

ok 3/1/22

PRINTED: 02/08/2022  
FORM APPROVED

## DEPARTMENT OF INSPECTIONS AND APPEALS

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>S0058</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br><b>C</b><br><b>01/12/2022</b> |
|---|---|--|--|

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**HERITAGE AT NORTHERN HILLS****4002 TETON TRACE**  
**SIOUX CITY, IA 51104**

| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |
|--------------------------|--|---------------------|--|--------------------------|
| A 000                    | <p>Initial Comments</p> <p>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.</p> <p>General Population Program</p> <p>Number of tenants without cognitive disorder: 48<br/>Number of tenants with cognitive disorder: 7</p> <p>TOTAL census of Assisted Living Program for People with Dementia: 55</p> <p>The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification of an Assisted Living Program.</p> <p>The following regulatory insufficiencies were cited during the investigation of Complaints #95310-C, #96672-C, #97579-C, 100079-C, and #100159-C.</p> <p>No regulatory insufficiencies were cited during the infection control visit.</p> | A 000               | <p>POC attached<br/>ok 3/10/22</p>   |                          |
| A 285                    | <p>481-67.5(2)(f)(4) Medications</p> <p>67.5(2) Each program shall follow its own written medication policy, which shall include the following:</p> <p>f. When medications are administered traditionally by the program:</p> <p>(4) Medications and treatments shall be administered as prescribed by the tenant's physician, advanced registered nurse practitioner or physician assistant.</p>  | A 285               |  |                          |

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE



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| A 285   | Continued From page 1<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on interview and record review the Program failed to administer medications as ordered for 1 of 7 discharged tenants reviewed as a result of Complaint #100079-C (Tenant #C7). Findings follow:<br><br>Record review on 1-5-22 of Tenant #C7's file revealed Charting Notes dated 9-17-21 documented an order on 9-15-21 for 7.5-325 milligrams of Oxycodone to be administered every twelve hours for two days.<br><br>Review of her Medication Administration Record revealed on 9-16-21 she received the medication fourteen hours apart at 8:00 a.m. and 10 p.m.<br><br>Review of Tenant #C7's Administration History revealed she received 7.5-325 milligrams of Oxycodone on the following dates and times:<br>9-15-21 at 10:01 p.m.<br>9-16-21 at 11:01 a.m.<br>9-16-21 at 10:11 p.m.<br>9-17-21 at 10:07 p.m.<br>Further review revealed the following:<br>9-15-21 10:01 p.m. dosage noted "Late: Rx previously unavailable".<br>9-16-21 11:01 a.m. dosage noted "Late: gave at this time".<br><br>The Health Care Coordinator confirmed these findings on 1-12-22 at 3:30 p.m. | A 285   |  |  |
| A 140   | 481-69.22(2) Evaluation of Tenant<br><br>69.22(2) Evaluation within 30 days of occupancy. A program shall evaluate each tenant's functional, cognitive and health status within 30 days of   | A 140   |  |  |



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| A 140   | Continued From page 2<br><br>occupancy. The evaluation shall be conducted by a health care professional, a human service professional, or a licensed practical nurse via nurse delegation when the tenant has not exhibited a significant change.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on interview and record review the Program failed to complete the required evaluations within 30 days of admission for 2 of 5 tenants reviewed (Tenant #1 and Tenant #2). Findings follow:<br><br>Record review of Tenant files on 1-11-22 revealed the following:<br><br>1. Tenant #1 was admitted on 5-11-21 and no cognitive evaluation completed within 30 days of admission could be located.<br><br>2. Tenant #2 was admitted on 10-5-21 and no cognitive evaluation completed within 30 days of admission could be located.<br><br>The Health Care Coordinator confirmed these findings on 1-11-22 at 11:39 a.m. | A 140   |  |  |
| A 145   | 481-69.22(3) Evaluation of Tenant<br><br>69.22(3) Evaluation annually and with significant change. A program shall evaluate each tenant's functional, cognitive and health status as needed with significant change, but not less than annually, to determine the tenant's continued eligibility for the program and to determine any changes to services needed. The evaluation shall be conducted by a health care professional, a human service professional, or a licensed   | A 145   |  |  |



