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
	520457	A. BUILDING: _____ B. WING _____	C 07/21/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHATHAM OAKS	4515 MELROSE AVENUE IOWA CITY, IA 52246

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R 000	Initial Comments There were no deficiencies cited during the onsite infection control survey completed on 7/21/21. The following deficiencies were cited during the investigation of Incident #97924-I as well as the survey conducted to determine compliance with licensing rules for a Residential Care Facility.	R 000		
R 580	481-57.16(2)c Medical Examinations 481-57.16(135C) Medical examinations. 57.16(2) Each resident admitted to a residential care facility shall have a physical examination prior to admission. (II, III) c. Screening and testing for tuberculosis shall be conducted pursuant to 481-Chapter 59. (I, II, III) This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to comply with requirements related to tuberculosis testing found in Iowa Administrative Code 481 - Chapter 59. Findings include: A review of resident files revealed the facility failed to complete TB screenings as required by Iowa Administrative Code rule 481 - 59.8 (2) for 1 of 2 residents admitted since March 2021 (Resident #2). Findings include: A review of resident files revealed the facility failed to complete TB screenings as required by Iowa Administrative Code rule 481 - 59.8 (2) for 1 of 2 residents admitted since March 2021	R 580	Plan of Correction is attached DD	

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

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R 580	Continued From page 1 (Resident #2). The Executive Director confirmed this finding. See deficiency under 59.8 (2).	R 580		
R 752	481-57.19(4)c(4) Drugs 481-57.19(135C) Drugs 57.19(4) Drug administration. c. A resident certified by the resident's primary care provider as capable of injecting the resident's own insulin may do so. Insulin may be administered pursuant to paragraph 57.19(4)" b " or as otherwise authorized by the resident's primary care provider. (II, III) Authorization shall: (4) Include the name of the person authorized to administer the insulin This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility was unable to provide names of staff members able to administer insulin to residents of the facility. Findings follow: An entrance meeting was conducted with the Executive Director on 7/19/21 at 10:45 AM in which he indicated there were potentially two residents of the facility who utilized insulin. Neither of these residents were identified as people who self-administered their medication. On 7/21/21 at 9:50 AM, the Executive Director reported no staff had been authorized to	R 752		

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R 752	Continued From page 2 administer insulin by the primary care provider of residents' who were insulin dependent.	R 752		
R 782	481-57.21(2)a Dietary 481-57.21(135C) Dietary. 57.21(2) Nutrition and menu planning. a. Menus shall be planned and followed to meet the nutritional needs of residents in accordance with the primary care provider's orders. Diet orders should be reviewed as necessary, but at least quarterly, by the primary care provider. (II, III) This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to ensure diet orders were obtained on a quarterly basis for 2 of 3 residents reviewed (Resident #1 and Resident #2). Findings follow: Record review on 7/20/21 revealed Resident #1 moved into the facility on 6/29/20. There were no diet orders from his primary care provider in his record after that date. Resident #2 moved into the facility on 3/12/21. There were no diet orders in her chart signed by the primary care provider after that date. The Executive Director confirmed this finding on 7/21/21 at 9:50 AM.	R 782		

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R 836	Continued From page 3	R 836		
R 836	481-57.22(3)d Orientation and Service Plan 57.22(3) Service plan. Within 30 days of admission, the administrator or the administrator's designee, in conjunction with the resident, the resident's responsible party, the interdisciplinary team, and any organization that works with or serves the resident, shall develop a written, individualized, and integrated service plan for the resident. The service plan shall be developed and implemented to address the resident's priorities and assessed needs, such as activities of daily living, rehabilitation, activity, and social, behavioral, emotional, physical and mental health. (I, II, III) d. The service plan shall be reviewed at least quarterly by relevant staff, the resident and appropriate others, such as the resident's family, case manager and responsible party. The review shall include a written report which addresses a summary of the resident's progress toward goals and objectives and the need for continued services. (I, II, III) This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to ensure service plans were modified as needs changed for 1 of 3 residents reviewed (Resident #2). Findings follow: Record review on 7/20/21 revealed Resident #2 moved into the facility on 3/12/21. According to a Narrative Supervision Note, Resident #2 and her	R 836		

