people with transfers. She stated staff fed her and she could not feed herself.

When interviewed on 11/9/23 at 1:58 p.m. Staff E reported Tenant #10 required the assistance of two to three staff for transfers. Tenant #10 had a pressure sore on her heel and wore boots. The sore was bad, a bandage was put on it and it took a week for them to get her boots after the nurse was made aware.

When interviewed on 11/9/23 at 4:17 p.m. Staff N stated Tenant #10 currently required the assistance of three staff for transfers. She said Tenant #10 had declined and had pressure reduction mattress. Tenant #10 was in so much pain and received Tylenol. She said Tenant #10 was changed (in bed) and repositioned every two hours. Staff also began to feed her and cut up her food.

When interviewed on 11/9/23 at 2:11 p.m. Staff O stated since her injury, Tenant #10 required the assistance of two staff for transfers. Tenant #10 did not eat much and would have a couple of bites, but drank, including her nutritional supplement.

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A 145	Continued From page 76 When interviewed on 11/7/23 and 11/14/23 at 4:08 p.m. the Healthcare Coordinator said Tenant #10 went back and forth. She was a one to two staff assist with transfers. She ate finger foods and family was helping. Tenant #10 now had an order for oxycodone, prior to that she had Tylenol twice daily and as needed. Family had requested Tramadol be stopped. When interviewed on 11/8/23 at 1:09 p.m. Hospice Nurse #1 said Tenant #10 had a stage II pressure ulcer on her right heel and a treatment was ordered. Additionally, heel boots were provided and mattress overlay for pressure was provided. Tenant #10 received a new arm brace as she had edema in her right arm. Tenant #10 was not wanting to eat, but would take few bites. Tenant's fracture sustained three weeks prior was not treated and her arm was in a brace for stabilization. She reported Tenant #10 remained in bed and required full assistance from two staff for transfers. Further record review revealed the November 2023 medication administration record (MAR) reflected two doses of the oxycodone HCL tablet, 5 mg, give 0.5 mg by mouth every six hours as needed for pain was administered 11/2/23 and 11/12/23. One dose was noted as effective on 11/2/23 and the dose on 11/12/23 was charted as not effective. The November 2023 MAR also reflected medications refused from dates 11/2/23 to 11/13/23. That included her acetaminophen 500 mg give two tablets, by mouth, two times per day at 8:00 a.m. and 8:00 p.m., on 11/11/23, 11/12/23 and 11/13/23 for 8:00 a.m. doses and 11/9/23 and 11/10/23 for 8:00 p.m. doses. There were no as needed doses of acetaminophen documented as given for November.	A 145		

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A 145	Continued From page 77 Continued record review revealed Tenant #10's evaluations were completed on 10/17/23 when Tenant #10's returned to the Program post hospitalization for a fall with humeral head fracture and did not ambulate. Evaluations were not completed as needed related to her pain management post fracture without repair, medication refusals, changes with eating, edema in her right elbow, increased transfer assistance and cares, the stage II pressure ulcer on her heel and treatment, the use heel boots and the pressure reduction mattress. 8. Record review on 10/16/23 and 10/17/23 revealed Tenant C2's service plan reflected a history of falls and included safety checks every 30 minutes. It also indicated family preferred Tenant C2 be assisted with ambulation, had a walker inside the apartment and assistance in her wheelchair outside of the apartment. An incident report dated 3/24/23 indicated staff called the nurse on-call to report Tenant C2 sat on the floor with her back to the wall. Tenant C2 did not have pain, but had a bump on the back of her head. Family was notified and gave permission to call 911 to transport to the hospital. Tenant C2 was not taken to the hospital due to refusal. Continued record review revealed Progress Notes indicated the following: a. On 1/4/23 a new order was received for Calmoseptine twice daily and as needed for a buttocks wound. b. On 3/24/23 staff notified the nurse on-call	A 145		

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Tenant C2 fell and hit her head. She had bump and bruise on the back of her head and sat against the wall. When family arrived to the building Tenant C2 decided she did not want to go to the ER and the refusal form was signed.

c. On 4/2/23 the nurse received a call from staff Tenant C2 was weak and had a difficult time bearing weight on her legs. Family was notified and would come in to take her to the ER for evaluation.

d. On 4/2/23 Tenant C2's family called and said EMS would be transporting her to the hospital. The tenant could not get into the car.

e. On 4/2/23 hospital staff reported Tenant C2 had a brain bleed from her fall last weekend. Family requested Tenant C2 return to the Program with minimal interventions.

f. On 4/6/23 Tenant C2 died.

Further record review revealed the ER After Visit Summary dated 4/2/23 indicated Tenant C2 was seen for leg swelling and diagnoses include traumatic subdural hygroma and bilateral lower extremity edema.

Continued record review revealed Staff Documentation/Communication to Nurse documents reflected the following:

-On 1/2/23 Tenant C2 had a red open area on her buttocks.

-On 3/31/23 Tenant C2 had been very weak since the day prior (3/30/23) and could stand with the assistance of two staff. Staff struggled to take her to the bathroom and back. She was "totally

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A 145	Continued From page 79 (sic) dependent and need to be lifted with 2 people". -On 4/2/23 Tenant C2 had diarrhea when she came back from the ER. She was very weak and required the assistance of two staff to transfer, as she could not stand or move her hands or legs. It was noted she needed to be checked again immediately. Further record review revealed Tenant C2's evaluations completed on 2/6/23 and 4/3/23. Evaluations were not completed when it was noted Tenant C2 had a wound on her buttocks and treatment was ordered. Evaluations were also not completed when Tenant C2 exhibited a significant change post fall and hitting her head. An evaluation was completed on 4/3/23; however, it was completed days after staff noted a change in her status on 3/30/23 and reported it on 3/31/23. Tenant C2 returned from the hospital on 4/2/23 and had a significant change in her status and was diagnosed with a traumatic subdural hygroma and evaluations were not completed until 4/3/23. 9. Record review on 10/30/23 and 11/2/23 revealed Tenant C4's Progress Notes indicated the following: a. On 4/25/23 Tenant C4's buttocks had some discoloration and cream was applied. b. On 4/30/23 Tenant C4 slept all morning and refused to get up out of his chair. Morning medications were not given. c. On 5/5/23 Tenant C4 would not get out of bed and his medication was not administered.	A 145		

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A 145	Continued From page 80 d. On 5/9/23 Tenant C4 would not wake up and medication was not given. e. On 5/23/23 a new order was received for occupational therapy to evaluate a leg brace, cephalexin 500 mg three times per day and right lower extremity and tubigrips to bilateral lower extremities. f. On 5/25/23 physical therapy (PT) would discharge Tenant C4 next week. g. On 5/30/23 staff assisted Tenant C4 up from his chair with an assist of two staff and Tenant C4 was not able to ambulate and staff could not get him back in the chair. Blood was noted on his chair and through his brief. Staff called 911 and Tenant C4 was taken to the hospital due to rectal bleeding. h. On 5/31/23 Tenant C4 required intravenous (IV) antibiotics at the hospital for cellulitis on his buttocks. i. On 6/2/23 Tenant C4 would be transferred to a higher level of care. j. On 6/14/23 it was noted in speaking with staff at the nursing facility, Tenant C4 would be discharged from therapy due to not making any progress but would remain at skilled nursing facility due to wound care. k. On 6/26/23 Tenant C4 was discharged from the program. Continued record review revealed Staff Documentation/Communication to Nurse documents indicated the following:	A 145		

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A 145	Continued From page 81 a. On 4/1/23 it took four people to get Tenant C4 off of the toilet. He started to slide off the seat and was very unstable. b. On 4/6/23 staff transferred Tenant C4 with two staff to transfer and change Tenant C4. c. On 5/27/23 Tenant C4 bled every time staff wiped him. Staff applied A & D ointment but he was in pain. It was reviewed by the nurse on 5/30/23. When interviewed on 10/31/23 at 12:13 p.m. Staff J said Tenant C4 required two staff for transfers and staff assisted with bathing and toileting. She said Tenant C4 did not have any skin issues. When interviewed on 10/31/23 at 2:49 p.m. Staff I said staff assisted Tenant C4 with toileting assistance including changing his brief. When interviewed on 11/7/23 the Healthcare Coordinator she was made aware of Tenant C4's staff communication report dated 5/27/23 on 5/30/23. The PCP previously noted an spot on his leg. She received a telephone call there was blood everywhere and he was sent out for evaluation. She said she never saw Tenant C4's wound. She said Tenant C4 slept in chair and it was hard to look. She said regarding his level of care he went back and forth. She said he a was a two person transfer 40% of the time. He received showers and toileting assistance. She said she no prior notification of a wound to his groin for Tenant C4 before 5/30/23. Continued record review revealed hospital records dated 5/30/23 indicated Tenant C4 had a decubitus ulcer stage II, it was bleeding and had	A 145		

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A 145	Continued From page 82 a "terrible smell." It also indicated he a wound on the right thigh. It was noted as a pressure injury. The records indicated had a "significant decubitus ulcer"on his buttocks with overlying cellulitis and was started on IV antibiotics. The wound location was the buttocks, sacrum and coccyx present on admission. The etiology was a deep tissue injury. Measurements included: 11.9 x 10.9 cm. It had "10% moist red, 40% "black adherent thinning necrotic tissue, 40% tan adherent slough, 10% non blanchable purple discoloration to the right edge." See 67.2(3) for more information related to Tenant C4's wound. Further record review revealed Tenant C4's evaluations were last completed on 1/27/23. Evaluations were not completed as needed with changes including transfer assistance, increase assistance with cares, medications refusals due to sleeping and wounds including a decubitus stage II ulcer. 10. When interviewed on 11/14/23 at 4:08 p.m. the Healthcare Coordinator confirmed all evaluations for the tenants reviewed were provided.	A 145		
A 155	481-69.23(1)b Criteria for Admission / Retention of Tenants 69.23(1) Persons who may not be admitted or retained. A program shall not knowingly admit or retain a tenant who: b. Requires routine, two-person assistance with standing, transfer or evacuation	A 155		

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A 155	Continued From page 83 This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the Program failed to discharge tenants routinely requiring the assistance of two people with transfers. This pertained to 3 of 3 tenants reviewed that received hospice services (Tenants #7, #9 and #10). Findings follow: 1. Record review on 11/6/23 of Tenant #7's file revealed Tenant #7 received hospice services and staged at a six on the Global Deterioration Scale (GDS), which indicated severe cognitive decline. Staff Documentation/Communication to the Nurse documents indicated the following: a. On 9/21/23 Tenant #7 required the assistance of two staff for toileting and Tenant #7 was always wet. Tenant #7 required the assistance of two staff again at 5:00 a.m. b. On 9/26/23 Tenant #7 required the assistance of two staff to and from the bathroom. c. On 9/30/23 Tenant #7 required the assistance of two staff to and from the bathroom and again at 5:00 a.m. d. On 10/2/23 (two reports 12:30 a.m. and 5:30 a.m.) Tenant #7 required the assistance of two staff to and from the bathroom. e. On 10/5/23 Tenant #7 was a "heavy" two person assist. f. On 10/12/23 Tenant #7 required the assistance of two staff to and from the bathroom and bed. g. On 10/14/23 Tenant #7 was a "very, very	A 155		

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heavy" two assist. Tenant #7 did not help or bear any weight. It took two staff, four times to get him off the toilet.

h. On 11/5/23 Tenant #7 required the assistance of two staff to and from the bathroom.

Observation on 11/7/23 at approximately 3:30 p.m. Tenant #7 was transferred with two staff from his lift chair, one staff on each side of Tenant #7 hanging on to the gait belt. He stood up and grabbed the walker that was placed in front of his lift chair. He walked to bathroom with his walker and a staff on each side hanging on the gait belt. Staff noted before the transfer occurred that Tenant #7 was incontinent of urine. Once staff assisted Tenant #7 up out of this chair a line was visible on bottom of shirt that appeared to wet.

