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PRINTED: 07/19/2021  
FORM APPROVED

## DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>S0045</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>05/18/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>HOMESTEAD ASSISTED LIVING</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2501 W STATE STREET MASON CITY, IA 50401</b>		
(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	<p>Initial Comments</p> <p>Assisted living Programs are defined by the type of population served. The census numbers were provided by the Program at the time of the on-site.</p> <p>Number of tenants without cognitive disorder: 17 Number of tenants with cognitive disorder: 14</p> <p>TOTAL census of Assisted Living Program: 31</p> <p>There were no regulatory insufficiencies cited during the onsite infection control survey completed from 5-13-21 to 5-18-21.</p> <p>The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification for an Assisted Living Program:</p> <p>481-67.9 (231B,231C,231D) Staffing</p> <p>67.9(4) Nurse delegation procedures. The program 's registered nurse shall ensure certified and noncertified staff are competent to meet the individual needs of tenants. Nurse delegation shall, at a minimum, include the following:</p> <p>f. Services shall be provided to tenants in accordance with the training provided.</p> <p>This Requirement is not met as evidenced by:</p> <p>Based on observation, interview and record review the Program failed to provide services in accordance with training provided. This pertained to 1 of 1 tenant observed that received blood glucose monitoring and insulin administration</p>	A 000	<p>Please See Plan of correction</p> <p>typed out</p> <p>page 1</p>	<p>goals</p> <p>8/30/2021</p>

DIVISION OF HEALTH FACILITIES - STATE OF IOWA  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

DEPARTMENT OF INSPECTIONS AND APPEALS

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A 000	<p>Continued From page 1</p> <p>(Tenant #4). Findings follow:</p> <ol style="list-style-type: none"> <li>1. When observed on 5-13-21 at approximately 11:30 a.m. Staff C assisted Tenant #4 with tasks including, blood glucose monitoring and insulin administration. Staff C washed her hands, donned gloves and completed the finger stick for the blood glucose monitoring. Tenant #4's finger was not cleansed with an alcohol wipe prior to the completion of the blood glucose check. Staff C also administered Tenant #4's insulin. Tenant #4's skin was not cleansed with an alcohol wipe prior to administration of the insulin.</li> <li>2. When interviewed on 5-13-21 after the completion of the medication pass with Tenant #4, Staff C confirmed Tenant #4's skin was not cleansed with alcohol.</li> <li>3. Record review revealed Staff C had nurse delegation training documents for blood glucose monitoring and insulin pen administration dated 1-8-20. The blood glucose monitoring nurse delegation indicated to cleanse the tenant's finger tip thoroughly with an alcohol wipe, allow it to dry and then use a single-use lancet to puncture the finger. The insulin pen injection nurse delegation reflected to select the location and cleanse the skin with an alcohol wipe. Then use a 90 degree angle to push the needle shield against the skin.</li> <li>4. When interviewed on 5-18-21 at 9:41 a.m. the Nurse confirmed if staff completed the finger stick and administered the insulin, the expectation was the skin should be cleansed with an alcohol wipe prior to the blood glucose finger stick and prior to the insulin administration.</li> </ol>	A 000	<p>Please See Plan of Correction typed out page 1</p>		goals 5/30/2021

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A 350	Continued From page 2	A 350	<p>Please see plan of correction typed out pages 1 &amp; 2</p>	<p>goals 4/30/2021</p>	
A 350	<p>481-67.9(4)c Staffing</p> <p>67.9(4) Nurse delegation procedures. The program's registered nurse shall ensure certified and noncertified staff are competent to meet the individual needs of tenants. Nurse delegation shall, at a minimum, include the following:</p> <p>c. Training for noncertified staff shall include, at a minimum, the provision of activities of daily living and instrumental activities of daily living.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to complete nurse delegated training on all tasks, including activities of daily living. This pertained to 5 of 5 direct care staff reviewed (Staff B, D, E, F and G). Findings follow:</p> <p>1. Record review on 5-13-21 revealed a hire date of 10-12-20 for Staff B. Nurse delegations were completed on 10-13-20; however, a nurse delegation for dressing/undressing was not completed.</p> <p>2. Record review on 5-13-21 of Staff D's training documents revealed a hire date of 3-29-21. Nurse delegations were completed on 4-1-21 to 4-6-21; however, nurse delegations for dressing/undressing and anti-embolism hose were not completed.</p> <p>3. Record review on 5-13-21 of Staff E's training documents revealed a hire date of 4-5-21. Nurse delegations were completed on 4-16-21; however, nurse delegations for dressing/undressing and anti-embolism hose were not completed.</p>	A 350			

