DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0352	A. BUILDING: _____ B. WING _____	C 06/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOMESTEAD OF ESTHERVILLE	**2015 3RD AVENUE NORTH ESTHERVILLE, IA 51334**

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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: 30 Number of tenants with cognitive impairment: 10 Total census: 40 The following regulatory insufficiencies were cited during the investigation of Complaints 116645-C, 116906-C and Incidents 116802-I and #119613-I and the recertification visit conducted to determine compliance with certification of an Assisted Living Program for People with Dementia.	A 000		
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 consistently follow policies and procedures regarding incident reporting/fall management. This pertained to 1 of 5 sample tenants (Tenant C2). Finding follows: 1. Record review on 3/18/24 revealed three incident reports (IR) for Tenant C2 dated 10/23/24 (4:36 p.m.), 10/23/24 (5:24 p.m.) and 10/29/24	A 150		

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(12:59 p.m.) noted the following:

a. The IR for 10/23/24 4:36 p.m. described Tenant C2 wanted to leave the memory care unit, broke a lamp, television, hit windows and kicked a mirror. The tenant asked for police and thought someone was trying to hurt her. The IR included documentation from the nurse notified the tenant's family of their aggressive behavior.

b. The IR for 10/23/24 at 5:24 p.m. documented staff heard a thud inside C2's room followed by a painful groan. Staff entered Tenant C2's room and found her laying on the floor between her chair and bed. Staff noted a bump on her left side back of her head.

c. The IR for 10/29/24 at 12:59 p.m. documented Tenant C2 walk out of their room when staff noticed bruising on the side of her neck.

Further review of the IRs for 10/23/23 at 5:24 p.m. and 10/29/23 at 12:59 p.m. did not include any notifications of POA/responsible party/family. The Program documented notification of the physician on 10/23/23 at 4:36 p.m. and 5:24 p.m. but not for 10/29/23.

Record review on 3/19/24 revealed the Program's Fall Management policy, undated. The policy directed the Program to complete and document the notification of the physician, the responsible party, and/or the family. A daily follow up note should be completed in the electronic medical record for 72 hours. The policy further directed staff to follow the head injury policy if head injury present or was suspected.

Record review revealed the Head Injury policy, undated, directed tenants who had a fall that may

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have included striking the head on a solid surface would be evaluated for possible head trauma in the emergency room. The policy indicated the nurse would direct the tenant be transported to the Emergency Room (ER) to be evaluated for possible head trauma. If the tenant refused, the nurse would educate the tenant on importance of being evaluated. The policy directed the Program to notify tenant's physician and Power of Attorney (POA)/responsible party.

Further review of the Fall Management on 3/19/24 revealed the policy directed a daily follow up for falls be documented in the electronic medical record for 72 hours. Circumstances be recorded in the electronic record and review and/or revise the plan of care with new intervention following each fall. Review of Tenant C2's Progress Notes revealed no entries in the electronic record regarding C2's fall or review/revision of the care plan.

Record review revealed Progress Notes for Tenant C2 included the following:
a. On 10/24/23 at 2:30 p.m. the RN documented she was called back to assist with Tenant C2. The tenant was very irritable and agitated. Resident actively tried to exit the unit upon her arrival. The RN asked the tenant to walk with her and she yelled, "You are all liars. You keep me in here like a slave." Tenant continued to yell profanities and tried to push staff out of the way to leave. The RN was able to

b. A note from the RN on 10/30/23 at 9:32 a.m. documented she contacted the hospital or a status update on Tenant C2. Family told ER staff the tenant had 2-3 falls the last couple weeks and hit her head twice, once on the floor and once on the corner of the wall. Family stated she had

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increased confusion and behaviors over the past weeks. CT scan completed and showed a 1-2 millimeter (mm) acute subdural hematoma. Another CT scan was scheduled for 10/31/23.

c. A note from the RN on 10/30/23 at 10:28 a.m. documented she was informed Tenant C2's family took her to the hospital on 10/29/23 after noticing a bruise. The nurse was unable to assess the resident, as she was at the hospital and did not return to the Program. The nurse did call the hospital and was told the resident was there and would have a CT done after complaints of two falls and hitting her head.

d. On 10/31/23 at 4:02 p.m. the RN documented upon contacting the hospital for an update on Tenant C2 she was informed family asked them not to give the Program any information regarding the patient as she was no longer a resident there.