When interviewed on 11/9/23 at 12:14 p.m. Staff L said for the most part she assist him with one. She had called for assistance for help and and two assist was needed a few times. The last time she assisted him, he was more of a two assist.

When interviewed on 11/14/23 at 2:33 p.m. Staff M said Tenant #7 was a two person assist all of the time.

When interviewed on 11/9/23 at 1:34 p.m. Staff F said Tenant #7 was a two person assist about 50% of the time.

When interviewed on 11/9/23 at 1:58 p.m. Staff E said Tenant #7 was a two to three person assist everyday.

When interviewed on 11/9/23 at 4:17 p.m. Staff N said Tenant #7 was always a two person assist.

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A 155	Continued From page 85 When interviewed on 11/9/23 at 2:11 p.m. Staff O said Tenant #7 was a two person assist. He used to walk a lot, it depended on his day. When interviewed on 11/14/23 at 1:37 p.m. the Assistant Healthcare Coordinator said last week staff used two for Tenant #7's transfer. Tenant #7 was weak and did not walk much. When interviewed on 11/7/23 the Healthcare Coordinator said on 10/22/23 she assisted a staff with his transfer and it took two staff. She said Tenant #7 could stand. When interviewed on 11/8/23 at 1:22 p.m. Hospice Nurse #2 said on Monday two home health aides (hospice) transferred him with a gait belt. It was a pivot transfer. He really leaned and once in the shower chair he was leaning over. She said he fell asleep while eating and had food in his mouth. She said Tenant #7 was discussed recently and that it might be time for a higher level of care. 2. Record review on 11/6/23 revealed Tenant #9's service plan dated 8/4/23 reflected Tenant #9's family preferred she was transferred with a gait belt, and required assistance with a wheelchair for long distances. Tenant #9 received hospice services and was staged at a six on the GDS. Staff Documentation/Communication to Nurse documents indicated the following: a. On 9/21/23 Tenant #9 was a two person assist for toileting. b. On 9/26/23 Tenant #9 was a one person assistant to the wheelchair out of bed and was a	A 155		

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two person assist from the wheelchair to the toilet. Tenant #9 was a one assist off of the toilet with her walker and gait belt.

c. On 9/30/23 Tenant #9 was a one assist from her bed to the wheelchair and then a one assist to the toilet from the wheelchair and back. Tenant #9 took two to assist from her wheelchair back to bed.

d. On 10/12/23 Tenant #9 was combative and she was a two assist from the wheelchair to the toilet and then after she calmed she was a one assist back to bed.

Observation on 11/7/23 at approximately 3:30 p.m. revealed staff attempted to transfer Tenant #9 out of her chair and she crossed her arms, refusing to transfer. There were three staff who had attempted to transfer her with a gait belt.

When interviewed on 11/9/23 at 10:16 a.m. Staff K said Tenant #9 was usually a two person assist with transfers. She tried one person at first and said it was usually behavioral with her. She said at times she can stand up and walk. She said she was a one assist 60% of the time and it used a lot of muscle.

When interviewed on 11/9/23 at 12:14 p.m. Staff L said the last time she worked with Tenant #9 she said two other staff assisted and there were three staff total. She said it was behavioral with Tenant #9 and related changing her and privacy.

When interviewed on 11/14/23 at 2:33 p.m. Staff M said Tenant #9 was a two person assist all of the time and was a very hard two person assist.

When interviewed on 11/9/23 at 1:34 p.m. Staff F

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said usually two people were used to transfer Tenant #9.

When interviewed on 11/9/23 at 1:58 p.m. Staff E said it took two to three staff to transfer Tenant #9 everyday.

When interviewed on 11/9/23 at 4:17 p.m. Staff N said it took two to four people to transfer Tenant #9 and she would "fight" if she was did not want to get up.

When interviewed on 11/9/23 at 2:11 p.m. Staff O said two were used for Tenant #9 depending on how she was feeling. She was able to stand and walk. Staff O said always called a second person when transferring her.

When interviewed on 11/7/23 the Healthcare Coordinator said she helped another staff transfer Tenant #9 on 10/22/23. She said if Tenant #9 wanted to get up and walk she was able to.

When interviewed on 11/8/23 at 1:22 p.m. Hospice Nurse #2 said regarding Tenant #9's transfers, it was interesting, she said an attempt was made to transfer Tenant #9 with two people and she threw her weight back in her wheelchair. She then attempted to transfer her and she held onto her hands and two aides walked and loosely hung on. She said two aides got her into and out of the shower but she had not observed that transfer.

3. Record review on 11/7/23 of Tenant #10's file revealed Tenant #10 received hospice services and was staged at a six on the GDS. Progress Notes indicated on 11/6/23 (late entry) it was noted staff reported to the Healthcare Coordinator

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that Tenant #10 had a sore on her heel.

When interviewed on 11/9/23 at 10:16 a.m. Staff K said Tenant #10 took two people to get her up 100% of the time. She said Tenant #10 was changed in bed.

When interviewed on 11/14/23 at 2:33 p.m. Staff M said it took three or four staff to transfer Tenant #10.

When interviewed on 11/9/23 at 1:34 p.m. Staff F said Tenant #10 was always a two person assist with transfers. She said staff fed her and she could not feed herself.

When interviewed on 11/9/23 at 1:58 p.m. Staff E said Tenant #10 was a two to three person assist. Staff fed her.

When interviewed on 11/9/23 at 4:17 p.m. Staff N Tenant #10 was currently a three person assist. She said Tenant #10 was changed (in bed) and repositioned every two hours.

When interviewed on 11/9/23 at 2:11 p.m. Staff O said since her injury Tenant #10 was a two person assist for transfers.

When interviewed on 11/7/23 and 11/14/23 at 4:08 p.m. the Healthcare Coordinator said Tenant #10 went back and forth. She was a one to two assist with transfers.

When interviewed on 11/8/23 at 1:09 p.m. Hospice Nurse #1 said Tenant #10 had a stage II pressure ulcer on her right heel and a treatment was ordered. Additionally, heel boots were provided and mattress overlay for pressure was provided. Regarding transfers, she said Tenant

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A 155	Continued From page 89 #10 was in bed. She was two person full assist.	A 155		
A 215	481-69.24(1)a Involuntary Transfer from Program 69.24(1) Program initiation of transfer. If a program initiates the involuntary transfer of a tenant and the action is not the result of a monitoring, including a complaint investigation or program-reported incident investigation, by the department and if the tenant or tenant's legal representative contests the transfer, the following procedures shall apply: a. The program shall notify the tenant or tenant's legal representative, in accordance with the occupancy agreement, of the need to transfer the tenant and of the reason for the transfer and shall include the contact information for the office of long-term care ombudsman. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to notify the tenant or tenant's legal representative of the need for the transfer of the tenant, the reason for the transfer and contact information for the office of the long-term care ombudsman. This pertained to 1 of 1 reviewed not allowed to return to the Program post hospitalization (Tenant #6). Findings follow: 1. Record review on 11/7/23 revealed Tenant #6 was admitted on 7/12/23 and was staged at a six on the Global Deterioration Scale, which indicated severe cognitive decline. Progress Notes indicated the following: a. From 8/21/23 to 8/27/23 Tenant #6 displayed	A 215		

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aggressive behaviors towards staff, made comments about harming staff and harming herself.

b. On 8/29/23 Tenant #6 asked for gun, said she wanted to fork to harm herself and tried to drop her hair dryer into the sink with running water. Staff called the nurse on-call, 911 and Tenant #6 was transported to the hospital.

c. On 8/29/23 the hospital indicated Tenant #6's issues were more behavioral than a psychiatric. Tenant #6 would be returning to the Program and a referral to a memory care clinic was placed.

d. On 8/30/23 Tenant #6 returned to the Program.

e. On 9/1/23 staff reported Tenant #6 said she was going to slit another tenant's throat and break a glass over the tenant's head. Staff called 911 and Tenant #6 was taken out to the hospital

f. On 9/1/23 hospital staff called to report Tenant #6 did not meet the qualifications for admission. Family was told Tenant #6 could return with a one to one companion while medications were started. The hospital called and said Tenant #6's spouse could not afford one to one care. It was explained Tenant #6 could not return. The Program talked with Tenant #6's spouse and asked it he could try to get her admitted at the geriatric psych unit at a different hospital.

g. On 9/1/23 at 2:50 p.m. Tenant #6 returned to the building with her spouse. He was told she would need to have one to one care or be seen an another hospital. Tenant #6's spouse said the hospital told him to bring Tenant #6 back. Tenant #6's spouse took her to the other hospital for

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evaluation.

h. On 9/3/23 staff from the hospital called and indicated Tenant #6 was ready to be discharged and had not had any behaviors.

i. On 9/4/23 it was noted Tenant #6 would return to the building that night.

j. On 9/7/23 Tenant #6 became aggressive towards staff, threatened to kill staff and said she would hurt another tenant. Staff blocked her away with chairs. Law enforcement was called and she grabbed and punched him. Tenant #6 was transported to the hospital for evaluation.

k. On 9/8/23 Tenant #6 was placed on a magistrate hold for 48 hours. Tenant #6 had a urinary tract infection and must have had it for awhile. It was noted the hospital staff said she was medically ready to return and did not need psych.

l. On 9/12/23 Tenant #6's spouse was informed Tenant #6 could not return as she was still having behaviors.

m. On 9/13/23 the social worker at the hospital had not called anyone to find placement for Tenant #6. Tenant #6's family was made aware she could return with one to one care. Family did not want to pay for one to one care and find placement elsewhere.

n. From 9/19/23 to 10/4/23 no placement could be found and hospital staff were still looking for placement for her. They were waiting for a psych bed to be available.

o. On 10/6/23 Tenant #6 moved to a psych bed

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at the hospital.

p. From 10/31/23 to 11/2/23 it was noted Tenant #6 returned to the Program, had a fall on 11/1/23 and was sent to the hospital.

2. Record review revealed hospital records indicated on 9/1/23 indicated a social worker at the hospital spoke with leadership staff at the Program regarding the hospital nurse's concern Tenant #6's spouse was told he would have to provide 24 hour care or pay the Program to hire someone to do it. Tenant #6's spouse was told by leadership staff that he could take her to another hospital. The hospital nurse advised Tenant #6's family to take her back and discuss options.

Continued record review revealed the hospital records dated 9/8/23 indicated the Program refused to take Tenant #6 back and she would be admitted to medical with a psych consult in the morning. It was noted "upper management" was refusing to take Tenant #6 back and they would reassess her again on Monday. The Program confirmed Tenant #6 was not discharged from their services. The History and Physical indicated Tenant #6 she was seen in the emergency room on 9/7/23 and was awaiting a geriatric psych bed. Admission to the hospitals was recommended pending availability for a geriatric psych bed. The records indicated the memory care unit would not take her back. Hospital records indicated she had been "evicted" from her memory care unit and would need alternative placement due to behaviors.