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A 350	Continued From page 3  4. Record review on 5-13-21 and 5-17-21 of Staff F's training documents revealed a hire date of 4-14-21. Nurse delegations were completed on 4-17-21; however, nurse delegations for dressing/undressing and anti-embolism hose were not completed.  5. Record review on 5-13-21 of Staff G's training documents revealed a hire date of 12-8-20. Nurse delegations were completed on 12-8-20 to 12-18-20; however, a nurse delegation for dressing/undressing was not completed.  6. When interviewed on 5-18-21 at 9:41 a.m. the Nurse confirmed the above finding.	A 350	Please See plan of correction typed out.  pages 1 & 2	goals 8/30/2021	
A 400	481-67.19(3) Record Checks  67.19(3) Requirements for employer prior to employing an individual. Prior to employment of a person in a program, the program shall request that the department of public safety perform a criminal history check and the department of human services perform child and dependent adult abuse record checks of the person in this state.  This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to complete background checks prior to employment. This pertained to 1 of 6 staff reviewed (Staff A). Findings follow:  Record review on 5-13-21 revealed a hire date of 2-18-21 for Staff A. A criminal history and abuse registries background check was completed on 2-18-21. The abuse registries returned with no	A 400	Please See Plan of correction typed out.  page 2	goals 8/30/2021	

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

**HOMESTEAD ASSISTED LIVING**

**2501 W STATE STREET  
MASON CITY, IA 50401**

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A 400	Continued From page 4  results and the criminal history background check indicated further research was required. On 2-19-21 the criminal history background check returned with no results found.  Continued record review revealed a LPN Orientation/Delegation form was completed for Staff A and indicated some tasks were completed on 2-18-21, including: Orientation to the Facility, Chapter 67/69 Review and Policies and Procedures.  When interviewed on 5-18-21 at 9:17 a.m. the Executive Director revealed Staff A did not have any tenant contact on those dates and there were no additional background checks completed.	A 400	Please See plan of correction typed out, page 2	goals 8/30/2021
A 290	481-69.25(1)i Tenant Documents  69.25(1) Documentation for each tenant shall be maintained by the program and shall include:  i. When any personal or health-related care is delegated to the program, the medical information sheet; documentation of health professionals' orders, such as those for treatment, therapy, and medication; and nurses' notes written by exception  This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to consistently document nurses' notes by exception. This pertained to 2 of 3 tenants reviewed (Tenants #1 and #2). Findings follow:  1. Record review on 5-17-21 and 5-18-21 of	A 290	Please See plan of correction typed out, pages 3+3	goals 8/30/2021 5/07/30/2021

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A 290	<p>Continued From page 5</p> <p>Tenant #1's file revealed Progress Notes indicated the following:</p> <p>-On 3-10-21(infection note) it was noted urinalysis (UA) results returned and indicated a urinary tract infection (UTI). Cipro 250 milligrams (mg), every 12 hours for 5 days was ordered. The first dose was to start on 3-10-21.</p> <p>-On 3-10-21 (order note) it was noted Cipro 250 mg tablet, by mouth every 12 hours for 5 days, related to a UTI. An entry in the notes was not completed when the antibiotic was complete to ensure there were no further signs or symptoms of the UTI.</p> <p>-On 4-24-21 (order note) it was noted Cipro 250 mg, give two times per day related to a UTI and 250 mg one time only related to a UTI. There were no prior entries in the notes related to why the antibiotic was ordered or if a UA was completed. Nurses' notes were not documented by exception.</p> <p>2. Record review on 5-17-21 and 5-18-21 of Tenant #2's file revealed Progress Notes dated 3-19-21 indicated Tenant #2 woke up with pain, staff notified the nurse and Tenant #2 was sent to the hospital. The next entry in Progress Notes was dated 3-22-21 regarding Tenant #2's constipation. A entry in the notes was not completed when Tenant #2 returned from the hospital and if there were any new orders. Nurses' notes were not documented by exception.</p> <p>3. When interviewed on 5-18-21 at 9:41 a.m. the Nurse confirmed all nurses' notes in the time period requested were provided for the tenants listed above.</p>	A 290	<p><i>please see plan of correction typed out.</i></p> <p><i>page 3</i></p>	<p><i>goals</i></p> <p><i>8/30/2021</i></p>