When interviewed on 3/14/24 at 11:40 a.m. the POA confirmed the Program failed to contact her or any other family member regarding the Tenant C2's agitation/aggression on 10/23/23 at 4:36 p.m. and the fall on 10/23/23 at 5:24 p.m. Additionally, the Program failed to ask the tenant and/or POA if Tenant C2 should be sent to the Emergency Room (ER). The POA reported Tenant C2 had bruising around her head and neck after experiencing two falls from her bed. The family took her to the emergency room where she was diagnosed with a brain bleed of the frontal lobe.

When interviewed on 3/19/24 at 5:00 p.m. the Director confirmed the Program failed to follow policy regarding fall management and head injury for Tenant C2. The Director explained the nurse documented notification, but failed to notify the

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A 150	Continued From page 4 family. The Director confirmed the Program failed to notify Tenant C2's family and determine if Tenant C2 should be sent to the ER for evaluation.	A 150		
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 consistently complete evaluations as needed with a significant change in tenant condition. This pertained to 1 of 5 sample tenants (Tenant #1). Findings follow: Record review on 3/18/24 revealed Progress note dated 3/12/24 for Tenant #1. The delegating nurse documented she saw Tenant #1 outside in the parking lot at 1:35 p.m. The nurse brought Tenant #1 inside and completed assessments with no injuries noted and returned Tenant #1 to	A 145		

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A 145	Continued From page 5 the memory care unit. Further review revealed an Incident Report (IR) dated 3/12/24 documented the nurse observed Tenant #1 outside in the front parking lot attempting to leave the property. No injuries noted by the nurse. When interviewed on 3/19/24 at 2:00 p.m. the delegating nurse said she found Tenant #1 in the parking lot approximately 30 yards from the front door. Tenant #1 wore clothes appropriate for the weather conditions. She noted no injuries. Record review on 6/6/24 revealed Tenant #1's cognitive evaluation dated 3/12/24. Review on Tenant #1's service plan dated 12/18/23 revealed no documentation regarding elopement/wandering. Further review revealed the Program failed to complete health and functional evaluations with a significant change of condition for Tenant #1.	A 145		
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.	A 350		

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A 350	Continued From page 6 This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to consistently update service plans to meet tenants' needs. This affected 1 of 5 sample tenants. Finding follows: Record review on 3/18/24 revealed A Progress note dated 3/12/24 for Tenant #1. The delegating nurse documented she saw Tenant #1 outside in the parking lot at 1:35 p.m. The nurse brought Tenant #1 inside and completed assessments with no injuries noted and returned Tenant #1 to the memory care unit. When interviewed on 3/19/24 at 2:00 p.m. the delegating nurse said she found Tenant #1 in the parking lot approximately 30 yards from the front door. Tenant #1 wore clothes appropriate for the weather conditions. She noted no injuries. Record review on 6/10/24 revealed Tenant #1's service plan, dated 12/8/23. The service plan failed to include information regarding indicators of elopement for Tenant #1. Further review revealed the Program failed to complete evaluations and update Tenant #1's service plan to include elopement. On 6/10/24 the Director confirmed the Program failed to update Tenant #1's service plan as required with a significant change of condition.	A 350		
A 635	481-69.32(2) Life Safety - Emergency Policies / Structure 69.32(2) An operating alarm system shall be connected to each exit door in a	A 635		

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A 635	Continued From page 7 dementia-specific program. This REQUIREMENT is not met as evidenced by: Based on observations, record review and interview the Program failed to ensure an operating alarm system connected to all exit doors. This potentially pertained to 1 of 5 sample tenants (Tenant #1) and potentially 10 of 10 tenants with cognitive impairment. Findings follow: 1. Record review on 3/18/24 revealed a progress note, dated 3/12/24, documented the delegating nurse documented she saw Tenant #1 outside in the parking lot at 1:35 p.m. The nurse brought Tenant #1 inside and completed assessments with no injuries noted. Tenant #1 returned to the memory care unit. Further record review revealed an Incident Report (IR) dated 3/12/24 documented the nurse observed Tenant #1 outside in the front parking lot attempting to leave the property. No injuries noted by the nurse. On 6/6/24 at 2:23 p.m. the State Climatologist confirmed weather conditions on 3/12/24 at 1:35 p.m. as the following Temperature: 67 degrees F, Relative Humidity: 15%, winds out of the North at 3 miles per hour and no precipitation detected with clear conditions Record review revealed Tenant #1's diagnoses included Alzheimer's Disease and unspecified Dementia, unspecified severity, without behavioral disturbance, psychotic disturbance and anxiety. Her Global Deterioration Scale score, dated 3/12/24, measured 5 which indicated	A 635		