3. Further record review of Tenant #6's file revealed an Occupancy Agreement was signed by Tenant #6's spouse was dated 7/12/23. The agreement indicated a written 30 day notice

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A 215	Continued From page 93 would be given if the apartment was abandoned or if the tenant failed to comply with agreement. The agreement could be terminated if the tenant no longer met the criteria for occupancy. The agreement also indicated the could terminate the agreement with not less than 30 days notice for two exceptions including when the tenant was a significant harm to self or others and if the tenant had an emergency or significant change and the Program could not meet their needs. A written letter or notice for transfer was not provided to Tenant #6 or Tenant #6's legal representative regarding the reason or need for transfer. 4. When interviewed on 11/7/23 the Healthcare Coordinator said a letter for transfer was not given to Tenant #6 as she was told the tenant had to be in the building to give the letter. She said she had verbal conversations with Tenant #6's spouse.	A 215		
A 290	481-69.25(1)i Tenant Documents 69.25(1) Documentation for each tenant shall be maintained by the program and shall include: i. When any personal or health-related care is delegated to the program, the medical information sheet; documentation of health professionals' orders, such as those for treatment, therapy, and medication; and nurses' notes written by exception This REQUIREMENT is not met as evidenced by: Based on interview and record review the	A 290		

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A 290	Continued From page 94 Program failed to document nurse's notes by exception. This pertained to 1 of 10 current tenants reviewed (Tenant #2) and 1 of 4 discharged tenants reviewed (Tenant C1). Findings follow: 1. Record review on 10/30/23 and 10/31/23 of Tenant #2's file revealed Progress Notes indicated the following: a. On 10/11/23 it was noted Tenant #2 was unsure about which medications she was to take and she had medications left in her planner from previous days. Staff reminded her to take her medications and she was "responsible for taking her meds." b. On 10/13/23 it was noted staff reported Tenant #2's medications were not in medication planner. c. On 10/15/23 staff called to report Tenant #2 complained of chest pain. It was dull, constant "bad pain." Vital signs were as follows: temperature 98 degrees, blood pressure was 128/58, pulse was 60, oxygen saturation was 89% on room air, respiration rate was 16. Staff was directed to call 911 and have Tenant #2 transported to the hospital. Continued record review revealed a nurse's note was not completed after Tenant #2 was sent out for evaluation to reflect if/when Tenant #2 returned and if there were any new orders. Nurse's notes were not completed by exception for Tenant #2. 2. Record review on 10/11/23 to 10/16/23 of Tenant C1's file revealed Progress Notes indicated the following:	A 290		

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A 290	Continued From page 95 a. On 6/19/23 at 12:47 a.m. it was noted staff observed Tenant C1 laying the floor sleeping with no clothing on and just a protective undergarment. Tenant C1 was covered with a blanket and was groaning but denied pain. The note indicated action taken was "Nurse Assessment completed", vital signs were taken and she was assisted from the floor with assist of one. b. On 6/19/23 at 5:30 a.m. it was noted staff completed safety checks and observed Tenant C1 laying on her left side. She was groaning and reported mild pain. There was bruising to the left cheek, and both legs. A small laceration was noted to the right hand. "Nurse assessment," tenant was assisted up with guided assist of one. c. On 6/19/23 at 9:15 a.m. it was noted Tenant C1 was observed laying the floor with no clothing on. Tenant C1 reported moderate pain and she did not have her oxygen in her nose. There was a skin tear noted on the right arm and Tenant C1 complained of pain everywhere. Staff called 911 and Tenant C1 was transported to the hospital for evaluation. d. On 6/19/23 at 4:12 p.m. it was noted Tenant C1 had a femur fracture and was admitted. e. O 6/21/23 it was noted Tenant C1 died. Continued record review revealed the nurse's note documented on 6/19/23 at 12:47 a.m. was created on 6/19/23 at 6:41 p.m. The nurse's note documented on 6/19/23 at 5:30 a.m. was created on 6/19/23 at 6:43 p.m. The nurse's note documented on 6/19/23 at 9:15 a.m. was created on 6/19/23 at 10:00 p.m. The entries on 6/19/23	A 290		

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A 290	Continued From page 96 at 12:47 a.m., 5:30 a.m. and 9:15 a.m. were not charted as late entries in the nurse's note. A request for the date and of time of the creation of the notes indicated the notes were charted on 6/19/23; however, were not documented at the times indicated in the notes nor were charted as late entries. Nurse's notes were not documented by exception for Tenant C1. 4. When interviewed on 11/14/23 at 4:08 p.m. the Healthcare Coordinator confirmed all nurse's notes for the tenants reviewed were provided.	A 290		
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 update service plans as needed and failed to ensure the service plans reflected the service needs of the tenants. This pertained to 9 of 10 current tenants reviewed (Tenants #1, #2, #3, #4, #5, #7, #8, #9 and #10) and 2 of 4 discharged tenants reviewed (Tenant C2 and Tenant C4). Findings follow: 1. Record review on 10/16/23 of Tenant #1's file revealed the service plan dated 10/13/22	A 350		

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reflected staff administered Tenant #1's medications. An incident report indicated on 6/13/23 the Healthcare Coordinator was filling Tenant #1's medication planner and noted medications remained in the planner from the morning medications.

When interview on 10/17/23 at 12:05 p.m. the Healthcare Coordinator said she set up Tenant #1's medications in a medication planner and went to make changes to the medications and noted there were medications left in the planner.

Continued record review revealed Tenant #1's service plan did not reflect the nurse set up medications in a medication planner. The service plan reflected staff administered medications; however, did not reflect the nurse assistance with medication set up in the planners and the frequency of the medication set up.

2. Record review on 10/30/23 and 10/31/23 of Tenant #2's file revealed Progress Notes indicated the following:

a. On 10/11/23 it was noted Tenant #2 was unsure about which medications she was to take and she had medications left in her planner from previous days. Staff reminded her to take her medications and she was "responsible for taking her meds." Staff assisted her with the medications in the planner.

b. On 10/13/23 it was noted staff reported Tenant #2's medications were not in medication planner.

c. On 10/15/23 staff called to report Tenant #2 complained of chest pain. It was dull, constant "bad pain." Vital signs were as follows:

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temperature 98 degrees, blood pressure was 128/58, pulse was 60, oxygen saturation was 89% on room air, respiration rate was 16. Staff was directed to call emergency medical services (EMS) and to have Tenant #2 transported to the hospital.

Continued record review revealed the current service plan reflected Tenant #2's family set up medications in a medication planner and staff provided medication reminders.

When interviewed on 10/31/23 at 10:27 a.m. Staff F said Tenant #3 yelled at people, slammed her door and shouted at people. It was mostly with Tenant #2. She said it occurred about once or twice per week, and it was verbal. She said Tenant #3 tended to take things from behind the desk.

When interviewed on 10/17/23 at 12:53 p.m. Staff G said there was a verbal altercation a few times with Tenant #3 and two tenants including Tenant #2. He said there was an incident when staff from the kitchen and direct care staff separated them.

When interviewed on 10/31/23 at 2:49 p.m. Staff I said Tenant #3 got upset about little things and got agitated with two tenants, including Tenant #2. She said it was mostly verbal and staff could intervene before it was physical.

Further record review revealed Staff Documentation/Communication to Nurse documents indicated the following:

-On 9/10/23 at 10:00 p.m. it was noted Tenant #3 was angry at Tenant #2. Staff voiced concerns about Tenant #3 going into Tenant #2's

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apartment. Staff reported it was not good for Tenant #2's safety.

-On 9/10/23 at 11:30 p.m. it was noted Tenant #2 and Tenant #3 were seated a lunch together. Tenant #2 was looking for her key and Tenant #3 offered to go look for it in Tenant #2's apartment. Tenant #3 returned to the able and had a key in her pocket and said it was her key. Tenant #2 thought it looked like her key. Staff took the key and tried Tenant #2's door and it worked. Staff also observed Tenant #3 move Tenant #2 walker away from the table and out of Tenant #2's reach. Staff that it was when Tenant #3 removed the key from Tenant #2's walker as it was always on Tenant #2's walker. Staff heard Tenant #3 making rude comments towards Tenant #2 in the dining room. Staff voiced concerns that potentially Tenant #3 was taking things from Tenant #2 as she thought she could into her apartment at her discretion. It was noted Tenant 3 took thing from the desk and went into the staff workroom.

Continued record review revealed Tenant #2's most recent service plan was dated 1/7/23. The service plan was not updated as needed with the issues noted above related to Tenant #2 taking her medications. The service plan also did not reflect the behavior with Tenant #2 and another tenant (Tenant #3) and interventions.

3. Record review on 10/30/23 of Tenant #3's file revealed the current service plan reflected to observe and report changes in Tenant #3's mood to the nurse with an effective date of 8/28/23.

When interviewed on 10/31/23 at 10:27 a.m. Staff F said Tenant #3 yelled at people, slammed her

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door and shouted at people. It was mostly with Tenant #2. She said it occurred about once or twice per week, and it was verbal. She said Tenant #3 tended to take things from behind the desk.

When interviewed on 10/17/23 at 12:53 p.m. Staff G said there was a verbal altercation a few times with Tenant #3 and two tenants including Tenant #2. He said there was an incident when staff from the kitchen and direct care staff separated them.

When interviewed on 10/31/23 at 2:49 p.m. Staff I said Tenant #3 got upset about little things and got agitated with two tenants, including Tenant #2. She said it was mostly verbal and staff could intervene before it was physical.

Continued record review revealed an incident report dated 8/28/23 another tenant called Tenant #3 a name and Tenant #3 shoved her. Tenant #3 said the other tenant was talking about her and denied shoving the other tenant.

Staff Documentation/Communication to Nurse documents indicated the following:

On 9/10/23 at 10:00 p.m. it was noted Tenant #3 was angry at Tenant #2. Staff voiced concerns about Tenant #3 going into Tenant #2's apartment. Staff reported it was not good for Tenant #2's safety.

-On 9/10/23 at 11:30 p.m. it was noted Tenant #2 and Tenant #3 were seated a lunch together. Tenant #2 was looking for her key and Tenant #3 offered to go look for it in Tenant #2's apartment. Tenant #3 returned to the able and had a key in her pocket and said it was her key. Tenant #2

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thought it looked like her key. Staff took the key and tried Tenant #2's door and it worked. Staff also observed Tenant #3 move Tenant #2 walker away from the table and out of Tenant #2's reach. Staff that it was when Tenant #3 removed the key from Tenant #2's walker as it was always on Tenant #2's walker. Staff heard Tenant #3 making rude comments towards Tenant #2 in the dining room. Staff voiced concerns that potentially Tenant #3 was taking things from Tenant #2 as she thought she could into her apartment at her discretion. It was noted Tenant 3 took thing from the desk and went into the staff workroom.

Continued record review revealed Tenant #3's most current service plan was dated 11/29/22. The service plan was updated on 8/28/23 to observe and report changes in behavior; however, the service plan was not updated and did not reflect the behaviors with Tenant #3, including with other tenants (Tenant #2) and interventions.

4. Record review on 11/1/23 and 11/2/23 of Tenant #4's file revealed an incident report dated 8/20/23 reflected staff went into Tenant #4's apartment to give him medications and Tenant #4 yelled and used profanity towards staff and told staff not until 4:30 p.m. Staff showed Tenant #4 the time of the medications and he agreed to take them.

Continued record review revealed Progress notes dated 9/7/23 reflected occupational therapy (OT) had been working with Tenant #4 on upper extremity strength, activities of daily living lower extremity edema. It was planned to discharge Tenant #4 from therapy services on 9/7/23 or

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A 350	Continued From page 102 9/8/23. Further record review revealed Tenant #4's service plan dated 6/21/23 did not reflect the behavior as noted in the incident report and also did not reflect the discharge from OT services on 9/7/23 or 9/8/23. 5. Record review on 11/1/23 of Tenant #5's file revealed the most current evaluation was dated 10/16/23 and was completed for three falls. The evaluation indicated Tenant #5 had a steady gait and did not use an ambulatory device. When observed on 11/7/23 at approximately 7:56 a.m. Tenant #5 was ambulating with a walker and was noted limping. Continued record review revealed an incident report dated 11/6/23 reflected staff asked the nurse to come to Tenant #5's apartment. He had an abrasion on the right knee and complained of pain. He unable to voice where it was painful. Tenant #5 was non-weight bearing on the right leg. An incident report dated 11/10/23 indicated staff entered Tenant #5's apartment and observed him laying on the floor with a blanket and pillow. Staff helped Tenant #5 up. A nurse assessed him post fall and he had edema on the right ankle from prior incident. When interviewed on 11/14/23 at 1:37 p.m. the Assistant Healthcare Coordinator said Tenant #5 had a right ankle sprain. Staff tried to get him to use a walker and he was using a wheelchair. The incident was unwitnessed. Tenant #5's family took him to the emergency room (ER) and	A 350		

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there was no fracture. She said she not seen him be able to get himself off of the floor.