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R 836	Continued From page 4 team met on 6/4/21 to discuss future plans to discharge from the facility. Resident #2 became overwhelmed during the meeting and stated she did not want to leave, then changed her mind and said she was agreeable with moving to an apartment on 6/14/21. Following the meeting, a review of Consumer Incident Forms and Critical Incident Forms revealed the following: - On 6/4/21 at 6:30 PM, Resident #2 came to nursing and told them they would not like what she had done and she was angry the social worker had required her to "make a decision." Staff asked what happened and Resident #2 showed staff a superficial scratch on her wrist. Staff provided Resident #2 with 1:1 supervision until 9:15 PM. - On 6/5/21 at 4:45 PM, Resident #2 told staff she needed to talk with someone. She told staff she wanted to hurt herself and had a plan to do it. Staff talked with Resident #2 and removed potentially dangerous items from her room. Resident #2 then showed the staff member where she cut an "X" in her wrist the previous evening measuring approximately 4" x 4." Staff offered to disinfect the cuts but Resident #2 declined assistance. Resident #2 stated she was unable to stop the negative thoughts and wanted to go to the hospital. She was transported there by the police and admitted to the hospital. - Resident #2 reported she harmed herself with a pop can on 6/18/21. Resident #2 said the pop can was in her closet and it was removed. She remained at the nurse's station until assessed by Mobile Crisis and admitted into the Crisis Center program. - On 6/21/21 Resident #2 returned from the Crisis Center. She reported having active thoughts of suicide, strong urges of self-harm and	R 836		

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R 836	Continued From page 5 not feeling safe. Resident #2 was admitted to the hospital. - Resident #2 repeatedly talked with staff on 6/23/21 about her negative thoughts and feelings of self-harm. She showed staff where she scratched herself with her finger nail on the left forearm and this was treated with first aid. Resident #2 was able to remain at the facility and use her coping skills. - Resident #2 was having active thoughts of self harm on 6/24/21 and staff encouraged her to use coping skills and attend group. Resident #2 said this did not work and requested to go to the Crisis Center for support as she did not feel safe. Staff transported her there so she did not harm herself. - On 6/25/21, Resident #2 was returned to the facility from the Crisis Center. Resident #2 reported to staff she was continuing to have thoughts of self-harm and was unsure if she felt safe. Staff filed a mental health committal and Resident #2 was picked up by the Sheriff's Department, transported to the hospital and admitted. - Resident #2 reported she was having strong thoughts of self harm and was moments away from cutting on 6/30/21. She stated she wanted to discharge from the facility and go back to her apartment to end it all. She stated she did not feel safe and and wanted to be hospitalized. Resident #2 was taken to the hospital. - On 7/1/21 Resident #2 reported she needed to tell staff what she had done. She showed staff a cut on her right wrist. Resident #2 turned over the can she hurt herself with and said she felt safe to remain at the facility. - Resident #2 approached staff with concerns of self-harm on 7/4/21. She placed part of a pop can on the counter and showed staff seven superficial scratches on her right wrist. Resident #2 was able to use her coping skills and stay at stay at the	R 836		

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R 836	Continued From page 6 facility. Resident #2 was placed on increased supervision through 7/5/21. On 7/21/21 at 10:10 AM, the Executive Director reported the team discussed Resident #2's condition daily but did not amend her Care Plan as her needs changed.	R 836		
V 235	481-59.8(2) Baseline TB Screening Procedures for Resident 59.8(2) All residents shall be assessed for current symptoms of active TB disease upon admission. Within 72 hours of a resident's admission, baseline TB screening for infection shall be initiated unless baseline TB screening occurred within 90 days prior to the resident's admission. This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to complete baseline TB (tuberculosis) testing for 1 of 2 residents admitted during the past five months (Resident #2). Baseline TB screening consists of two components: (1) assessing for current symptoms of active TB disease and (2) using two-step TST or a single IGRA to test for infection with M. tuberculosis. Findings include: Resident #2's file revealed an admission date of 3/12/21. The resident had not received any testing for TB. The Executive Director confirmed this finding on 7/21/21 at 9:50 AM.	V 235		