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 05/29/2024

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments Assisted Living Programs for People with Dementia are defined by the population served. The census numbers were provided by the Program at the time of the on-site. Number of tenants without cognitive impairment: 26 Number of tenants with cognitive impairment: 10 Total census: 36 The following regulatory insufficiencies were cited during the investigation of Complaint 120906-C.	A 000		
A 160	481-67.3(2) Tenant Rights 481-67.3 Tenant rights. All tenants have the following rights: 67.3(2) To receive care, treatment and services which are adequate and appropriate. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to consistently ensure tenants received care, treatment and services which were adequate and appropriate. This pertained to 4 of 4 tenants with skin integrity issues (Tenant #1-#4). Finding follows: During interviews on 5/21/24 at 4:55 p.m. and 5/22/24 at 7:30 a.m. two interviewees described a variety of skin integrity issues for Tenants' #1-#4. Both confirmed Staff Communication Report	A 160	The Plan of Correction is attached.	

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

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A 160	Continued From page 1 (SCR) forms were completed per policy. Record review on 5/22/24 revealed the Staff Communication Report policy (undated). The policy directed staff to use the SCR form to communicate, in writing, any occurrences that differed from the tenant's normal health, functional or cognitive status. Further review revealed SCRs completed for Tenants #1-#4 dated 5/16/24. Observations on 5/21/24 between 5:55 p.m. - 6:55 p.m. revealed staff assisted Tenant #1, #2 and #3 to use the toilet and put on pajamas. - At 5:55 p.m. Tenant #1 said her insides hurt. Staff explained she had been diagnosed with a Urinary Tract Infection (UTI) earlier. Observations revealed a reddened area at the top of Tenant #1's buttocks crack. - At 6:45 p.m. staff entered Tenant #3's room and assisted to use the toilet and put on her pajamas. Staff confirmed they had been told to apply barrier cream and Tenant #3's reddened area seemed better. - At 6:55 p.m. Tenant #2 said she had pain and pointed to her vaginal area. She added it seemed better. Staff assisted her to toilet, put pajamas on and applied barrier cream to her pelvic area as they noted the vaginal area seemed better. Review of service plans on 5/22/24 revealed the following: - Tenant #1's dated 10/21/22 directed staff to ensure Tenant #1 remained clean and dry throughout the day and look over skin during cares/bathing and report concerns so issues were addressed as soon as possible. - Tenant #2's dated 6/9/23 directed staff to look over skin and notify nurse so issues were addressed as soon as possible.	A 160		

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A 160	Continued From page 2	A 160		

- Tenant #3's dated 11/15/23 directed staff to provide assistance with toileting, incontinent episodes and ensure cleanliness.
- Tenant #4's dated 12/4/23 directed staff to assist to provide assistance with a toileting schedule and cleansing and/or change incontinent brief and ensure the area is dry.

When interviewed on 5/22/24 the Director said she had the SCRs dated 5/16/24 for all four tenants and had planned to address the tenant concerns with the Resident Care Coordinator (RCC) when she returned from vacation on 5/21/24. She admitted she had the forms with descriptions of each tenants' skin integrity issues yet failed to follow up with the on-call nurse.

No follow up documentation regarding the skin integrity issues could be located by the Program on 5/22/24.

Record review on 5/29/24 revealed wound assessments for Tenants #1-#4 completed by the RCC dated 5/23/24. The assessments documented the following:
Tenant #1 - pinkness of the groin, acquired at Program with no drainage
Tenant #2 - pink groin, acquired at Program with no drainage
Tenant #3 - pinkness of the groin, acquired at Program with no drainage
Tenant #4 - pinkness of the groin, acquired at Program with no drainage

Further review on 5/29/24 revealed the following physician orders dated 5/24/24:
Tenant #1 - Nystatin Powder 100000 unit/gm topically two times a day for rash until healed
Tenant #2 - Nystatin Cream 100000 unit topically two times a day for rash until headed

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A 160	Continued From page 3 When interviewed on 5/22/24 at 2:00 p.m. the Director and RCC confirmed the Program failed to address these tenant concerns communicated by staff in a timely, adequate and appropriate manner.	A 160		
A 360	481-69.26(3) 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. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to consistently update service plans annually. This pertained to 1 of 4 tenants (Tenant #1). Finding follows: Record review on 5/22/24 revealed Tenant #1's service plan dated 10/21/22. When interviewed on 5/22/24 at 2:00 p.m. the Director and Resident Care Coordinator confirmed the Program failed to update the service plan annually as required.	A 360		
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	A 430		

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A 430	Continued From page 4 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 observations, interview and record review the Program failed to assess tenants with a significant change of condition as reported by staff. This pertained to 4 of 4 tenants with identified skin integrity issues reviewes (Tenants #1-#4). Finding follows: During interviews on 5/21/24 at 4:55 p.m. and 5/22/24 at 7:30 a.m. two interviewees described a variety of skin integrity issues for Tenants #1-#4. Both confirmed Staff Communication Report (SCR) forms were completed. Review on 5/22/24 revealed the Staff Communication Report policy (undated). The policy directed staff to use the SCR forms to communicate, in writing, any occurrences that differed from the tenant's normal health, functional or cognitive status. Further review revealed SCRs completed for Tenants #1-#4 dated 5/16/24. When interviewed on 5/22/24 the Director said she had the SCR forms dated 5/16/24 for Tenants #1-#4 and kept them in her office. On 5/22/24 the Director provided forms for Tenants #1-#4. She admitted she failed to ensure the on-call nurse	A 430		

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A 430	Continued From page 5 received the forms in order to follow up on the tenant concerns identified in a timely manner. She had planned to address the concerns when the Resident Care Coordinator (RCC) returned to work on 5/21/24. Record review on 5/22/24 revealed no documentation of a nurse review for Tenants #1-#4. On 5/22/24 at 2:00 p.m. the Director and RCC confirmed the Program failed to complete nurse reviews in a timely manner.	A 430		

Homestead of Estherville Plan of Correction

Survey Completion Date: 5/29/2024

A 160 481-67.3(2) Tenant Rights- All tenants have the following rights 67.3(2) To receive care, treatment and services which are adequate and appropriate.

1. Tenants #1-4 have all had significant change assessments completed, based on staff communication reports to reflect appropriate care, treatment and services which are adequate and appropriate.
2. Program will review Staff Communication Reports and provide clinical follow-up in compliance with policies and procedures.
3. Staff Communication Reports will be audited periodically by the Executive Director or Designee to determine compliance.
4. Date of compliance: September 22nd, 2024

A 360 481-69.26(3) Service Plans- When a tenant needs personal care or health-related care, the service plans will be completed for all tenants to reflect current needs on or before admission, within 30 days of occupancy and updated with changes as needed, but not less than annually.

1. Tenant #1** has had service plan updated to reflect their current needs based on accurate assessments.
2. All tenants who have personal or health-related care will have service plans completed to reflect current needs on or before admission, within 30 days of occupancy and updated with changes as needed, but not less than annually.
3. Tenant's files will be audited periodically by the Executive Director or Designee to determine compliance.
4. Date of compliance: September 22nd, 2024

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.

1. Tenants #1-4 have all had nurse reviews completed, significant change evaluations completed and service plan updates to reflect current needs.
2. All tenants will have nurse reviews completed 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.
3. Tenant files will be audited periodically by the director or designee to ensure compliance with nurse reviews.
4. Date of compliance: September 22nd, 2024

The executive director and RCC have read and understand the regulations listed above as of 08/22/2024. The executive director and RCC have reviewed the policies and procedures included in this attachment.