When interviewed on 11/14/23 at 4:08 p.m. the Healthcare Coordinator said when staff gave Tenant #5 a shower they noticed limping, it was a injury of unknown cause. An x-ray was completed and he was also taken to the hospital. There were no fractures and he was not using an assistive device. She said a fall was not reported and he could get himself up if he fell.

Continued record review revealed a Progress Note dated 9/28/23 reflected physical therapy (PT) was discharged on 9/28/23 and OT would be discharged on 9/29/23.

Further record review revealed the October 2023 medication administration record (MAR) reflected staff initialed for the completion of checking Tenant #5's blood glucose using the Dexcom reader before meals at 7:30 a.m., 11:00 a.m. and 4:00 p.m. It indicated to notify the nurse if his blood glucose readings were under 70 or over 400.

The service plan was updated on 10/16/23, prior to the unwitnessed incident with injury and was not updated as needed to reflect the change in Tenant #5's mobility and the use of assistive devices. The current service plan also reflected PT and OT services despite Tenant #5 being discharged from therapy services. The service plan reflected staff took Tenant #5's blood glucose; however, did not include Tenant #5 had a continuous glucometer or the parameters regarding when to notify the nurse. The service plan was updated as needed and did not reflect the needs of Tenant #5.

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A 350	Continued From page 104 6. Record review on 11/6/23 of Tenant #7's file revealed Staff Documentation/Communication to the Nurse documents indicated the following: a. On 9/21/23 it was noted Tenant #7 was a two assist for toileting and Tenant #7 was always wet. Tenant #7 was a two assist again at 5:00 a.m. b. On 9/26/23 it was noted Tenant #7 was a two assist to and from the bathroom. c. On 9/30/23 it was noted Tenant #7 was a two assist to and from the bathroom and was a two assist again at 5:00 a.m. d. On 10/2/23 (two reports 12:30 a.m. and 5:30 a.m.) it was noted Tenant #7 was a two assist to and from the bathroom. e. On 10/5/23 it was noted Tenant #7 was a "heavy" two person assist. He was also falling asleep while eating. f. On 10/12/23 it was noted Tenant #7 was a two person assist to and from the bathroom and bed. g. On 10/14/23 it was noted Tenant #7 was a "very, very heavy" two assist. Tenant #7 did not help or bear any weight. It took two staff, four times to get him off the toilet. h. On 11/5/23 it was noted Tenant #7 was a two assist to and from the bathroom. When observed on 11/7/23 at approximately 3:30 p.m. Tenant #7 was transferred with two staff from his lift chair. There was one staff on each side of Tenant #7 hanging on to the gait belt. He stood up and grabbed the walker that was placed	A 350		

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in front of his lift chair. He walked to bathroom with his walker and a staff on each side hanging on the gait belt. Staff had noted before the transfer occurred that Tenant #7 was incontinent of urine. Once staff assisted Tenant #7 up out of this chair a line was visible on bottom of shirt that appeared to wet.

When observed on 11/9/23 during the noon meal, Tenant #7 was observed seated in high back wheelchair and slept on and off during the meal.

When interviewed on 11/9/23 at 10:16 a.m. Staff K said Tenant #7 was a hard one assist and some people were not comfortable assisting him with one. She said he took very small steps.

When interviewed on 11/9/23 at 12:14 p.m. Staff L said for the most part she assist him with one. She had called for assistance for help and and two assist was needed a few times. The last time she assisted him, he was more of a two assist.

When interviewed on 11/14/23 at 2:33 p.m. Staff M said Tenant #7 was a two person assist all of the time.

When interviewed on 11/9/23 at 1:34 p.m. Staff F said Tenant #7 was a two person assist about 50% of the time.

When interviewed on 11/9/23 at 1:58 p.m. Staff E said Tenant #7 was a two to three person assist everyday.

When interviewed on 11/9/23 at 4:17 p.m. Staff N said Tenant #7 was always a two person assist.

When interviewed on 11/9/23 at 2:11 p.m. Staff O said Tenant #7 was a two person assist. He used

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A 350	Continued From page 106 to walk a lot, it depended on his day. When interviewed on 11/14/23 at 1:37 p.m. the Assistant Healthcare Coordinator said last week staff used two for Tenant #7's transfer. Tenant #7 was weak and did not walk much. When interviewed on 11/7/23 the Healthcare Coordinator said on 10/22/23 she assisted a staff with his transfer and it took two staff. She said Tenant #7 could stand. When interviewed on 11/8/23 at 1:22 p.m. Hospice Nurse #2 said on Monday two home health aides (hospice) transferred him with a gait belt. It was a pivot transfer. He really leaned and once in the shower chair he was leaning over. She said he fell asleep while eating and had food in his mouth. She said Tenant #7 was discussed recently and that it might be time for a higher level of care. Continued record review revealed Tenant #7's service plan dated 7/11/23 reflected Tenant #7 was independent with ambulation, he might need assistance with transfers from chairs at times and could not ambulate long distances without guided assistance. The service plan also reflected to provide meal reminders. The service plan was not updated as needed and did not reflect the service needs of Tenant #7, including changes in Tenant #7's transfers and eating and somnolence or the use of the high back wheelchair. 7. Record review on 11/6/23 of Tenant #8's file revealed Progress Notes indicated the following: a. On 8/15/23 it was noted Tenant #8 returned to the Program (from a skilled nursing facility).	A 350		

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Family filled her medication planners. A new treatment order to the left arm, cleanse with normal saline, pat dry, apply A& D ointment and cover with post op-site every 7 days on Tuesdays and as needed.

b. On 8/22/23 it was noted the nurse was notified Tenant #8 had a spot on her buttocks, possibly from wiping. The primary care provider (PCP) was visiting tomorrow.

c. On 8/23/23 the PCP note indicated Tenant #8 had left arm wound and coccyx wound. It was noted wound #1 was on the coccyx with multiple small open areas. The second wound was on her left forearm and it appeared to be healed. Diagnoses included abrasion of the left forearm and pressure injury of the coccyx region, stage 2.

d. On 8/23/23 a new order was received to discontinue the wound treatment to the arm and to add Triad paste to buttocks twice daily and as needed.

e. On 9/6/23 it was noted the coccyx wound no longer had open areas.

f. On 10/13/23 it was noted Tenant #8's skin was intact and would contact PCP regarding an order to discontinue the Triad paste as the wound has healed.

Continued record review revealed Tenant #8's service plan dated 8/14/23, was not updated as needed and did not reflect Tenant #8's wounds to the left arm or the stage 2 pressure injury on her coccyx and treatment of the wounds.

8. Record review on 11/6/23 of Tenant #9's file

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revealed Staff Documentation/Communication to Nurse document indicated the following:

a. On 9/21/23 it was noted Tenant #9 was a two person assist for toileting.

b. On 9/26/23 it was noted Tenant #9 was a one person assistant to the wheelchair out of bed and was a two person assist from the wheelchair to the toilet. Tenant #9 was a one assist off of the toilet with her walker and gait belt.

c. On 9/30/23 it was noted Tenant #9 was a one assist from her bed to the wheelchair and then a one assist to the toilet from the wheelchair and back. Tenant #9 took two to assist from her wheelchair back to bed.

d. On 10/12/23 it was noted Tenant #9 was combative and she was a two assist from the wheelchair to the toilet and then after she calmed she was a one assist back to bed.

When observed on 11/7/23 at approximately 3:30 p.m. staff attempted to transfer Tenant #9 out of her chair and she crossed her arms and refused to transfer. There were three staff who had attempted to transfer her with a gait belt.

When interviewed on 11/9/23 at 10:16 a.m. Staff K said Tenant #9 was usually a two person assist with transfers. She tried one person at first and said it was usually behavioral with her. She said at times she can stand up and walk. She said she was a one assist 60% of the time and it used a lot of muscle.

When interviewed on 11/9/23 at 12:14 p.m. Staff L said the last time she worked with Tenant #9 she said two other staff assisted and there were

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three staff total. She said it was behavioral with Tenant #9 and related changing her and privacy.

When interviewed on 11/14/23 at 2:33 p.m. Staff M said Tenant #9 was a two person assist all of the time and was a very hard two person assist.

When interviewed on 11/9/23 at 1:34 p.m. Staff F said usually two people were used to transfer Tenant #9.

When interviewed on 11/9/23 at 1:58 p.m. Staff E said it took two to three staff to transfer Tenant #9 everyday.

When interviewed on 11/9/23 at 4:17 p.m. Staff N said it took two to four people to transfer Tenant #9 and she would "fight" if she was did not want to get up.

When interviewed on 11/9/23 at 2:11 p.m. Staff O said two were used for Tenant #9 depending on how she was feeling. She was able to stand and walk. Staff O said always called a second person when transferring her.

When interviewed on 11/7/23 the Healthcare Coordinator said she helped another staff transfer Tenant #9 on 10/22/23. She said if Tenant #9 wanted to get up and walk she was able to.

When interviewed on 11/8/23 at 1:22 p.m. Hospice Nurse #2 said regarding Tenant #9's transfers, it was interesting, she said an attempt was made to transfer Tenant #9 with two people and she threw her weight back in her wheelchair. She then attempted to transfer her and she held onto her hands and two aides walked and loosely hung on. She said two aides got her into and out of the shower but she had not observed that

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transfer. Hospice Nurse #2 said Tenant #9 had started to pocket her food and she provided education to swab her mouth out. At lunch she could see scrambled eggs in her mouth.

Continued record review revealed Tenant #9's service plan was dated 8/4/23 and reflected Tenant #9's family preferred she was transferred with a gait belt, and required assistance with a wheelchair for long distances. The service plan was not updated as needed and did not reflect Tenant #9's transfer needs or pocketing of food.

9. Record review on 11/7/23 of Tenant #10's file revealed an incident report indicated on 10/14/23 Tenant #10 had been incontinent. Staff was removing the wet sheet and Tenant #10 walked to bathroom She lost her balance and fell into the shower. Tenant #10's hip was on the threshold of the shower and her right arm was under her. Tenant #10 complained of pain in her arm and leg. Hospice was notified and 911 was called.

Continued record review revealed Progress Notes indicated the following:

a. On 10/17/23 it was noted Tenant #10 returned from the hospital via ambulance.

b. On 10/20/23 the PCP note indicated Tenant #10 had a recent fall and had right humeral fracture. She returned to the building with a different hospice provider. Family requested Tramadol be discontinued. Therapy orders were also received to address repositioning and transfers.

c. On 11/1/23 a new order was received to start oxycodone 2.5 milligrams (mg), every six hours as needed.