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A 635	Continued From page 8 moderate cognitive decline. The Program admitted Tenant #1 on 11/17/23. Review on Tenant #1's service plan dated 12/18/23 revealed no documentation regarding elopement or wandering. When interviewed on 3/19/24 at 2:00 p.m. the delegating nurse stated she found Tenant #1 in the parking lot approximately 30 yards from the front door. Tenant #1 wore clothes appropriate for the weather conditions. She noted no injuries. 2. When interviewed on 3/14/24 at 4:00 p.m. the Director said door alarms on outside doors of the assisted living area of the building had been disengaged from 6:00 a.m. - 9:00 p.m. daily. The Director did not understand Assisted Living Programs for People with Dementia (ALPD) required functioning door alarms on all outside doors.	A 635		
A 637	481-69.32(4)a Life Safety - Emergency Policies / Structure 69.32(4) A program serving a person(s) with cognitive disorder or dementia shall have: a. Written procedures regarding alarm systems, if an alarm system is in place. This REQUIREMENT is not met as evidenced by: Based on observations, interview and record review the Program failed to implement policies and procedures to address operating door alarms and staff response to the alarms. This pertained to 1 of 5 sample tenants and potentially 10 of 10 tenants with cognitive impairment. Findings follow:	A 637		

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A 637	Continued From page 9 1. Record review on 3/18/24 revealed a progress note, dated 3/12/24, documented the delegating nurse documented she saw Tenant #1 outside in the parking lot at 1:35 p.m. The nurse brought Tenant #1 inside and completed assessments with no injuries noted. Tenant #1 returned to the memory care unit. Further record review revealed an Incident Report (IR) dated 3/12/24 documented the nurse observed Tenant #1 outside in the front parking lot attempting to leave the property. No injuries noted by the nurse. On 6/6/24 at 2:23 p.m. the State Climatologist confirmed weather conditions on 3/12/24 at 1:35 p.m. as the following Temperature: 67 degrees F, Relative Humidity: 15%, winds out of the North at 3 miles per hour and no precipitation detected with clear conditions Record review revealed Tenant #1's diagnoses included Alzheimer's Disease and unspecified Dementia, unspecified severity, without behavioral disturbance, psychotic disturbance and anxiety. Her Global Deterioration Scale score, dated 3/12/24, measured 5 which indicated moderate cognitive decline. The Program admitted Tenant #1 on 11/17/23. Review on Tenant #1's service plan dated 12/18/23 revealed no documentation regarding elopement or wandering. When interviewed on 3/19/24 at 2:00 p.m. the delegating nurse stated she found Tenant #1 in the parking lot approximately 30 yards from the front door. Tenant #1 wore clothes appropriate for the weather conditions. She noted no injuries.	A 637		

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2. Observations on 3/19/24 revealed the doors received alerts for the outside doors. On 3/19/24 at 11:35 a.m. during observations of edication administration Staff A's pager alerted several times. The staff noted the front door alerted and explained the maintenance person worked on the doors. Staff failed to check the door or alert another staff to check the door assuming the alert was related to maintenance.

Observations on 3/19/24 from 1:00 p.m. - 1:25 p.m. revealed Staff B worked alone in the memory care unit. Her pager alerted many times. When asked about the alerts she said she carried the pager and walkie talkie but it found it difficult to monitor the doors because "they are going off constantly." She added she monitored the doors in the memory care unit but did not leave that area to check on door alarm alerts.

Further observations on 3/19/24 from 1:33 p.m. - 1:52 p.m. of the sunroom one west door just outside the memory care unit secured door revealed no staff responded when the door opened. This surveyor opened the door at 1:33 p.m. and 1:45 p.m. At 1:48 p.m. and 1:52 p.m. two different males opened the west door with no response.

Record review on 3/19/24 at 2:00 p.m. confirmed the west door alarm alerted at 1:32.56, 1:45:21, 1:48:22 and 1:52:00.

3. On 3/19/24 the Program provided the Program's Electronic Surveillance Systems policy, undated, in response to a request for the door alarm policy. The policy referenced a

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A 637	Continued From page 11 Wanderguard system. When interviewed on 3/19/24 at 2:00 p.m. the delegating nurse confirmed the Program did not have a Wanderguard system. The policy failed to address staff response to door alarms. When interviewed on 3/20/24 at 11:20 a.m. the Director confirmed the Program had implemented a system to ensure door alarms were functioning and responded to by staff as required.	A 637		