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| A 145   | <p>Continued From page 3</p> <p>practical nurse via nurse delegation when the tenant has not exhibited a significant change. A licensed practical nurse shall not complete the evaluation when the tenant has exhibited a significant change.</p> <p>This REQUIREMENT is not met as evidenced by:<br/>Based on interview and record review the Program failed to evaluate the functional, cognitive, and health status as warranted by significant change in condition for 7 of 7 former tenants reviewed (Tenant #C1, Tenant #C2, Tenant #C3, Tenant #C4, Tenant #C5, Tenant #C6, and Tenant #C7) and 3 of 5 current tenants reviewed (Tenant #3, Tenant #4, and Tenant #5). Findings follow:</p> <p>Record review on 1-5-22 revealed the following:</p> <ol style="list-style-type: none"> <li>1. Tenant #C1 Charting Notes dated 1-18-21 revealed Tenant #C1's admission to hospice care on 1-15-21. No functional, cognitive, and health evaluation for the change in condition could be located.</li> <li>2. Tenant #C2 Charting Notes dated 11-11-21 revealed Tenant #C2's admission to hospice care on 11-10-21. No functional, cognitive, and health evaluation for the change in condition could be located.</li> <li>3. Tenant #C3's Charting notes dated 1-26-21 to 7-30-21 revealed twenty-two entries documented she required two staff for transfers due to decreased strength and inability to bear weight.</li> </ol> <p>Staff Communication Notes dated 1-22-21 to 6-22-21 revealed thirty-three entries provided to the Registered Nurse (RN) staff documented</p> | A 145   |  |  |



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| A 145   | <p>Continued From page 4</p> <p>Tenant #C3 required two staff for transfers.</p> <p>Hospice Benefit Election Statement dated 8-27-21 revealed Tenant #C3's admission to hospice care. Further review revealed Client Coordination Notes Report dated 8-27-21 documented she no longer beared weight with either leg and required full assistance with eating.</p> <p>No functional, cognitive, and health evaluation for the change in conditions could be located.</p> <p>4. Tenant #C4's Charting Notes dated 3-25-21 revealed Tenant #C4's admission to hospice care on 3-25-21. No functional, cognitive, and health evaluation for the change in condition could be located.</p> <p>5. Tenant #C5's Charting Notes dated 1-8-21 revealed Tenant #C5's admission to hospice care on 1-7-21. No functional, cognitive, and health evaluation for the change in condition could be located.</p> <p>6. Tenant #C6's Charting Notes dated 5-14-2020 documented removal of squamous cell carcinoma off her left shin. Continued review revealed a change of condition (COC) assessment completed 5-22-2020 for the diagnosis of cancer and wound care and an annual assessment completed 6-11-21. The Program failed to complete the required cognitive evaluation on 5-22-2020 and 6-11-21.</p> <p>7. Tenant #C7's Charting Notes dated 1-8-21 revealed Tenant #C7's admission to hospice care on 9-14-21. No functional, cognitive, and health evaluation for the change in condition could be located.</p> | A 145   |  |  |



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| A 145                    | <p>Continued From page 5</p> <p>The Registered Nurse confirmed these findings on 1-6-22 at 9:05 a.m.</p> <p>Record review on 1-11-22 revealed the following:</p> <p>8. Tenant #3's Charting Notes revealed the following:</p> <ul style="list-style-type: none"> <li>a. 7-13-21 though 12-6-21 noted visits to Deer Oaks for therapy.</li> <li>b. 7-15-21 noted a consult from PT to evaluate her for a walker.</li> <li>c. 12-30-21 noted discharge from Deer Oaks therapy.</li> </ul> <p>No functional, cognitive, and health evaluation for the change in condition could be located.</p> <p>3. Tenant #4's Charting Notes revealed the following:</p> <ul style="list-style-type: none"> <li>a. 8-23-21 noted she refused to leave her bed for 2 days and remained in bed to be dressed, toileting, and eat her meals.</li> <li>b. 9-1-21 noted telehealth appointment with physician to obtain a wheelchair and received signed order for wheelchair on 8-25-21.</li> </ul> <p>No functional, cognitive, and health evaluation for the change in condition could be located.</p> <p>4. Tenant #5's Global Deterioration Scale dated 2-22-21 revealed a score of 7 and indicated very severe cognitive decline.</p> <p>Tenant #5's Charting Notes revealed the following:</p> <ul style="list-style-type: none"> <li>a. 7-9-21 noted she walked out door #2 at 2:00 a.m., the alarm sounded, staff checked the door and found her outside with her walker. Staff brought her inside and placed her on 15 minute safety checks.</li> <li>b. 7-20-21 noted no new orders from her physician regarding the elopement.</li> </ul> | A 145               |  |                          |