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A 395	<p>481-69.26(4)a Service Plans</p> <p>69.26(4) The service plan shall be individualized and shall indicate, at a minimum:</p> <p>a. The tenant's identified needs and preferences for assistance</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to develop service plans to reflect the identified needs of the tenants. This pertained to 2 of 3 tenants reviewed (Tenants #1 and #3). Findings follow:</p> <p>1. Record review on 5-17-21 and 5-18-21 of Tenant #1's file revealed Tenant #1 was staged at a five on the Global Deterioration Scale (GDS), which indicated moderately severe cognitive decline. Progress Notes indicated the following:</p> <p>-On 3-10-21 it was noted Tenant #1 continued to cry, yell, pinch and hit. Tenant #1 was up and down out of bed and rearranged furniture.</p> <p>-On 3-23-21 it was noted Tenant #1 laid back in bed after screaming, she tried to climb on furniture and hit her head with her hands for an hour.</p> <p>Continued record review revealed March 2021 medication administration records reflected an order for Ativan tablet 0.5 milligram (mg), 0.5 mg by mouth as needed for anxiety. The as needed medication was documented as administered 12 times in March of 2021, including one entry where it was documented the as needed medication was not effective.</p>	A 395	<p><i>please see plan of correction typed out.</i></p> <p><i>page 3</i></p>	<p><i>goals</i></p> <p><i>7/30/2021</i></p>

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A 395	<p>Continued From page 7</p> <p>Further record review revealed Tenant #1's service plan dated 2-12-21 did not reflect Tenant #1's behaviors and interventions.</p> <p>2. Record review on 5-18-21 of Tenant #3's file revealed Progress Notes dated 5-11-21 indicated Tenant #3 had more fatigue and received more assistance with activities of daily living. She asked for more staff assistance at times, especially related to dressing and showering.</p> <p>Continued record review revealed the service plan dated 3-24-21 did not reflect dressing, undressing, grooming, nutrition/eating or mobility needs of Tenant #3. The service plan reflected a one assist with bathing; however, did not reflect the increased assistance at times as reflected in the Progress Notes dated 5-11-21.</p> <p>3. When interviewed on 5-18-21 at 9:41 a.m. the Nurse confirmed the most recent service plans for the tenants listed above were provided.</p>	A 395	<p>Please see plan of correction typed out page 3</p>	<p>goals 8/30/2021</p>

SW/ 7/19/2021  
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Homestead of Mason City

2501 W. State St.

Mason City, IA 50401

Plan of Correction for Recertification and onsite infection control survey

From 5/13/2021-5/18/2021 and letter sent on 7/19/2021 with findings

Nurse delegation procedures shall include the program's registered nurse ensuring certified and noncertified staff are competent to meet the individual needs of tenants.

- 67.9(4) State
1. The elements Homestead of Mason City RN will utilize to correct the insufficiency of ensuring medication manager staff are competent to meet individual needs of tenants are redelegation to all medication managers the procedure of blood glucose, sugar checks using insulin pens, preparatory to concluded task for tenants.
  2. The Measures Homestead of Mason City will utilize to correct the insufficiency of reoccurrence is random audits of medication managers and witness the actions of blood glucose, sugar check tasks for tenants by Homestead RN or Regional Nurse. Disciplinary action for non-compliance will be enforced with our HR forms and reeducation program.
  3. Homestead of Mason City RN will use a monitor form and check list to audit, file each random form in a red Quality Assurance binder reviewing it with each medication manager after tasks are completed.
  4. Homestead of Mason City will implement and correct the regulatory inefficiency 67.9(4) A 000 by 8/30/2021.

Nurse delegation shall, at a minimum, include training for noncertified staff include, at a minimum, the provision of activities of daily living and instrumental activities of daily living.