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A 350	Continued From page 111 d. On 11/6/23 (late entry) it was noted staff reported to the Healthcare Coordinator that Tenant #10 had a sore on her heel. She checked the area, called the hospice nurse and to come and assess. e. On 11/6/23 it was noted a new order was received for a right heel wound, to cleanse the wound, paint right heel with iodine and apply Mepilex border. Change on Tuesday and Fridays, and hospice would complete the wound care. f. On 11/9/23 it was noted Tenant #10 had edema in her right arm, "Dependent from poor positioning." Tenant #10 had pain with "any movement and cares." Staff was instructed to give as needed oxycodone, prior to repositioning and a mattress overlay was ordered. g. On 11/12/23 it was noted as needed oxycodone was administered and it was charted as ineffective with a pain scale rating of nine. When observed on 11/7/23 at approximately 3:30 p.m. Tenant #10 was in bed and a transfer was not observed. When interviewed on 11/9/23 at 10:16 a.m. Staff K said Tenant #10 came back from the hospital and really hurt her arm. She said it was really hard to work with her. It took two people and supplies were not provided from hospice including tab briefs and protective pads. She only had one pain medication. Since Thursday she had been refusing food. She said it took two people to get her up 100% of the time. She said Tenant #10 was changed in bed.	A 350		

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A 350	Continued From page 112 When interviewed on 11/14/23 at 2:33 p.m. Staff M said it took three or four staff to transfer Tenant #10. When interviewed on 11/9/23 at 1:34 p.m. Staff F said Tenant #10 was always a two person assist with transfers. She said staff fed her and she could not feed herself. When interviewed on 11/9/23 at 1:58 p.m. Staff E said Tenant #10 was a two to three person assist. Staff fed her and she had heel boots. Tenant #10 had a pressure sore on her heel and the nurses were told. It was really bad, a bandage was put on it and it took a week for them to get her boots. When interviewed on 11/9/23 at 4:17 p.m. Staff N Tenant #10 was currently a three person assist. She said Tenant #10 had declined and had pressure reduction mattress. She said Tenant #10 was in so much pain and had Tylenol. Staff start to feed her and cut up her food. She said Tenant #10 was changed (in bed) and repositioned every two hours. When interviewed on 11/9/23 at 2:11 p.m. Staff O said since her injury Tenant #10 was a two person assist for transfers. She said she was not eating much and would have a couple of bites but was drinking, including her nutritional supplement. When interviewed on 11/7/23 and 11/14/23 at 4:08 p.m. the Healthcare Coordinator said Tenant #10 went back and forth. She was a one to two assist with transfers. She was eating finger foods and family was helping. She said Tenant #10 now had an order for oxycodone. Prior to that she had Tylenol twice daily and as needed. Family had requested Tramadol be stopped.	A 350		

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When interviewed on 11/8/23 at 1:09 p.m. Hospice Nurse #1 said Tenant #10 had a stage II pressure ulcer on her right heel and a treatment was ordered. Additionally, heel boots were provided and mattress overlay for pressure was provided. Tenant #10 received a new arm brace today as she had edema in her right arm. She said Tenant #10 was not wanting to eat, she would take few bites. She said here fracture three weeks ago was not treated. Her arm was in a brace for stabilization. She said hospice provided a bed bath. Regarding transfers, she said Tenant #10 was in bed. She was two person full assist.

Further record review revealed the November 2023 medication administration record (MAR) reflected two doses of the oxycodone HCL tablet, 5 mg, give 0.5 mg by mouth every six hours as needed for pain was administered 11/2/23 and 11/12/23. One dose was noted as effective on 11/2/23 and the dose on 11/12/23 was charted as not effective. The November 2023 MAR also reflected medications refused from dates 11/2/23 to 11/13/23. That included her acetaminophen 500 mg give two tablets, by mouth, two times per day at 8:00 a.m. and 8:00 p.m., on 11/11/23, 11/12/23 and 11/13/23 for 8:00 a.m. doses. and 11/9/23 and 11/10/23 for 8:00 p.m. doses. There were no as needed doses of acetaminophen documented as given for November.

Continued record review revealed Tenant #10's service plan was updated on 10/17/23 when Tenant #10 returned to the Program post hospitalization for a fall with humeral head fracture and was not ambulating. The service plan reflected Tenant #10 was primarily staying in bed and would require a stand pivot transfer to her wheelchair and assistance with the chair.

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EMERY PLACE	901 SOUTH MENTZER ROAD ROBINS, IA 52328

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The service plan indicated she was chairfast. The service plan was not updated as needed and did not reflect her pain management post fracture without repair, medication refusals, changes with eating, edema in her right elbow, increased transfer assistance and cares, the stage II pressure ulcer on her heel and treatment, the use heel boots and the pressure reduction mattress.

10. Record review on 10/16/23 and 10/17/23 of Tenant C2's file revealed the service plan reflected Tenant C2 had history of falls and had safety checks every 30 minutes. It also indicated family preferred an assist with ambulation and walker inside the apartment and assistance in her wheelchair outside of the apartment.

An incident report dated 3/24/23 indicated staff called the nurse on-call and said Tenant C2 was sitting on the floor with her back to the wall. Tenant C2 was not in pain but had a bump on the back of her head. Family was notified and gave permission to call 911 to transport to the hospital. Tenant C2 was not taken to the hospital due to refusal.

Continued record review revealed Progress Notes indicated the following:

a. On 1/4/23 it was noted a new order was received regarding a buttocks wound. Calmoseptine twice daily and as needed was ordered.

b. On 3/24/23 it was noted staff notified the nurse on-call that Tenant C2 fell and hit her head. She had bump and bruise on the back of her head. Tenant C2 was sitting against the wall. When family arrived to the building Tenant C2 decided she did not want to go to the ER and the refusal

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form was signed.

c. On 4/2/23 it was noted the nurse received a call from staff that Tenant C2 was really weak and had a difficult time bearing weight on her legs. Family was notified and would come in to take her to the ER for evaluation.

d. On 4/2/23 it was noted Tenant C2's family called and said EMS would be transporting her to the hospital and she could not get into the car.

e. On 4/2/23 it was noted hospital staff reported Tenant C2 had a brain bleed from her fall last weekend. Family requested Tenant C2 return to the Program with minimal interventions.

f. On 4/6/23 Tenant C2 died.

Further record review revealed the ER After Visit Summary dated 4/2/23 indicated Tenant C2 was seen for leg swelling and diagnoses include traumatic subdural hygroma and bilateral lower extremity edema.

Continued record review revealed Staff Documentation/Communication to Nurse documents reflected the following:

-On 1/2/23 it was noted Tenant C2 had a red open area on her buttocks.

-On 3/31/23 it was noted Tenant C2 had been very weak since yesterday (3/30/23) and could stand with the assistance of two staff. Staff was struggling to take her to the bathroom and back. She was "totally (sic) dependent and need to be lifted with 2 people" when she needed help.

-On 4/2/23 it was noted Tenant C2 had diarrhea

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when she came back from the ER. She was very weak and was a two assist as she could not stand or move her hands or legs. It was noted she needed to be checked again immediately.

Further record review revealed service plans were completed on 2/6/23 and 4/3/23. The service plans were not completed when it was noted Tenant C2 had a wound on her buttocks and treatment was ordered. The service plan was also not completed when Tenant C2 exhibited a significant change post fall and hitting her head. The service plan was completed on 4/3/23; however, it was completed days after staff noted a change in her status on 3/30/23 and reported it on 3/31/23. Tenant C2 returned from the hospital on 4/2/23 and had a significant change in her status and was diagnosed with a traumatic subdural hygroma and the service plan was not updated until 4/3/23.

11. Record review on 10/30/23 and 11/2/23 of Tenant C4's file revealed Progress Notes indicated the following:

a. On 4/25/23 it was noted in a 90 day review that Tenant C4's buttocks had some discoloration and cream was applied.

b. On 4/30/23 it was noted Tenant C4 slept all morning and refused to get up out of his chair. Morning medications were not given.

c. On 5/5/23 it was noted Tenant C4 would not get out of bed and his medication was not administered.

d. On 5/9/23 it was noted Tenant C4 would not wake up and medication was not given.

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A 350	Continued From page 117 e. On 5/23/23 it was noted a new order was received for occupational therapy to evaluate a leg brace, cephalexin 500 mg three times per day and right lower extremity and tubigrips to bilateral lower extremities. f. On 5/25/23 it was noted PT would discharge Tenant C4 next week. g. On 5/30/23 it was noted staff assisted Tenant C4 up from his chair with an assist of two staff and Tenant C4 was not able to ambulate and staff could not get him back in the chair. Blood was noted on his chair and through his brief. Staff called 911 and Tenant C4 was taken to the hospital due to rectal bleeding. h. On 5/31/23 it was noted Tenant C4 was on intravenous (IV) antibiotics at the hospital for cellulitis on his buttocks. i. On 6/2/23 it was noted Tenant C4 would be transferred to a higher level of care. j. On 6/14/23 it was noted in speaking with staff at the nursing facility, Tenant C4 would be discharged from therapy due to not making any progress but would remain at skilled nursing facility due to wound care. k. On 6/26/23 it was noted Tenant C4 was discharged. Continued record review revealed Staff Documentation/Communication to Nurse documents indicated the following: a. On 4/1/23 it was noted it took four people to get Tenant C4 off of the toilet. He started to slide off the seat and was very unstable.	A 350		

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A 350	Continued From page 118 b. On 4/6/23 it was noted staff transferred Tenant C4 with two staff to transfer and change Tenant C4. c. On 5/27/23 it was noted Tenant C4 was bleeding every time staff wiped him. Staff applied A & D ointment but he was in pain. It was reviewed by the nurse on 5/30/23. When interviewed on 10/31/23 at 12:13 p.m. Staff J said he took two for transfers and staff assisted with bathing and toileting. She said Tenant C4 did not have any skin issues. When interviewed on 10/31/23 at 2:49 p.m. Staff I said staff assisted Tenant C4 with toileting assistance including changing his brief. When interviewed on 11/7/23 the Healthcare Coordinator she was made aware of Tenant C4's staff communication report dated 5/27/23 on 5/30/23. The PCP had previously noted an spot on his leg. She received a telephone call and there were blood everywhere and he was sent out for evaluation. She said she never saw Tenant C4's wound. She said Tenant C4 slept in chair and it was hard to look. She said regarding his level of care he went back and forth. She said he a was a two person transfer 40% of the time. He received showers and toileting assistance. She said she no prior notification of a wound to his groin for Tenant C4 before 5/30/23. Continued record review revealed hospital records dated 5/30/23 indicated Tenant C4 had a decubitus ulcer stage II, it was bleeding and had a "terrible smell." It also indicated he a wound on the right thigh. It was noted as a pressure injury. The records indicated had a "significant	A 350		

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A 350	Continued From page 119 decubitus ulcer"on his buttocks with overlying cellulitis and was started on IV antibiotics. The wound location was the buttocks, sacrum and coccyx present on admission. The etiology was a deep tissue injury. Measurements included: 11.9 x 10.9 cm. It had "10% moist red, 40% "black adherent thinning necrotic tissue, 40% tan adherent slough, 10% non blanchable purple discoloration to the right edge." See 67.2(3) for more information related to Tenant C4's wound. Further record review revealed the service plan was last dated 1/27/23. The service plan reflected staff assisted with bathing twice weekly and to check Tenant C4's skin and report any reddened or open areas to the nurse. The service plan reflected staff provided assistance with incontinence. It reflected Tenant C4 had a history of redness to the groin. The service plan indicated he was a one assist with transfers. The service plan was not updated as needed with changes including transfer assistance, increase assistance with cares, medications refusals due to sleeping and wounds, including the decubitus ulcer, stage II. 12. When interviewed on 11/14/23 at 4:08 p.m. the Healthcare Coordinator confirmed all service plans for the tenants reviewed were provided.	A 350		
A 370	481-69.26(3)a 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.	A 370		

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A 370	Continued From page 120 a. If a significant change triggers the review and update of the service plan, the updated service plan shall be signed and dated by all parties. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to obtain service plans signed by all parties when a significant change occurred. This pertained to 4 of 10 current tenants reviewed (Tenants #5, #6, #9 and #10) and 2 of 4 discharged tenants reviewed (Tenant C2 and Tenant C4). Findings follow: 1. Record review on 11/1/23 of Tenant #5's file revealed service plans were updated on 9/11/23 and 10/16/23 with significant changes. The service plans were signed by a nurse; however were not signed by Tenant #5 or Tenant #5's legal representative. 2. Record review on 11/7/23 of Tenant #6's file revealed the service plans were updated 9/4/23 and 10/31/23 for significant changes. The service plans were signed by a nurse; however, were not signed by Tenant #6 or Tenant #6's legal representative. 3. Record review on 11/6/23 of Tenant #9's file revealed the service plan was updated on 8/4/23 for a significant change. The service plan was signed by a nurse; however, was not signed by Tenant #9 or Tenant #9's legal representative. 4. Record review on 11/7/23 of Tenant #10's file revealed the service plan was updated on 10/17/23 for a significant change. The service plan was signed a nurse; however, was not	A 370		