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| A 145                    | Continued From page 6<br><br>c. 11-24-21 noted staff found her wandering the halls, assisted her safely back to her apartment, placed her on hourly safety checks, and was on a waiting list for a higher level of care due to previous elopement.<br>No functional, cognitive, and health evaluation for the change in condition could be located.<br><br>The Health Care Coordinator confirmed these findings on 1-11-22 at 11:39 a.m.   | A 145               |  |                          |
| A 155                    | 481-69.23(1)b Criteria for Admission / Retention of Tenants<br><br>69.23(1) Persons who may not be admitted or retained. A program shall not knowingly admit or retain a tenant who:<br><br>b. Requires routine, two-person assistance with standing, transfer or evacuation<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on interview and record review the Program failed to initiate a discharge or submit a request for a waiver as soon as a tenant exceeded level of care for 1 of 7 former tenants reviewed that required routine two person assistance with standing, transfer, or evacuation (Tenant #C3). Findings follow:<br><br>Record review on 1-5-22 revealed the following:<br><br>1. Tenant #C3's Charting notes dated 1-26-21 to 7-30-21 revealed several entries she required two staff for transfers due to decreased strength and inability to bear weight. | A 155               |  |                          |



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| A 155                    | Continued From page 7<br><br>Staff Communication Notes dated 1-22-21 to 6-22-21 revealed thirty-three entries provided to the Registered Nurse (RN) from staff and documented Tenant #C3 required two staff for transfers.<br><br>Hospice Benefit Election Statement dated 8-27-21 revealed Tenant #C3's admission to hospice care. Further review revealed Client Coordination Notes Report dated 8-27-21 documented she no longer beared weight with either leg and required full assistance with eating.<br><br>The Registered Nurse confirmed these findings on 1-6-22 at 9:05 a.m.   | A 155               |  |                          |
| A 350                    | 481-69.26(1) Service Plans<br><br>69.26(1) A service plan shall be developed for each tenant based on the evaluations conducted in accordance with subrules 69.22(1) and 69.22(2) and shall be designed to meet the specific service needs of the individual tenant. The service plan shall subsequently be updated at least annually and whenever changes are needed.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on interview and record review the Program failed to develop service plans based on the required evaluations for 7 of 7 former tenants reviewed (Tenant #C1, Tenant #C2, Tenant #C3, Tenant #C4, Tenant #C5, Tenant #C6, and Tenant #C7) and 3 of 5 current tenants reviewed (Tenant #3, Tenant #4, and Tenant #5). Findings follow:<br><br>Record review on 1-5-22 revealed the following: | A 350               |  |                          |



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| A 350                    | <p>Continued From page 8</p> <p>1. Tenant #C1 Charting Notes dated 1-18-21 revealed Tenant #C1's admission to hospice care on 1-15-21. No functional, cognitive, and health evaluation for the change in condition could be located. The Program failed to update the service plan based on the required assessments.</p> <p>2. Tenant #C2 Charting Notes dated 11-11-21 revealed Tenant #C2's admission to hospice care on 11-10-21. No functional, cognitive, and health evaluation for the change in condition could be located. The Program failed to update the service plan based on the required assessments.</p> <p>3. Tenant #C3's Charting notes dated 1-26-21 to 7-30-21 revealed twenty-two entries documented she required two staff for transfers due to decreased strength and inability to bear weight.</p> <p>Staff Communication Notes dated 1-22-21 to 6-22-21 revealed thirty-three entries provided to the Registered Nurse (RN) staff documented Tenant #C3 required two staff for transfers.</p> <p>Hospice Benefit Election Statement dated 8-27-21 revealed Tenant #C3's admission to hospice care. Further review revealed Client Coordination Notes Report dated 8-27-21 documented she no longer beared weight with either leg and required full assistance with eating.</p> <p>No functional, cognitive, and health evaluation for the change in conditions could be located. The Program failed to update the service plan based on the required assessments.</p> <p>4. Tenant #C4's Charting Notes dated 3-25-21 revealed Tenant #C4's admission to hospice care on 3-25-21. No functional, cognitive, and health evaluation for the change in condition could be</p> | A 350               |  |                          |



