

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IAALP061</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/21/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>ELM CREST RETIREMENT COMM</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2108 12TH STREET HARLAN, IA 51537</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	Initial Comments  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.  General Population Program  Number of tenants without cognitive disorder: 26 Number of tenants with cognitive disorder: 1 Total Population of Program at time of on-site: 27  TOTAL census of Assisted Living Program: 27  The following regulatory insufficiency was cited during the recertification of the Program. There were no regulatory insufficiencies cited during the onsite infection control survey.	A 000		
A 145	481-69.22(3) Evaluation of Tenant  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 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.  This Requirement is not met as evidenced by: Based on observations, interviews, and record review, the Program failed to consistently complete cognitive, health, and functional evaluations as warranted by significant change.	A 145	<i>Please See Attached</i>	

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

*Kenneth A. Gausler*

TITLE

*Administrator*

(X6) DATE

*3/2/2022*

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A 145	<p>Continued From Page 1</p> <p>This affected 2 of 3 tenants reviewed (Tenant #1 and Tenant #2). Findings follow:</p> <p>1. Observations on 10/20/21 at 12:00p.m. revealed Tenant #1 in their room alone eating their lunch. While eating their lunch Tenant #1 coughed excessively in a forceful manner attempting to clear their throat.</p> <p>Record Review on 10/20/21 at 2:46p.m. revealed the following:</p> <p>a. Tenant #1 was 94 years old. Tenant #1 was admitted to the Program on 9/22/20 with a diagnosis of Diabetes Mellitus and hypertension. There were no swallowing problems noted on admit. Tenant #1 was their own guardian and there was no activated POA for Health Care decisions on file.</p> <p>b. On 6/28/21 Tenant #1 was taken to the ER and admitted for pneumonia. While in the hospital Tenant #1 was seen by a Speech therapist to address Dysphagia.</p> <p>c. On 7/06/21 Tenant #1 returned to the Program with a modified diet of mechanical soft with ground meat/ Nectar thickened liquids.</p> <p>d. On 8/26/21 Tenant #1's Speech therapist requested a Modified Barium Swallow (MBS) to assess pharyngeal phase of swallow due to difficulty of secretion management and coughing episodes.</p> <p>e. On 9/09/21 Tenant #1 had a swallow study done. Tenant #1's doctor Recommended NPO, and to have a G tube placed ASAP due to the significant risk of aspiration on all food and liquid level trials.</p>	A 145		

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A 145	<p>Continued From Page 2</p> <p>f. On 10/13/21 Tenant Notes review review revealed Tenant #1 and their family refused a G tube at this time.</p> <p>Continued record review revealed Tenant #1's most recent cognitive, health, and functional evaluations, his 30 day evaluations, completed 10/22/20.</p> <p>2. Record review on 10/20/21 at 1:28p.m. revealed incident reports for Tenant #2 documented falls on 8/02/21 at 6:55 p.m., on 8/17/21 at 8:15 p.m., on 9/11/21 at 10:30 p.m., on 9/14/21 at 1:15 p.m. and on 9/30/21 at 5:11 a.m.</p> <p>Recprd review on 10/21/21 at 9:25a.m. revealed Tenant #2 was 95 years old. Tenant #2 was admitted to the Program on 4/09/20 with a diagnosis of congestive heart failure, hypertension, and kidney disease. On 9/15/21 Tenant #2 signed with Hospice.</p> <p>Tenant #2's last noted fall on 9/30/21 at 5:11 a..m. resulted in a laceration to the the top of Tenant #2's head. Tenant #2 rode to the ER with their daughter and received 8 staples to the top of their head and had also fractured their sternum. Later that morning Tenant #2's head began to bleed again under the dressing. Tenant #2 returned to the ER with their son. While in the ER the staples were removed and sutures were used instead. Tenant #2 also received orders for a Fentanyl patch 12 mcg every 72 hours and Oxycodone 5 mg every 4-6 hours as needed for breakthrough pain.</p> <p>Continued record review revealed Tenant #2's most recent cognitive, health, and functional</p>	A 145		

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A 145	Continued From Page 3  evaluations completed 5/2/21.	A 145		
A 350	481-69.26(1) Service Plans  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.  This Requirement is not met as evidenced by: Based on observations, interviews, and record review, the Program failed to develop service plans based on evaluations as warranted by significant change. This affected 1 of 3 tenants reviewed (Tenant #1). Findings follow:  1. Observations on 10/20/21 at 12:00 p.m. revealed Tenant #1 in their room alone eating their lunch. While eating their lunch Tenant #1 coughed excessively in a forceful manner attempting to clear their throat.  Record Review on 10/20/21 at 2:46 p.m. revealed the following:  a. Tenant #1 was 94 years old. Tenant #1 was admitted to the Program on 9/22/20 with a diagnosis of Diabetes Mellitus and hypertension. There were no swallowing problems noted on admit. Tenant #1 was their own guardian and there was no activated POA for Health Care decisions on file.  b. On 6/28/21 Tenant #1 was taken to the ER and admitted for pneumonia. While in the hospital	A 350	<i>Please See Attached</i>	

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A 350	Continued From Page 4  Tenant #1 was seen by a Speech therapist to address Dysphagia.  c. On 7/06/21 Tenant #1 returned to the Program with a modified diet of mechanical soft with ground meat/ Nectar thickened liquids.  d. On 8/26/21 Tenant #1's Speech therapist requested a Modified Barium Swallow (MBS) to assess pharyngeal phase of swallow due to difficulty of secretion management and coughing episodes.  e. On 9/09/21 Tenant #1 had a swallow study done. Tenant #1's doctor Recommended NPO, and to have a G tube placed ASAP due to the significant risk of aspiration on all food and liquid level trials.  f. On 10/13/21 Tenant Notes review review revealed Tenant #1 and their family refused a G tube at this time.  Continued record review revealed Tenant #1's most recent cognitive, health, and functional evaluations, his 30 day evaluations, completed 10/22/20.  Tenant #1's most recent service plan, most recently signed 9/22/20, included a a discretionary change, noted 3/25/21, for Tenant #1 to take a drink after each bite of food. No further updates were noted regarding Tenant #1's change in condition.	A 350		
A 420	481-69.27(1)a Nurse Review  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	A 420		