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A 370	Continued From page 121 signed by Tenant #10 or Tenant #10's legal representative. 5. Record review on 10/16/23 and 10/17/23 of Tenant C2's file revealed service plans were updated on February 2023 and April 2023 for significant changes. The services plans were not signed by a health or human service professional or Tenant C2 or Tenant C2's legal representative. 6. Record review on 10/30/23 and 11/2/23 of Tenant C4's file revealed a service plan was updated on 2/2/23 for a significant change. The service plan was signed by a nurse; however, was not signed Tenant C4 or Tenant C4's legal representative. 7. When interview on 11/14/23 at 4:08 p.m. the Healthcare Coordinator confirmed all service plans were provided for the tenants reviewed.	A 370		
A 430	481-69.27(1)c 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: c. To assess and document the health status of each tenant, to make recommendations and referrals as appropriate, and to monitor progress relating to previous recommendations at least every 90 days and whenever there are changes in the tenant's health status; This REQUIREMENT is not met as evidenced by:	A 430		

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Based on interview and record review the Program failed to complete nurse reviews as needed. This pertained to 1 of 1 tenant reviewed that was identified in a self-report related to medications (Tenant #1) and 1 of 4 discharged tenants reviewed (Tenant C3). Findings follow:

1. Record review of an Internal Investigation document dated 6/23/23 indicated Staff A documented several tenants medications as refused from 6/2/23 to 6/13/23 and did not notify the nurse of the refusals and did not attempt to give them three times prior to documenting the refusal. It was noted that it pertained to multiple tenants on multiple dates in memory care. On 6/13/23 it was noted the Healthcare Coordinator observed several medication cards with medications remaining in the last week on first shift. The medication administration records (MARs) for that tenant and others in memory care revealed Staff A had marked refused for several memory care tenants from 6/2/23 to 6/13/23 without notifying the nurse per the policy requirement. It was determined Staff A did not administer medications to the tenants as ordered, she did not attempt to give the medications three times (medications were still in the bubble packs), she did not follow the policy on medication refusals and did not notify the nurse of the refusals. Staff A was terminated.

Continued record review of Tenant #1's file revealed the service plan dated 10/13/22 reflected staff administered Tenant #1's medications. Tenant #1 was staged at five on the Global Deterioration Scale, which indicated moderately severe cognitive decline. The service plan did not reflect a history of medication refusals for Tenant #1. An incident report indicated on 6/13/23 the Healthcare Coordinator

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was filling Tenant #1's medication planner and noted medications remained in the planner from the morning medications.

Further record review revealed Tenant #1's June 2023 MARs dated 6/1/23 to 6/13/23 reflected to give medications from the medication planner (7 pills) in the morning at 8:00 a.m. and give medications from the medication planner (6 pills) at 6:00 p.m. The morning (8:00 a.m.) doses reflected Staff A documented Tenant #1 refused medications on 6/6/23, 6/10/23, 6/11/23, 6/12/23 and 6/13/23. The morning medications included: acetaminophen 650 milligrams (mg), amlodipine 5 mg, multivitamin, two naproxen 440 mg, vitamin D 5,000 IU and sertraline 50 mg total. The evening medications included: acetaminophen 650 mg, aspirin 81 mg, atorvastatin 10 mg, two naproxen 440 mg and Trazodone 25 mg.

Continued record review revealed Progress Notes indicated the following:

a. On 6/13/23 (late entry completed on 6/24/23) reflected the nurse was filling the medication planner due to medication changes and noted there were medications in the planner for the morning medications.

b. On 6/24/23 it was noted at unsuccessful attempt was made to contact Tenant #1's legal representative.

c. On 6/26/23 it was noted (the primary care provider) acknowledged the medication refusals.

Further record review revealed a nurse review was not completed related to all of Tenant #1's morning medications not administered five times

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from 6/6/23 to 6/13/23 in the morning that were charted as refusals.

When interviewed on 10/17/23 at 12:05 p.m. the Healthcare Coordinator confirmed a nurse review related to Tenant #1 and the medication refusals was not completed.

2. Record review on 10/31/23 of Tenant C3's file revealed Progress Notes indicated the following:

a. On 7/26/23 it was noted a new order was received for nitrofurantoin 100 mg twice daily for five days was ordered for a urinary tract infection (UTI).

b. On 8/21/23 it was noted the nurse received notification over the weekend, that Tenant C3 complained of pain. On that day Tenant C3 was not eating, her blood pressure was elevated at 189/94, she complained of pain and was not eating or drinking. Tenant C3's family was notified and decided to wait to send her to the emergency room.

c. On 8/21/23/ it was noted the nurse attempted to assist Tenant C3 to her apartment and she could not stand up due to pain in her stomach. Tenant C3's family was notified and she was sent to the hospital.

d. On 8/21/23 it was noted the computed tomography showed diverticulosis and the urinalysis indicated a probable UTI. Tenant C3 returned to the building and new order was received for cephalexin 500 mg, twice daily, for seven days.

e. On 8/27/23 it was noted Tenant C3's leg went out and staff lowered her to the floor. Staff called

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the nurse and called emergency medical services to send Tenant C3 to the hospital

f. On 8/29/23 it was noted Tenant C3 returned to the building and was on hospice services (hospice referral diagnosis indicated acute kidney injury, hypernatremia and Alzheimer's disease).

g. On 8/30/23 it was noted Tenant C3 died.

Continued record review revealed Staff Documentation/Communication to Nurse documents revealed the following:

a. On 8/20/23 it was noted Tenant C3 was unable to stand on her and extreme back pain. Tenant C3's urine had a bad odor and it indicated she needed to be tested for a UTI. It was reviewed by a nurse on 8/21/23 and indicated a nurse review was needed/completed.

b. On 8/21/23 it was noted staff had noticed Tenant C3 holding her abdomen since about 7:00 a.m.. She was moaning and groaning and did not eat much. Tenant C3 said "my stomach hurts so bad." The nurse reviewed it on 8/21/23 and it indicated a nurse review was needed/completed.

c. On 8/22/23 it was noted on 8/19/23 Tenant C3 clutched her lower abdomen and cried out but stopped after staff changed her and she urinated on the toilet. On 8/22/23 she was screaming out in pain when staff attempted to sit her up in bed. Tenant C3 was clutching her lower abdomen. Staff said she thought it was a kidney stone or UTI and noted she was incontinent and in "extreme pain." It was reviewed by a nurse on 8/22/23 and it indicated a nurse review was needed/completed.

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A 430	Continued From page 126 Further record review revealed cognitive, health and functional evaluations were completed on 8/29/23 post hospitalization and with Tenant C3's start of hospice services; however, nurse reviews were not completed related to change in Tenant C3's health status first noted by staff on 8/19/23. Nurse's notes were documented as indicated above; however, an assessment of Tenant C3's health status and appropriate referrals were not completed when the above changes were noted. A nurse review was not completed as needed for Tenant C3. 3. When interviewed on 11/14/23 at 4:08 p.m. the Healthcare Coordinator confirmed all nurse reviews for the tenants reviewed were provided.	A 430		
A 685	481-69.34(1) Activities 69.34(1) The program shall provide appropriate activities for each tenant. Activities shall reflect individual differences in age, health status, sensory deficits, lifestyle, ethnic and cultural beliefs, religious beliefs, values, experiences, needs, interests, abilities and skills by providing opportunities for a variety of types and levels of involvement. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the Program failed to provide activities for tenants in the memory care units. This potentially affected all tenants in the memory care units (census of 17). Findings follow: 1. Record review of the November 2023 memory care unit (Gardens and Vineyards) activity calendar listed six activities during the weekdays	A 685		

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A 685	Continued From page 127	A 685		

and four to five activities on the weekends. The activity calendar indicated on 11/7/23 at 8:00 a.m. daily perk and 9:30 a.m. puzzle club. On 11/7/23 at 3:00 p.m. it indicated a concert performance.

2. When observed on 11/7/23 at 8:00 a.m. there were no activities in the of the memory care units (Gardens or Vineyards). An activity was listed as the daily perk at 8:00 a.m. In the Gardens (memory care unit) at 7:56 a.m. Tenant #5 and Tenant #9 were observed out in the common area and Tenant #9 was asleep. She had been seated in her wheelchair since approximately 7:10 a.m. There was no observed activity and the tenants had not had breakfast. Breakfast service did not start until approximately 8:55 a.m. in the Gardens (next scheduled activity was at 9:30 a.m.). At 7:58 a.m. there were five tenants seated out at the table in the Vineyards(memory care unit). There was not observed activity and the tenants had not had breakfast. When observed on 11/7/23 at approximately 3:30 p.m. there was music activity listed on the calendar for memory care and the general population. The activity took place in the main dining room of the building (general population). In the Gardens (memory care unit) at approximately 3:30 p.m. there were at least four of the six current tenants (Tenants #5, #7, #9 and #10) observed in the common area or in their apartments during the time of the activity listed on the schedule and there were no alternative activities observed in Gardens.

3. When interviewed on 11/6/23 a family interview revealed there was an activity calendar; however, there had been no activities in the memory care unit observed.

When interviewed on 11/9/23 at 1:34 p.m. Staff F said it was supposed to be the Assistant Life

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0351	A. BUILDING: _____ B. WING _____	C 11/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EMERY PLACE	901 SOUTH MENTZER ROAD ROBINS, IA 52328

(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 685	Continued From page 128	A 685		

Enrichment Coordinator and Staff I doing activities in the units but she had seen any activities (in memory care).

When interviewed on 11/9/23 at 4:17 p.m. Staff N said she had not seen activity staff do activities in the memory care. She said things were on the wall that were planned and they did not happen.

When interviewed on 11/14/23 at 1:37 p.m. the Assistant Healthcare Coordinator said activities were not completed often by activity staff in the memory care. She said changes were made regarding activities.

When interviewed on 11/14/23 at 4:08 p.m. the Healthcare Coordinator said she did not pay attention to it (activities). She said family members had complained.

When interviewed on 11/14/23 at 11:44 a.m. the Life Enrichment Coordinator said his role changed from marketing to the Life Enrichment Coordinator last Monday. He said now he completed activities in the general population section of the building and was involved overall with events. The Assistant Life Enrichment Coordinator worked in the two memory care units. Staff I helped with transportation. He said the goal was six activities per day during the week and four activities on weekends. He said there had been complaints made to the Executive Director related to activities and changes were made. He said there were activities on the calendar that were not being executed in the memory care units.