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| A 350   | <p>Continued From page 9</p> <p>located. The Program failed to update the service plan based on the required assessments.</p> <p>5. Tenant #C5's Charting Notes dated 1-8-21 revealed Tenant #C5's admission to hospice care on 1-7-21. No functional, cognitive, and health evaluation for the change in condition could be located. The Program failed to update the service plan based on the required assessments.</p> <p>6. Tenant #C6's Charting Notes dated 5-14-2020 documented removal of squamous cell carcinoma off her left shin. Continued review revealed a change of condition (COC) assessment completed 5-22-2020 for the diagnosis of cancer and wound care and an annual assessment completed 6-11-21. No cognitive evaluation on 5-22-2020 and 6-11-21 could be located. The Program failed to update the service plan based on the required assessments.</p> <p>7. Tenant #C7's Charting Notes dated 1-8-21 revealed Tenant #C7's admission to hospice care on 9-14-21. No functional, cognitive, and health evaluation for the change in condition could be located. The Program failed to update the service plan based on the required assessments.</p> <p>The Registered Nurse confirmed these findings on 1-6-22 at 9:05 a.m.</p> <p>Record review on 1-11-22 revealed the following:</p> <p>8. Tenant #3's Charting Notes revealed the following:</p> <p>a. 7-13-21 though 12-6-21 noted visits to Deer Oaks for therapy.</p> <p>b. 7-15-21 noted a consult from PT to evaluate her for a walker.</p> | A 350   |  |  |



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STREET ADDRESS, CITY, STATE, ZIP CODE

**HERITAGE AT NORTHERN HILLS**

**4002 TETON TRACE  
SIOUX CITY, IA 51104**

| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |
|--------------------------|---|---------------------|--|--------------------------|
| A 350                    | <p>Continued From page 10</p> <p>c. 12-30-21 noted discharge from Deer Oaks therapy. No functional, cognitive, and health evaluation for the change in condition could be located. The Program failed to update the service plan based on the required assessments.</p> <p>3. Tenant #4's Charting Notes revealed the following:</p> <p>a. 8-23-21 noted she refused to leave her bed for 2 days and remained in bed to be dressed, toileting, and eat her meals.</p> <p>b. 9-1-21 noted telehealth appointment with physician to obtain a wheelchair and received signed order for wheelchair on 8-25-21. No functional, cognitive, and health evaluation for the change in condition could be located. The Program failed to update the service plan based on the required assessments.</p> <p>4. Tenant #5's Global Deterioration Scale dated 2-22-21 revealed a score of 7 and indicated very severe cognitive decline.</p> <p>Tenant #5's Charting Notes revealed the following:</p> <p>a. 7-9-21 noted she walked out door #2 at 2:00 a.m., the alarm sounded, staff immediately checked door #2 and found her outside with her walker. Staff brought her inside and placed her on 15 minute safety checks.</p> <p>b. 7-20-21 noted no new orders from her physician regarding the elopement.</p> <p>c. 11-24-21 noted staff found her wandering the halls, assisted her safely back to her apartment, placed her on hourly safety checks, and she was placed on a waiting list for a higher level of care due to elopement attempts. No functional, cognitive, and health evaluation for the change in condition could be located. The</p> | A 350               |  |                          |