- 67.9(4)c State
1. The elements Homestead of Mason City RN will utilize to correct the insufficiency of ensuring nurse delegation training on all tasks including activities of daily living and specifically dressing/undressing and anti-embolism hose/TEDS to certified and noncertified staff on competency is an updated delegation training form has been developed which includes details the specific steps and individual needs of tenant's activities of daily living. Staff will be redelegated to ensure that this gap is closed, adding the word and details for tasks of "anti-embolism" and they have been educated to care for tenants. Dressing details and checklist has been added to delegation packet for each caregiving staff to complete for new hires and annually, and as needed.
  2. The Measures Homestead of Mason City will utilize to correct this insufficiency of reoccurrence is both the RN and Executive Director will audit employee education files during the first 30 days of employment ensuring that training shall include the

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		<p>provision of activities of daily living and instrumental activities of daily living. A master checklist along with the directions and education tools will be signed off by the RN and staff ensuring completion.</p> <ol style="list-style-type: none"><li>3. Homestead of Mason City RN, Executive Director and Administrative Assistant will review employee files upon hire, at 30 days, 90 days, and spontaneous competency reviews. Each staff has a delegation file which the Regional Nurse and Regional Vice President review on annual audits.</li><li>4. Homestead of Mason City will implement and correct the regulatory inefficiency 67.9(4)A 350 by 8/30/2021.</li></ol>
67.19(3)	State	<p>Requirements for employer prior to employing an individual. Prior to employment of a person in a program, the program shall request that the department of public safety perform a criminal history check and the department of human services perform child and dependent adult abuse record checks of the person in this state.</p> <ol style="list-style-type: none"><li>1. The elements Homestead of Mason City will utilize to correct the insufficiency of ensuring prior to employment is that Executive Director shall request that the department of public safety perform a criminal history check and the department of human services perform child and dependent adult abuse record checks of the person that is a prospective employee of Homestead of Mason City. Wait for background checks to clear completely before they start their job.</li><li>2. The Measures Homestead of Mason City will utilize to correct this insufficiency of reoccurrence is for each staff candidate; use the hiring check off list ensuring this problem does not recur.</li><li>3. Homestead of Mason City, Executive Director and Administrative Assistant will review candidate files prior to offering to hire prospective employee monitoring and ensure compliance.</li><li>4. Homestead of Mason City immediately as of May 2021 implemented and corrected regulatory inefficiency 67.19(3). A 400 Communication between departments of Nursing and Kitchen to assure correct onboarding.</li></ol>
69.25(1)	State	<p>Tenant Documents. Documentation for each tenant shall be maintained by the program and shall include occupancy agreement, application forms, initial evaluation and updates, a nutritional assessment as necessary, individual service plan, medical information release form, signed emergency medical form, managed risk agreement, physician orders, medication lists which shall be maintained in conformance with</p>

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481-paragraph 67.5(2)d, advanced health care directive, medical record, incident reports, and task sheets.

1. The elements Homestead of Mason City will utilize to correct the insufficiency consistently document nurses' notes by exception are that the progress notes should read like a "book" and "timeline" including each stage of process. Our reporting and tracking tools will be used in the digital Point Click Care to audit the stages of resident progress notes.
2. The Measures Homestead of Mason City will utilize to correct this insufficiency of reoccurrence is that nurses' notes by exception accurately and timely.
3. Homestead of Mason City will be monitored by Regional Nurse to ensure consistency of documentation of nurse notes by exception. Homestead of Mason City has a weekly call to discuss opportunity of improvement with Regional Nurse and audited files.
4. Homestead of Mason City will implement and correct the regulatory inefficiency 69.25(1) A 290 by 8/30/2021.

The service plan shall be individualized and shall indicate, at a minimum: a. The tenant's identified needs and preferences for assistance.

69.26(4)a State

1. The elements Homestead of Mason City will utilize to correct the insufficiency consistently and identify needs and preferences for assistance is service plans completed on admission, 30 days, annually and with a change of condition to reflect the current needs of the resident.
2. The Measures Homestead of Mason City will utilize to correct this insufficiency is ensure staff are trained on dementia or condition of each resident and behaviors, read the care plan, behaviors are defined in the care plan along with the redirection, staff use immediately reporting tool of ICAL form or call RN.
3. Homestead of Mason City will be monitored by Regional Nurse to ensure consistency of documentation to care plans, Hospice will review care plans every 90 days, RN will run a QA periodically each month for compliance and discovery.
4. Homestead of Mason City will implement and correct the regulatory inefficiency 69.26(4)a A 395 by 8/30/2021.

*Thank you -*  
*Aaron M. Wiley Executive Director*  
*7/30/2021*