When interviewed on 11/14/23 at 11:24 a.m. the Assistant Life Enrichment Coordinator said from April to November she was the Life Enrichment

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0351	A. BUILDING: _____ B. WING _____	C 11/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EMERY PLACE	**901 SOUTH MENTZER ROAD ROBINS, IA 52328**

(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 685	Continued From page 129 Coordinator and Staff I helped on the floor and with activities. She said Staff I and direct care staff were doing activities in the memory care units. There were two to three activities per day. 4. When interviewed on 11/14/23 the Executive Director said she first started as the Executive Director, the current Life Enrichment Coordinator was in a marketing role but was previously in the Life Enrichment Coordinator position. Changes were made related to activities and he was now the Life Enrichment Coordinator again. When she first came she said activities were not occurring as they should have been and it was not consistent. Families voiced concerns, mostly related to activities in the two memory care units not taking place. It was recognized there were not as many activities as there should be, including the number of activities and type of activity.	A 685		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	PROVIDER/SUPPLIER/CLIA INDENTIFICATION NUMBER: S0351	DATE SURVEY COMPLETED: 11/15/2023

Tag #	SUMMARY STATEMENT OF DEFICIENTCIES (EACH DEFICIENCY SHOULD BE PRECEDE BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERRED TO THE APPROPRIATE DEFICIENCY	Identify what changes to the provider's systems and practices were made to ensure compliance with the specific statute(s). Include information about how the provider will maintain compliance in the future.	COMPLETION DATE
Tag # 1	**Regulation and Reg Number** **481-67.2(3) Program Policies and Procedures 67.2(3) The program shall follow the policies and procedures established by the program.** This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to implement established policies and procedures related to the completion of incident reports, completion of visual checks and medication administration. This pertained to 3 of 10 current tenants reviewed (Tenants #1, #4, and #5).	**A 150**	**What initial correction was made?** Initial Staff education was completed on 11/22/2023 regarding documentation of medications administered, completion of visual checks and completion of incident reports. All staff will receive education regarding documentation of medications administered, completion of visual checks, nurse notification of refusal of meds/cares, narcotic count process and completion of incident reports by 3/10/2024. Medication Error/Incident Report was completed for Tenant #1 on 6/23/23. Medication Error/Incident Report will be completed for Tenant # 4 by 3/10/2024.	**How will we ensure and maintain compliance going forward?** HCC and AHCC were re-educated on Medication policies regarding timely order processing, narcotic counting, and medication administration documentation on 12/1/2023. HCC and AHCC were re-educated on Incident reporting policy and visual checks on 12/1/2023. New Nurses will be trained pertaining to Incident Reporting and Medication Policies, visual checks, nurse notifications related to refusals of medications and/or cares, narcotic count procedures. Director or designee will complete audits daily, weekly, monthly, as needed, as determined by the Director or Designee to ensure compliance.	**Implementation Date: 11/22/2023** **Completion Date:** 3/10/2024 **Responsible Party: Director and/or designee**

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			Community took over medication management for Tenant # 5 on 11/16/2023 and Lorazepam is being counted per policy.		
Tag #2	**Regulation and Reg Number** **481-67.3 Tenant rights. All tenants have the following rights: 67.3(1) To be treated with consideration, respect, and full recognition of personal dignity and autonomy.** This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the Program failed to ensure tenants were consistently treated with consideration, respect, and full recognition of personal dignity and autonomy. This pertained to 1 of 3 tenants reviewed receiving hospice services (Tenant #9).	**A 155**	**What initial correction was made?** Initial Staff education was completed on 11/22/2023 regarding tenant rights. All staff will receive education regarding tenant rights by 3/10/2024.	**How will we ensure and maintain compliance going forward?** HCC and AHCC were reeducated on tenant rights on 12/1/2023. The new HCC and any other nurse hired will be trained in tenant rights. Director or designee will complete audits daily, weekly, monthly, as needed, as determined by the Director or Designee to ensure compliance.	**Implementation Date:** 11/22/2023 **Completion Date: 3/10/2024** **Responsible Party: Director and/or designee**
Tag#3	**Regulation and Reg Number** **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.**	**A 160**	**What initial correction was made?** Initial Staff education was completed on 11/22/2023 regarding visual checks and Staff to Nurse communication expectations.	**How will we ensure and maintain compliance going forward?** HCC and AHCC were reeducated on timely assessments and documentation, charting by exception, staff to RN communication	**Implementation Date:** 11/16/2023 **Completion Date: 03/10/2024** **Responsible Party:** Director, Nurse, or Designee

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	This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to provide services to tenants that were adequate and appropriate. This pertained to 8 of 10 current tenants reviewed (Tenants #1, #2, #4, #5, #7, #8, #9 and #10) and 3 of 4 discharged tenants reviewed (Tenant C1, Tenant C2, and Tenant C4).		All staff will receive education regarding visual checks, Staff to Nurse communication expectations and completion of task documentation by 3/10/2024. Tenant C4 was discharged to a higher LOC on 06/26/2023. Tenant C2 passed away on 04/06/2023. Tenant C1 passed away on 06/21/2023. Tenant # 7 was discharged on 12/26/2023. Tenant # 10 passed away on 11/27/2023. Tenant # 9's service plan was updated on 11/20/2023 to reflect history of bathing and care refusals. Tenants #1 and #2 Service Plans will be updated to reflect history of bathing refusals by 03/10/2024.	expectations and visual checks on 12/1/2023. The new HCC will be trained on timely assessments and documentation, charting by exception, staff to Nurse communication expectations and visual checks. Director or designee will complete audits daily, weekly, monthly, as needed, as determined by the Director or Designee to ensure compliance.	

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Tag#4	**Regulation and Reg Number** **481-67.5(2)f(1) 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: (1) The administration of medications shall be provided by a registered nurse, licensed practical nurse or advanced registered nurse practitioner registered in Iowa, by an individual who has successfully completed a department-approved medication aide or medication manager course and passed the respective department-approved medication aide or manager examination, or by a physician assistant (PA) in accordance with 645-Chapter 327. Injectable medications shall be administered as permitted by Iowa law by a registered nurse, licensed practical nurse, advanced registered nurse practitioner, physician, pharmacist, or physician assistant (PA).** This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to	**A 270**	**What initial correction was made?** Staff A's Medication Manager Certificate was obtained on 06/26/2023. Staff K's Medication Manager Certificate was obtained on 11/09/2023. An audit of all current staff will be completed to ensure Medication Manager Certificates are on file for all delegated medication managers by 03/10/2024.	**How will we ensure and maintain compliance going forward?** HCC and AHCC were reeducated on the Delegation Process and expectations on 12/1/2023. The new HCC will be trained on the Delegation Process and expectations. Director or designee will complete audits daily, weekly, monthly, as needed, as determined by the Director or Designee to ensure compliance.	**Implementation Date:** 11/9/2023 **Completion Date: 03/10/2024** **Responsible Party:** Director, Nurse, or Designee

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	ensure staff completed a state-approved medication manager course prior to administering medications. This pertained to 2 of 6 staff reviewed for medication manager training (Staff A and Staff K).				
Tag#5	**Regulation and Reg Number** **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 medications as prescribed. This pertained to current 11 of 14 current tenants reviewed (Tenants #1, #3, #4, #5, #7, #8, #10, #11, #12, #13, #14) and 2 of 4 discharged tenants reviewed (Tenants C1 and Tenant C2).	**A 285**	**What initial correction was made?** Staff A's employment was terminated on 06/15/2023. Initial Staff education was completed on 11/22/2023 regarding Medication Policy. All staff will receive education regarding Medication Policy and not administering medications without an order by 3/10/2024. Medication Errors/Incident Reports were completed for Tenants # 1, # 7, # 10, # 11, # 12, # 13 and # 14 on 06/23/2023. Tenant # 3 Medication error/Incident Report was completed on 08/29/2023. Medication Error/Incident Report will be completed for Tenants # 4, # 7, # 8, # C1, # C2 by 03/10/2024.	**How will we ensure and maintain compliance going forward?** HCC and AHCC were reeducated on Medication Error/Incident Report Completion, timely and accurate processing of orders and Medication Policy on 12/1/2023. The new HCC will be trained on Medication Error/Incident Report Completion, timely and accurate processing of orders and Medication Policy. Director or designee will complete audits daily, weekly, monthly, as needed, as determined by the Director or Designee to ensure compliance.	**Implementation Date:** 11/22/2023 **Completion Date:** **Responsible Party:** Director, Nurse, or Designee

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			Tenant # 5's MAR was updated on 12/01/2023 to reflect blood sugar checks before meals and at bedtime.		
Tag#6	**Regulation and Reg Number** **481-67.9(1) Staffing 67.9(1) Number of staff. A sufficient number of trained staff shall be available at all times to fully meet tenants' identified needs.** This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the Program failed to provide sufficient staff to meet the needs of the tenants. This potentially affected all tenants (census of 53).	**A 325**	**What initial correction was made?** Staff education was provided regarding Pendant Response expectations and use of Pendant Exception report on 11/13/2023. Initial Staff education was completed on 11/22/2023 regarding Tenant Rights and Staff to Nurse Communication expectations. All staff will receive education regarding Tenant Rights, Staff to Nurse Communication expectations, Code of Conduct, Completion of assigned tasks/documentation, Attendance Policy and Pendant Response expectation by 3/10/2024.	**How will we ensure and maintain compliance going forward?** All new hires will receive training/delegation on pendent response expectations and use of pendant exception report. HCC and AHCC were reeducated on Tenant Rights, Staff to Nurse Communication expectations, Documentation and Pendant Response expectation on 12/1/2023. The new HCC will be trained on Tenant Rights, Staff to Nurse Communication expectations, Documentation, Pendant Response expectations, Attendance Policy and Code of Conduct. Director or designee will complete audits daily, weekly, monthly, as needed, as determined by the	**Implementation Date:** 11/13/2023 **Completion Date:** Ongoing **Responsible Party:** Director, Nurse, or Designee

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				Director or Designee to ensure compliance.	
Tag#7	**Regulation and Reg Number** **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 provide nurse delegated training for staff within 30-days of employment. This pertained to 2 of 3 staff reviewed hired in August 2023 (Staff K and Staff O).	**A 345**	**What initial correction was made?** An audit of all current staff delegations will be completed by 03/10/2024 to ensure compliance.	**How will we ensure and maintain compliance going forward?** HCC and AHCC were reeducated on Delegation process and expectations on 12/1/2023. The new HCC will be trained on the Delegation process and expectations. Director or designee will complete audits daily, weekly, monthly, as needed, as determined by the Director or Designee to ensure compliance.	**Implementation Date**: 12/1/2023 **Completion Date:** Ongoing **Responsible Party:** Director, Nurse, or designee
Tag#8	**Regulation and Reg Number** **481-67.9(4)d Staffing 67.9(4) Nurse delegation procedures. The**	**A 355**	**What initial correction was made?** Current staff will be delegated on Dexcom (or similar device)	**How will we ensure and maintain compliance going forward?**	**Implementation Date:** 2/8/2024

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	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: **d. Certified and noncertified staff shall receive training regarding service plan tasks (e.g., wound care, pain management, rehabilitation needs and hospice care) in accordance with medical or nursing directives and the acuity of the tenants' health, cognitive or functional status.** This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure staff were competent to meet the needs of the tenants including training on service plan tasks. This pertained to 5 of 5 staff reviewed that administered medications (Staff E, F, K, O and P).		use/placement, Colostomy Cares, including emptying of the colostomy bag by 03/10/2024.	The new HCC will be trained in the Delegation process and expectations. Director or designee will complete audits daily, weekly, monthly, as needed, as determined by the Director or Designee to ensure compliance.	**Completion Date:** Ongoing **Responsible Party:** Director, Nurse, or Designee
Tag #9	**Regulation and Reg Number** **481-67.9(4)g 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.**	**A 365**	**What initial correction was made?** Education will be provided to all staff regarding utilization of the Staff to Nurse communication form and expectations related to notification to nurse of vital signs	**How will we ensure and maintain compliance going forward?** HCC and AHCC were reeducated on staff to Nurse communication form use and expectations on 12/1/2023.	**Implementation Date:** 12/1/2023 **Completion Date:** Ongoing

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	Nurse delegation shall, at a minimum, include the following: **g. The program shall have in place a system by which certified or noncertified staff communicate in writing occurrences that differ from the tenant's normal health, functional and cognitive status. The program's registered nurse or designee shall train certified and noncertified staff on reporting to the program's registered nurse or designee and documenting occurrences that differ from the tenant's normal health, functional and cognitive status. The written communication required by this paragraph shall be retained by the program for a period of not less than three years, and shall be accessible to the department upon request.** This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure staff documented, in writing, occurrences that differed from the tenant's normal health, functional and cognitive status. This pertained to 1 of 1 tenant reviewed with a continuous glucometer (Tenant #5).		including blood glucose when outside of parameters by 03/10/2024. Tenant #5 was discharged on 1/11/2024 home with family.	The new HCC will be trained on staff to RN communication expectations related to vital signs outside of parameters. Director or designee will complete audits daily, weekly, monthly, as needed, as determined by the Director or Designee to ensure compliance.	**Responsible Party:** Director, Nurse or Designee
Tag #10	**Regulation and Reg Number**	**A 106**	**What initial correction was made?**	**How will we ensure and maintain compliance going forward?**	**Implementation Date:** 2/8/2024