DEPARTMENT OF INSPECTIONS AND APPEALS

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>S0058</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br><b>C</b><br><b>01/12/2022</b> |
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|--------------------------|--|---------------------|--|--------------------------|
| A 350                    | Continued From page 11<br><br>Program failed to update the service plan based on the required assessments.<br><br>The Health Care Coordinator confirmed these findings on 1-11-22 at 11:39 a.m.  | A 350               |  |                          |
| A 430                    | 481-69.27(1)c Nurse Review<br><br>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:<br><br>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;<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on interview and record review the Program failed to ensure comprehensive nurse reviews were completed every 90 days or as warranted by significant change of condition for 4 of 5 tenants reviewed (Tenant #1, Tenant #3, Tenant #4, and Tenant #5). Findings follow:<br><br>Record review of Tenant files on 1-11-22 revealed the following:<br><br>1. Tenant #1's Charting Notes revealed the following:<br>a. 5-20-21 noted speech therapy recommended a swallow study to determine ability to advance her diet and she was seen by | A 430               |  |                          |



DEPARTMENT OF INSPECTIONS AND APPEALS

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SIOUX CITY, IA 51104**

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|--------------------------|--|---------------------|--|--------------------------|
| A 430                    | <p>Continued From page 12</p> <p>occupational therapy (OT) on 5-19-21.</p> <p>b. 5-21-21 noted a visit from physical therapy (PT).</p> <p>c. 6-1-21 noted speech therapy recommended regular food and fluids and the nurse to listen to her lungs twice a day during the trial.</p> <p>d. 6-7-21 noted discharge from OT.</p> <p>e. 6-8-21 noted discharge from PT.</p> <p>f. 6-11-21 noted fax received from physician approving advanced diet to regular consistency.</p> <p>g. 9-8-21 noted increased drooping of left eye and trouble opening/keeping her eye open. Received new order to increase prednisone to 7.5 milligrams (mg) daily.</p> <p>h. 9-20-21 noted to increase prednisone to 10 mg a day.</p> <p>i. 9-30-21 noted to start monthly IVIG infusions.</p> <p>j. 10-7-21 noted new order for CellCept 500 mg twice daily. CBC, platelets, and AUT diff to be drawn weekly for one month beginning 10-11-21 then every other week for 2 months.</p> <p>k. 10-7-21 noted visit to the oral surgeon for removal of white lesions and no need to return. No comprehensive nurse reviews assessing, documenting, and monitoring her health status at least every 90 days could be located.</p> <p>2. Tenant #3's Charting Notes revealed the following:</p> <p>a. 7-13-21 though 12-6-21 noted visits to Deer Oaks for therapy.</p> <p>b. 7-15-21 noted a consult from PT to evaluate her for a walker, a neurology consult for hallucinations/short term memory problems, and an order for 875 mg of augmentin to be given twice a day for 10 days.</p> <p>c. 8-11-21 noted an order for OT/PT to evaluate and treat Tenant #3.</p> | A 430               |  |                          |



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|--------------------------|---|---------------------|--|--------------------------|
| A 430                    | <p>Continued From page 13</p> <p>d. 10-5-21 noted a fall with no injuries.<br/>e. 10-20-21 noted a fall with no injuries.<br/>f. 10-22-21 noted order for PT to evaluate for posture.<br/>No comprehensive nurse reviews assessing, documenting, and monitoring her health status at least every 90 days could be located.</p> <p>3. Tenant #4's Charting Notes revealed the following:<br/>a. 7-2-21 noted an evaluation from OT.<br/>b. 7-6-21 noted a fall with no injuries.<br/>c. 7-7-21 noted visits from OT/PT.<br/>d. 8-23-21 noted she refused to leave her bed for 2 days and remained in bed to be dressed, toileting, and eat her meals.<br/>e. 9-1-21 noted telehealth appointment with physician to obtain a wheelchair and received signed order for wheelchair on 8-25-21.<br/>f. 9-7-21 received order from physician for OT and speech therapy (ST) to evaluate and treat.<br/>g. 9-30-21 noted a fall on 9-28-21 with no injuries.<br/>No comprehensive nurse reviews assessing, documenting, and monitoring her health status at least every 90 days could be located.</p> <p>4. Tenant #5's Global Deterioration Scale dated 2-22-21 revealed a score of 7 and indicated very severe cognitive decline.</p> <p>Tenant #5's Charting Notes revealed the following:<br/>a. 7-9-21 noted she walked out door #2 at 2:00 a.m., the alarm sounded, staff immediately checked door #2, and found her outside with her walker. Staff brought her inside and placed her on 15 minute safety checks.<br/>b. 7-20-21 noted no new orders from her physician regarding the elopement.</p> | A 430               |  |                          |



