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
	S0356	A. BUILDING: _____ B. WING _____	C 03/16/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANNING SENIOR LIVING	203 11TH STREET MANNING, IA 51455

(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 type of population served. The census numbers were provided by the Program at the time of the on-site. Number of tenants without cognitive disorder: 12 Number of tenants with cognitive disorder: 3 Total census: 15 The following regulatory insufficiencies were cited during the investigation of Incident #111947-I.	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 provide appropriate care, treatment, and services for 1 of 1 tenants reviewed (Tenant #1). Findings follow: Review of Tenant #1's file revealed the following: 1. A handwritten Incident Report dated 2/25/23 at 6:45 am revealed staff assisted Tenant #1 from the bathroom to the chair and the right front wheel of the walker got caught on a sheet hanging from her bed which caused her to fall. The tenant required two staff to assist to her chair from the floor. She complained of pain in her right	A 160	The Plan of Correction is attached.	

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A 160	Continued From page 1 knee and noted a rash on her head from the fall. Staff administered Tylenol. 2. The electronic Incident Report dated 2/25/23 noted clutter, poor lighting, furniture, and rugs/carpeting as predisposing environmental factors that may have contributed to the fall. 3. Progress Notes dated 2/25/23 revealed Tenant #1 suffered a cervical fracture from the fall and returned from the hospital with a cervical collar to wear at all times. Physical therapy or a hospice consult was discussed with the family as possible options and to follow up with neurologist. Further review of Progress Notes dated 3/8/23 noted an order for hydrocodone for pain management and to discontinue tramadol. 4. A Documentation Survey Report (task sheet) for February 2023 included the use of a gait belt and walker for transfers and ambulation. Staff initialed daily this occurred. 5. A 90 Day Nurse Review dated 1/9/23 included diagnoses of history of falls and abnormality of gait and mobility. No documentation to use a gait belt was included. 6. A Comprehensive Assessment completed 2/25/23 revealed a history of falls on 12/16/22, 1/15/23, 1/23/23, 2/2/23, 2/11/23 (2 falls), and 2/25/25 which resulted in a cervical fracture. The assessment noted she walked with a shuffled gait and required the assistance of one staff with a platform walker. 7. The service plan dated 10/9/22 indicated she required the assistance of one staff for ambulation and used a platform walker. The service plan failed to include the need for a gait	A 160		

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A 160	Continued From page 2 belt for transfers and ambulation. The service plan was updated on 2/25/23. The use of a gait belt was not added to the service plan. On 3/16/23 at 12:34 p.m. Staff A stated on 2/25/23 she assisted Tenant #1 from the bathroom to the recliner. She reported as they walked past the bed, the front right wheel of the walker got caught on the sheet that was hanging a little bit on the floor and Tenant #1 fell. She said it happened so fast she made no attempt to stop her. She stated Tenant #1 complained of knee pain and had a rash on her head from the fall. She confirmed no gait belt was used and said she did not think one was required for her. On 3/16/23 at 12:24 p.m. Staff B reported at shift change on 2/25/23 she went downstairs to inform Staff A the next staff was on their way and she heard Tenant #1 crying. She walked into the apartment and saw her on the floor. Staff A was present. She stated they put their arms under Tenant #1's arms and assisted her to her chair without using a gait belt. She remembered seeing the top blanket from the bed on the floor but unsure how much of it was on the floor. She confirmed Staff A notified the nurse of the fall. On 3/16/23 the Regional Nurse Specialist confirmed Tenant #1 suffered a cervical fracture from the fall. She stated Tenant #1's task sheet included a gait belt for transfers and ambulation but the service plan failed to include them. She reported staff were expected to follow the task sheet.	A 160		
A 395	481-69.26(4)a Service Plans 69.26(4) The service plan shall be individualized	A 395		

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A 395	Continued From page 3 and shall indicate, at a minimum: a. The tenant's identified needs and preferences for assistance This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to update a tenant's service plan to indicate the identified needs for 1 of 1 tenants reviewed (Tenant #1). Findings follow: Record review revealed a handwritten Incident Report dated 2/25/23 at 6:45 am documented staff assisted Tenant #1 from the bathroom to the chair and the right front wheel of the walker got caught on a sheet hanging from her bed which caused her to fall. The tenant required two staff to assist to her chair from the floor. She complained of pain in her right knee and noted a rash on her head from the fall. Staff administered Tylenol. See 67.3(2) for additional information. The Documentation Survey Report (task sheet) for February included the use of a gait belt and walker for transfers and ambulation. Tenant #1's service plan dated 10/9/22 indicated she required the assistance of one staff for ambulation and used a platform walker. The service plan failed to include the need for a gait belt for transfers and ambulation. The service plan was updated on 2/25/23. The use of a gait belt was not added to the service plan. On 3/16/23 the Regional Nurse Specialist confirmed Tenant #1 suffered a cervical fracture from the fall. She stated Tenant #1's task sheet included a gait belt for transfers and ambulation	A 395		

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MANNING SENIOR LIVING	203 11TH STREET MANNING, IA 51455

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A 395	Continued From page 4 and the service plan failed to include them. She reported staff were expected to follow the task sheet.	A 395		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	PROVIDER/SUPPLIER/CLIA INDENTIFICATION NUMBER: S0356-Manning Senior Living	DATE SURVEY COMPLETED: 3/16/2023

ID PREFIX 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** ***481-67.3(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 provide appropriate care, treatment, and services for 1 of 1 tenants reviewed (Tenant #1).	Tag # A160	**What initial correction was made?** An audit of all Residents ISP's and Task lists is being completed to ensure all are consistent and appropriate by 3/31/2023 Staff training to be completed on 4-6-2023. Training will cover transfer/mobility status of all Residents and a review of Resident's ISPs.	**How will we ensure and maintain compliance going forward?** Upon admission, or when a new comprehensive assessment is completed, verification of ISP and task list consistency will be completed. Upon hire, the new Health Care Coordinator will receive training regarding assuring consistency between the ISP and Tasks.	**Implementation Date:** 3-16-2023 **Completion Date:** Ongoing **Responsible Party:** Director and/or Designee
Tag #2	**Regulation and Reg Number** ***481-69.26(4)a Service Plans 69.26(4) The service plan shall be individualized and shall indicate, at a minimum: a. The tenant's identified needs and preferences for assistance*** This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to update a tenant's service plan to indicate the identified needs for 1 of 1 tenants reviewed (Tenant #1).	Tag# A395	**What initial correction was made?** An audit of all Residents ISP's and Task lists is being completed to ensure all are consistent and appropriate by 3/31/2023 Staff training to be completed on 4-6-2023. Training will cover transfer/mobility status of all Residents and a review of Resident's ISPs.	**How will we ensure and maintain compliance going forward?** Upon admission, or when a new comprehensive assessment is completed, verification of ISP and task list consistency will be completed. Upon hire, the new Health Care Coordinator will receive training regarding assuring consistency between the ISP and Tasks.	**Implementation Date:** 3-16-2023 **Completion Date:** Ongoing **Responsible Party:** Director and/or Designee

Compliance Date: 4/7/2023

Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of regulatory insufficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of state law.

ok 3/31/23