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	231C.5 1 Occupancy Agreement: **231C.5 Written occupancy agreement required.** **1. An assisted living program shall not operate in this state unless a written occupancy agreement, as prescribed in subsection 2, is executed between the assisted living program and each tenant or the tenant's legal representative, prior to the tenant's occupancy, and unless the assisted living program operates in accordance with the terms of the occupancy agreement. The assisted living program shall deliver to the tenant or the tenant's legal representative a complete copy of the occupancy agreement and all supporting documents and attachments and shall deliver, at least thirty days prior to any changes, a written copy of changes to the occupancy agreement if any changes to the copy originally delivered are subsequently made.** This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to provide a written 30-day notice regarding changes in services and fees related to medication services and		Notice was provided to all residents receiving medication reminders regarding the change in process for medication reminders on 9/25/2023. The community will provide written 30-day notices regarding changes in services and fees related to medication services and pharmacy going forward.	The new HCC will be trained on Occupancy Agreement and required notifications timeframe of changes not care related. Director or designee will complete audits daily, weekly, monthly, as needed, as determined by the Director or Designee to ensure compliance.	**Completion Date:** Ongoing **Responsible Party:** Director, Nurse, or Designee

	pharmacy. This pertained to 5 of 5 current tenants reviewed that had received medication reminders (Tenants #2, #5, #8, #15 and #16).				
Tag #11	**Regulation and Reg Number** **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 complete evaluations as needed with significant change. This pertained 7	**A 145**	**What initial correction was made?** Tenants # 5, # 7, # 9 and # 10 had change of condition/comprehensive assessments completed on 11/16/2023. Tenants # 2 and # 8 will have change of condition/comprehensive assessment completed by 3/10/2024. Tenant # 3 was discharged on 12/29/2023. Tenant # C2 passed away on 4/6/2023. Tenant C4 discharged on 06/26/2023.	**How will we ensure and maintain compliance going forward?** HCC and AHCC were reeducated on when a Change of Condition needs completed on 12/1/2023. The new HCC will be trained on when a Change of Condition needs completed. Director or designee will complete audits daily, weekly, monthly, as needed, as determined by the Director or Designee to ensure compliance.	**Implementation Date:** 11/16/2023 **Completion Date:** Ongoing **Responsible Party:** Director, Nurse, or Designee

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	of 10 current tenants reviewed (Tenants #2, #3, #5, #7, #8, #9 and #10) and 2 of 4 discharged tenants reviewed (Tenants C2 and C4). 9				
Tag #12	**Regulation and Reg Number** **481-69.23(1)b Criteria for Admission / Retention of Tenants 69.23(1) Persons who may not be admitted or retained. A program shall not knowingly admit or retain a tenant who:** **b. Requires routine, two-person assistance with standing, transfer or evacuation.** This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the Program failed to discharge tenants routinely requiring the assistance of two people with transfers. This pertained to 3 of 3 tenants reviewed that received hospice services (Tenants #7, #9 and #10).	**A 155**	**What initial correction was made?** Tenants # 7, # 9 and # 10 all had change of condition/comprehensive assessments completed on 11/16/2023. DIAL Waiver was applied for on 11/20/2024 for Tenants # 7, # 9 and # 10. Tenant # 10 passed away on 11/27/2023 before DIAL waiver could be approved or denied. Tenant # 7's DIAL Waiver application was sent on 11/20/2023, however resident was discharged from hospice on 12/6/2023, 30-Day Discharge notice was given on 12/11/2023, resident moved out on 12/26/2023. Tenant # 9's DIAL Waiver application was denied on 12/21/2023, 30-Day Discharge	**How will we ensure and maintain compliance going forward?** The New HCC will be trained on Criteria for Admission/Retention Requirements for Tenants. Director or designee will complete audits daily, weekly, monthly, as needed, as determined by the Director or Designee to ensure compliance.	**Implementation Date:** 11/16/2023 **Completion Date:** Ongoing **Responsible Party:** Director, Nurse, or Designee

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			notice was given on 12/21/2023 and resident moved out on 01/04/2024. All current residents were reviewed by 12/8/2023 and 1 other tenant, Tenant # 5, was identified as needing a higher LOC. 30-Day Discharge notice was given on 12/11/2023 and resident moved out on 1/11/2024. The Community Director and all Coordinators will be educated in Admission criteria, and transfer/discharge processes by 3/10/2024		
Tag #13	**Regulation and Reg Number** **481-69.24(1)a Involuntary Transfer from Program 69.24(1) Program initiation of transfer. If a program initiates the involuntary transfer of a tenant and the action is not the result of a monitoring, including a complaint investigation or program-reported incident investigation, by the department and if the tenant or**	**A 215**	**What initial correction was made?** Tenant # 6 passed away on 11/11/2023 at Unity Point Hospital. The Community Director and all Coordinators will be educated in Admission criteria, and transfer/discharge processes by 3/10/2024	**How will we ensure and maintain compliance going forward?** New HCC will be trained on Discharge and Transfer Requirements and proper process. Director or designee will complete audits daily, weekly, monthly, as needed, as determined by the	**Implementation Date: 11/11/2023** **Completion Date:** Ongoing **Responsible Party:** Director, Nurse, or Designee

	tenant's legal representative contests the transfer, the following procedures shall apply: **a. The program shall notify the tenant or tenant's legal representative, in accordance with the occupancy agreement, of the need to transfer the tenant and of the reason for the transfer and shall include the contact information for the office of long-term care ombudsman.** This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to notify the tenant or tenant's legal representative of the need for the transfer of the tenant, the reason for the transfer and contact information for the office of the long-term care ombudsman. This pertained to 1 of 1 reviewed not allowed to return to the Program post hospitalization (Tenant #6).			Director or Designee to ensure compliance.	
Tag #14	**Regulation and Reg Number** **481-69.25(1)i Tenant Documents 69.25(1) Documentation for each tenant shall be maintained by the program and shall include:**	**A 290**	**What initial correction was made?** HCC and AHCC were reeducated on Documentation expectations/charting by exception on 12/1/2023.	**How will we ensure and maintain compliance going forward?** New HCC will be trained on Documentation expectations/charting by exception.	**Implementation Date: 12/1/2023** **Completion Date:** Ongoing

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	i. When any personal or health-related care is delegated to the program, the medical information sheet; documentation of health professionals' orders, such as those for treatment, therapy, and medication; and nurses' notes written by exception. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to document nurse's notes by exception. This pertained to 1 of 10 current tenants reviewed (Tenant #2) and 1 of 4 discharged tenants reviewed (Tenant C1).		Tenant #2 progress notes will be entered related to her ER visit by 3/10/2024. Tenant C1's documentation was entered regarding falls on 6/19/2023 in the EHR.	Director or designee will complete audits daily, weekly, monthly, as needed, as determined by the Director or Designee to ensure compliance.	**Responsible Party:** Director, Nurse, or Designee
Tag #15	**Regulation and Reg Number** **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 update service plans as needed and failed to	**A 350**	**What initial correction was made?** Tenants # 5, # 7, # 9 and # 10 had change of condition/comprehensive assessments completed on 11/16/2023. Tenants # 1, # 2, # 4 and # 8 will have change of condition/comprehensive assessment completed by 3/10/2024. Tenant # 3 was discharged on 12/29/2023.	**How will we ensure and maintain compliance going forward?** HCC and AHCC were re-educated on when a Change of Condition needs completed and updating service plans on 12/1/2023. The new HCC will be trained on when a Change of Condition needs completed and updating service plans. Director or designee will complete audits daily, weekly, monthly, as	**Implementation Date:** 11/16/2023 **Completion Date:** Ongoing **Responsible Party:** Director, Nurse, or Designee

	ensure the service plans reflected the service needs of the tenants. This pertained to 9 of 10 current tenants reviewed (Tenants #1, #2, #3, #4, #5, #7, #8, #9 and #10) and 2 of 4 discharged tenants reviewed (Tenant C2 and Tenant C4).		Tenant # C2 passed away on 4/6/2023. Tenant C4 discharged on 06/26/2023.	needed, as determined by the Director or Designee to ensure compliance.	
Tag #16	**Regulation and Reg Number** **481-69.26(3)a 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.** **a. If a significant change triggers the review and update of the service plan, the updated service plan shall be signed and dated by all parties.** This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to obtain service plans signed by all parties when a significant change occurred. This pertained to 4 of 10 current tenants reviewed (Tenants #5, #6, #9 and #10) and 2 of 4 discharged tenants reviewed (Tenant C2 and Tenant C4).	**A 370**	**What initial correction was made?** Tenant # 5 was discharged on 1/11/2024. Tenant # 6 passed away on 11/11/2023. Tenant # 9 was discharged on 1/04/2024. Tenant # 10 passed away on 11/27/2023. Tenant C2 passed away 04/06/2023. Tenant C4 discharged on 06/26/2023. All current tenants will have current, signed service plans on file by 03/10/2024.	**How will we ensure and maintain compliance going forward?** HCC and AHCC were reeducated on process/expectation regarding ISP signatures on 12/1/2023. The new HCC will be trained in ISP signature process and expectation. Director or designee will complete audits daily, weekly, monthly, as needed, as determined by the Director or Designee to ensure compliance.	**Implementation Date: 12/1/2023** **Completion Date:** Ongoing **Responsible Party: Director, Nurse, or Designee**

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Tag #17	**Regulation and Reg Number** **481-69.27(1)c 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:** **c. To assess and document the health status of each tenant, to make recommendations and referrals as appropriate, and to monitor progress relating to previous recommendations at least every 90 days and whenever there are changes in the tenant's health status;** This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to complete nurse reviews as needed. This pertained to 1 of 1 tenant reviewed that was identified in a self-report related to medications (Tenant #1) and 1 of 4 discharged tenants reviewed (Tenant C3).	**A 430**	**What initial correction was made?** HCC and AHCC were reeducated on Documentation expectations/charting by exception on 12/1/2023. Tenant # 1 will have a nurse review completed by 3/10/2024. Tenant #C3, who was receiving Hospice services, had a change of condition assessment completed on 8/29/2023, returned to the community and expired on 8/30/2023.	**How will we ensure and maintain compliance going forward?** New HCC will be trained in Documentation expectations/charting by exception. Director or designee will complete audits daily, weekly, monthly, as needed, as determined by the Director or Designee to ensure compliance.	**Implementation Date: 12/1/2023** **Completion Date:** Ongoing **Responsible Party:** Director, Nurse, or Designee
Tag #18	**Regulation and Reg Number** **481-69.34(1) Activities 69.34(1) The program shall provide appropriate activities for each tenant. Activities shall**	**A 685**	**What initial correction was made?** The Life Enrichment Coordinator and Assistant Life Enrichment Coordinator will receive re-	**How will we ensure and maintain compliance going forward?** Director or designee will complete audits of the activities occurring in	**Implementation Date:** 2/8/2023

	reflect individual differences in age, health status, sensory deficits, lifestyle, ethnic and cultural beliefs, religious beliefs, values, experiences, needs, interests, abilities and skills by providing opportunities for a variety of types and levels of involvement. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the Program failed to provide activities for tenants in the memory care units. This potentially affected all tenants in the memory care units (census of 17).		education and training regarding activity expectation in the Memory Care areas by 3/10/2024.	Memory care areas daily, weekly, monthly, as needed, as determined by the Director or Designee to ensure compliance.	**Completion Date:** Ongoing **Responsible Party:** Director, Nurse, or Designee

Compliance Date: 3/10/2024

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