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|--------------------------|--|---------------------|--|--------------------------|
| A 430                    | Continued From page 14<br><br>c. 8-16-21 noted increased edema to both legs.<br>d. 10-11-21 noted healed buttock wound.<br>No comprehensive nurse reviews assessing, documenting, and monitoring her health status at least every 90 days could be located.<br><br>The Health Care Coordinator confirmed these findings on 1-11-22 at 11:39 a.m.   | A 430               |  |                          |
| A 545                    | 481-69.30(1) Dementia Specific Education for Personnel<br><br>69.30(1) All personnel employed by or contracting with a dementia-specific program shall receive a minimum of eight hours of dementia-specific education and training within 30 days of either employment or the beginning date of the contract, as applicable.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on interview and record review the Program failed to provide 8 hours of dementia training within 30 days of employment for 3 of 7 staff reviewed (Staff A, Staff B, and Staff C). Findings follow:<br><br>Record review of staff files on 1-4-22 revealed the following:<br><br>1. Staff A was hired 6-18-2020. 6 hours of dementia training was completed by 6-29-2020. No further dementia training within 30 days of employment could be located.<br><br>2. Staff B was hired 5-24-21. 1.5 hours of dementia training was completed by 6-18-21. No | A 545               |  |                          |



DEPARTMENT OF INSPECTIONS AND APPEALS

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| A 545   | Continued From page 15<br><br>further dementia training within 30 days of<br>employment could be located.<br><br>3. Staff C was hired 12-3-2020. 6.5 hours of<br>dementia training was completed by 12-14-2020.<br>No further dementia training within 30 days of<br>employment could be located.<br><br>The Executive Director confirmed these findings<br>on 1-11-22 at 2:12 p.m. | A 545   |  |                          |  |



## **Medications – Tag ID A285**

- Based on interview and record review the Program failed to administer medications as ordered for 1 of 7 discharged tenants reviewed per the DIA inspector's narrative

### **What measures will be taken to ensure the problem does not recur:**

- Program will follow its current policy and procedure N-130 which references the existence of a one-hour window either way of when the medication is to be administered.

### **How the Program plans to monitor performance to ensure compliance:**

- RN/LPN will monitor the "med variance" report on CareSuite every two weeks to ensure compliance

### **The date by which the regulatory insufficiency will be corrected:**

- This regulatory insufficiency will be corrected by 3/10/2022.

## **Evaluation of Tenant – Tag ID A140**

- Evaluation within 30 days of occupancy. A program shall evaluate each tenant's functional, cognitive and health status within 30 days of occupancy. The evaluation shall be conducted by a health care professional, a human service professional, or a licensed practical nurse via nurse delegation when the tenant has not exhibited a significant change.
- Based on interview and record review the Program failed to complete the required evaluations within 30 days of admission for 2 of 5 tenants reviewed

### **What measures will be taken to ensure the problem does not recur:**

- Director of Healthcare will schedule all reassessments of new tenants to include resident's functional, cognitive, and health status within 30 days of occupancy

### **How the Program plans to monitor performance to ensure compliance:**

- Executive Director will monitor that these assessments are completed correctly and in a timely manner every two weeks during our bi-weekly same page conference with our Regional Directors

