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
	S0360	A. BUILDING: _____ B. WING _____	C 10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KEYSTONE PLACE AT FOREVERGREEN ALP/I	1275 W FOREVERGREEN ROAD NORTH LIBERTY, IA 52317

(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. ALP/D (all units) # of tenants without cognitive impairment: 1 # of tenants with GDS of 4 or above: 20 Total number of tenants: 21 The investigation of 103862-I resulted in the following regulatory insufficiencies:	A 000	POC 4/17/23	
A 130	481-67.2(1)e Program Policies and Procedures 67.2(1) The program's policies and procedures on incident reports, at a minimum, shall include the following: e. All accidents or unusual occurrences within the program's building or on the premises that affect tenants shall be reported as incidents. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to document all unusual occurrences for 1 of 1 tenants reviewed (Tenant C1). Findings follow: Record review on 10/25/22 revealed Tenant C1 had a service plan dated 2/4/22. The service plan included a diagnosis for Tenant C2 of Other Symptoms and Signs Involving Cognitive	A 130	The Program updated its Incident Reporting Guidelines (a copy of which is attached) for care staff responsible for documentation in the resident's records regarding the occurrence of incidents to provide for documentation of incidents in the electronic charting system including instructions for completion of reports electronically. The Program updated its Incident Reporting Including Dependent Adult Abuse Policy and Procedure to incorporate reference to the Incident Reporting Guidelines. All responsible staff members have been or will be trained on the updated guidelines and policy and procedure no later than April 17, 2023. The updated policy and procedure	

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A 130	Continued From page 1 Functions and Awareness. Tenant C1 scored a 5 on the Global Deterioration Scale on 2/4/22 indicating Moderately Severe Cognitive Decline. Tenant C1 had two written incident reports detailing elopements, but staff interviews described a third undocumented elopement. The first incident report, dated 3/26/22 at 12:15 PM, noted Tenant C1 went out the back Memory Care door. She was on the grass besides the building. Tenant C1 stated, "I read hold the bar for 15 seconds and it will open". She stated she was outside looking for her car, mom and sister. A second documented incident occurred on 3/28/22 at 4:30 PM. Care staff were in the activity room when the tenant was seen outside of the secure Memory Care unit walking east of the parking lot towards the rear entrance to the garage. Care staff walked out toward the tenant and called her name to gain her attention. Care staff redirected Tenant C1 back into the building. On 10/26/22 at 10:00 AM, Staff A stated she was working during one of Tenant C1's elopements. Staff A recalled Tenant C1 eloped through the back door of the Memory Care unit into the unsecured courtyard. Someone working in the physical therapy department saw Tenant C1 from across the courtyard and took Tenant C1 there. Tenant C1 was determined not to go back to the Memory Care unit and it took time to convince her to return to her apartment. On 10/26/22 at 1:52 PM, Staff B reported she was working on a day Tenant C1 eloped. Tenant C1 ended up in the physical therapy exercise room and wouldn't get up from the floor. They sat around for a while before Tenant C1 finally agreed to return to the Memory Care unit. Staff B	A 130	now specifically identifies resident elopement as necessitating the completion of an incident report as well as immediate notification to the Director of Health and Wellness and Executive Director.	

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A 130	Continued From page 2 recalled being present for another elopement when Tenant C1 got out and just sat in the grass. On 10/27/22 at 11:00 AM, the Physical Therapist (PT) said she did find Tenant C1 in the outside courtyard. She left the physical therapy room to get another tenant and on her return found Tenant C1 in the courtyard. The PT said this would not have taken a long period of time. After she got Tenant C1 from the courtyard, she informed Memory Care staff of Tenant C1's whereabouts. They did not know Tenant C1 was gone from their unit. There was no documentation in Tenant C1's record of an incident in which she eloped to the physical therapy department. On 10/27/22 at 10:22 AM, the Executive Director confirmed he was not aware of an incident in which Tenant #2 eloped to the physical therapy department.	A 130		
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 follow the Life Safety - Memory Care policy. This affected 1 of 1 tenant identified as a result of self-reported incident 103862-I. Findings follow: Record review on 10/25/22 revealed Tenant C1 had a service plan dated 2/4/22. The service plan included a diagnosis for Tenant C1 of Other	A 150	The Executive Director and Maintenance Director have conducted a review of the functionality of the current alarm system and determined that the system functions properly. The Executive Director and the Chief Operating Officer are reviewing and analyzing alternative systems to determine additional safety measures that may be implemented. Staff member schedules are staggered to facilitate responses to memory care door alarms when other staff are addressing resident needs.	

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A 150	Continued From page 3 Symptoms and Signs Involving Cognitive Functions and Awareness. Tenant C1 scored a 5 on the Global Deterioration Scale on 2/4/22 indicating Moderately Severe Cognitive Decline. Record review on 10/25/22 revealed 2 incident reports for Tenant C1. The first incident report, dated 3/26/22 at 12:15 PM, noted Tenant C1 went out the back Memory Care door. She was on the grass besides the building. Tenant C1 stated, "I read hold the bar for 15 seconds and it will open". She stated she was outside looking for her car, mom and sister. A second documented incident occurred on 3/28/22 at 4:30 PM. Care staff were in the activity room when the tenant was seen outside of the secure Memory Care unit walking east of the parking lot towards the rear entrance to the garage. Care staff walked out towards the tenant and called her name to gain her attention. Care staff redirected Tenant C1 back into the building. An Investigation Summary of the 3/28/22 incident noted the staff working in the Memory Care unit was in another tenant's apartment at the time of the elopement. She could not hear the alarm with the apartment door shut. Someone speaking over the walking talkie informed her Tenant C1 was outside. On 10/26/22 at 10:00 AM, Staff A stated she was working during one of Tenant C1's elopements. Staff A did not recall hearing an alarm sound when Tenant C1 exited the Memory Care unit. On 10/26/22 at 3:38 PM, Staff C said the door alarms on the main Memory Care door and back door made the same sound and at the same volume. He said if the Memory Care unit was	A 150	The program has reviewed and updated its Life Safety-Memory Care Policy and Procedure to include completion of an incident reports upon any elopement attempt. The Program's policy cross references the Incident Reporting Policy and Procedure. All memory care staff have been or will be retrained on the updated Keystone Place at Forevergreen Life Safety-Memory Care Policy and Procedure as of April 15, 2023. The Company has revised the door operations systems to cause any door alarm to also notify care managers via pagers worn by the care managers. Necessary hardware has been installed and the operating software is scheduled for implementation on March 31, 2023. All staff will be trained in the new functionality on or before April 15, 2023.	

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A 150	Continued From page 4 quiet, it was easy to hear the alarms. However if it was loud, like during a mealtime, it would be hard to hear the alarm. It would also be hard to hear the alarm if you were in a tenant's apartment. If staff exited apartment #11, it would be hard to determine which door alarm (the entry door or back door) was sounding. The program's Life Safety - Memory Care policy specified staff were to respond to memory care door alarms. Staff were to IMMEDIATELY respond to the door that was alarming. On 10/26/22 at 1:30 PM, the Executive Director confirmed staff were unable to hear the alarms sound during two instances when Tenant C1 eloped from the building and did not respond immediately.	A 150		