### **The date by which the regulatory insufficiency will be corrected:**

- This regulatory insufficiency will be corrected by 02/28/22



## **Evaluation of Tenant – Tag ID A145**

- Evaluation annually and with significant change. A program shall evaluate each tenant's functional, cognitive and health status as needed with significant change, but not less than annually, to determine the tenant's continued eligibility for the program and to determine any changes to services needed. The evaluation shall be conducted by a health care professional, a human service professional, or a licensed practical nurse via nurse delegation when the tenant has not exhibited a significant change. A licensed practical nurse shall not complete the evaluation when the tenant has exhibited a significant change.
- Based on interview and record review the Program failed to evaluate the functional, cognitive, and health status as warranted by significant change in condition for 7 of 7 former tenants reviewed

### **What measures will be taken to ensure the problem does not recur:**

- Director of Healthcare will evaluate the functional, health, and cognitive status of all residents exhibiting a significant change in condition

### **How the Program plans to monitor performance to ensure compliance:**

- Executive Director will monitor that these assessments are completed correctly and in a timely manner every two weeks during our bi-weekly same page conference with our Regional Directors

### **The date by which the regulatory insufficiency will be corrected:**

- This regulatory insufficiency will be corrected by 02/28/22

## **Criteria for Admission/Retention of Tenants – Tag ID A155**

- Persons who may not be admitted or retained. A program shall not knowingly admit or retain a tenant who: b. Requires routine, two-person assistance with standing, transfer, or evacuation
- Based on interview and record review the Program failed to initiate a discharge or submit a request for a waiver as soon as a tenant exceeded level of care for 1 of 7 former tenants reviewed that required routine two-person assistance with standing, transfer, or evacuation

### **What measures will be taken to ensure the problem does not recur:**

- Director of Healthcare and/or Executive Director will either initiate a 30-day notice to resident or will apply for a waiver with DIA as soon as tenant exceeds our level of care

### **The date by which the regulatory insufficiency will be corrected:**

- This regulatory insufficiency will be corrected by 03/10/22



## **Service Plans – Tag ID A350**

- A service plan shall be developed for each tenant based on the evaluations conducted in accordance with subrules 69.22(1) and 69.22(2) and shall be designed to meet the specific service needs of the individual tenant. The service plan shall subsequently be updated at least annually and whenever changes are needed.
- Based on interview and record review the Program failed to develop service plans based on the required evaluations for 7 of 7 former tenants reviewed

### **What measures will be taken to ensure the problem does not recur:**

- Resident service plans will be updated at a minimum of annually
- Director of Healthcare will also evaluate the functional, health, and cognitive status of all residents exhibiting a significant change in condition

### **How the Program plans to monitor performance to ensure compliance:**

- Executive Director will monitor that these assessments are completed correctly and in a timely manner every two weeks during our bi-weekly same page conference with our Regional Directors

### **The date by which the regulatory insufficiency will be corrected:**

- This regulatory insufficiency will be corrected by 03/10/22

## **Nurse Review – Tag ID A430**

- 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 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
- Based on interview and record review the Program failed to ensure comprehensive nurse reviews were completed every 90 days or as warranted by significant change of condition for 4 of 5 tenants reviewed

### **What measures will be taken to ensure the problem does not recur:**

- A nurse review will be scheduled and completed every 90 days on all tenants

### **How the Program plans to monitor performance to ensure compliance:**

- Director of Healthcare will review compliance monthly to ensure the reassessments are done in a timely manner

### **The date by which the regulatory insufficiency will be corrected:**

- This regulatory insufficiency will be corrected by 03/10/22



## **Dementia Specific Education for Personnel – Tag ID A545**

- All personnel employed by or contracting with a dementia-specific program shall receive a minimum of eight hours of dementia-specific education and training within 30 days of either employment or the beginning date of the contract, as applicable
- Based on interview and record review the Program failed to provide 8 hours of dementia training within 30 days of employment for 3 of 7 staff reviewed

### **What measures will be taken to ensure the problem does not recur:**

- Executive Director will ensure that all new community personnel and/or contract employees complete a minimum of eight hours of dementia-specific education and training within 30 days of employment

### **How the Program plans to monitor performance to ensure compliance:**

- Executive Director will verify that each new staff member complete their dementia-specific training to fruition before being placed on the schedule to begin their department-specific training

### **The date by which the regulatory insufficiency will be corrected:**

- This regulatory insufficiency will be corrected by 02/15/2022