*Please See Attached*

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A 420	<p>Continued From Page 5</p> <p>review shall be conducted. If a tenant receives personal or health-related care, the program shall provide for a registered nurse:</p> <p>a. To monitor, at least every 90 days, or after a significant change in the tenant's condition, any tenant who receives program-administered prescription medications for adverse reactions to the medications and to make appropriate interventions or referrals, and to ensure that the prescription medication orders are current and that the prescription medications are administered consistent with such orders</p> <p>This Requirement is not met as evidenced by: Based on observation, record review and interview, the program failed to complete nurse reviews following a change in a tenant's condition for 2 of 3 files reviewed. Findings include:</p> <p>1. Observations on 10/20/21 at 12:00p.m. revealed Tenant #1 in their room alone eating their lunch. While eating their lunch Tenant #1 coughed excessively in a forceful manner attempting to clear their throat.</p> <p>Record Review on 10/20/21 at 2:46p.m. revealed the following:</p> <p>a. Tenant #1 was 94 years old. Tenant #1 was admitted to the Program on 9/22/20 with a diagnosis of Diabetes Mellitus and hypertension. There were no swallowing problems noted on admit. Tenant #1 was their own guardian and there was no activated POA for Health Care decisions on file.</p> <p>b. On 6/28/21 Tenant #1 was taken to the ER and admitted for pneumonia. While in the hospital Tenant #1 was seen by a Speech therapist to address Dysphagia.</p>	A 420		

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A 420	Continued From Page 6  c. On 7/06/21 Tenant #1 returned to the Program with a modified diet of mechanical soft with ground meat/ Nectar thickened liquids.  d. On 8/26/21 Tenant #1's Speech therapist requested a Modified Barium Swallow (MBS) to assess pharyngeal phase of swallow due to difficulty of secretion management and coughing episodes.  e. On 9/09/21 Tenant #1 had a swallow study done. Tenant #1's doctor Recommended NPO, and to have a G tube placed ASAP due to the significant risk of aspiration on all food and liquid level trials.  f. On 10/13/21 Tenant Notes review review revealed Tenant #1 and their family refused a G tube at this time.  Review of the Summary of Conditions/Functional Status form revealed a nurse review by a Registered Nurse to determine the need for further assessment had not been completed following this noted significant change in Tenant #1's condition.  On 10/21/21 at 9:07a.m. the Director of Assisted Living confirmed this finding.  2. Record review on 10/20/21 at 1:28p.m. revealed incident reports for Tenant #2 documented falls on 8/02/21 at 6:55 p.m., on 8/17/21 at 8:15 p.m., on 9/11/21 at 10:30 p.m., on 9/14/21 at 1:15 p.m. and on 9/30/21 at 5:11 a.m.  Recprd review on 10/21/21 at 9:25a.m. revealed Tenant #2 was 95 years old. Tenant #2 was	A 420		

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A 420	<p>Continued From Page 7</p> <p>admitted to the Program on 4/09/20 with a diagnosis of congestive heart failure, hypertension, and kidney disease. On 9/15/21 Tenant #2 signed with Hospice.</p> <p>Tenant #2's last noted fall on 9/30/21 at 5:11 a..m. resulted in a laceration to the the top of Tenant #2's head. Tenant #2 rode to the ER with their daughter and received 8 staples to the top of their head and had also fractured their sternum. Later that morning Tenant #2's head began to bleed again under the dressing. Tenant #2 returned to the ER with their son. While in the ER the staples were removed and sutures were used instead. Tenant #2 also received orders for a Fentanyl patch 12 mcg every 72 hours and Oxycodone 5 mg every 4-6 hours as needed for breakthrough pain.</p> <p>A nurse review by a Registered Nurse to determine the need for further assessment had not been completed following this noted significant change in Tenant #2's condition on 9/30/21.</p> <p>On 10/21/21 at 10:19a.m. the Director of Assisted Living confirmed this finding.</p>	A 420		
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Elm Crest Retirement Community  
Assisted Living Cert. No. S0059  
Recertification Survey October 20 & 21, 2021  
Plan of Correction

**Plan of Correction**

Preparation of the Plan of Correction does not constitute admission or agreement by the provider of the truths of the facts alleged or conclusions set forth in the statement of deficiencies. The Plan of Correction is prepared and/or executed solely because it is required by the provisions of the federal and state law. Submission of the plan of correction shall not be construed as a waiver of this provider's right to contest any and all deficiencies, nor is such submission an admission that the facts are as alleged, or that any regulatory violation occurred.

**The following is to be considered our Credible Allegation of Compliance.**

**Regulatory insufficiency: 481-69.22(3) Evaluation of Tenant  
69.22(3) Evaluation annually and with significant change.**

A 145

Detail how the Program will correct each regulatory insufficiency; including at the system level

Tenants #1 and #2's Risk Management were done immediately after visit and changes were made including the counseling of Tenant #1 of his choices with the G-tube as was previously done by Speech Therapy. Tenant #2's review was also done with Hospice again since #2 had been on Hospice since 9/15/2022. All resident's had their assessments and nurse review done after this DIA visit and have had a second review since then as well. Tenant #1 was discharged on 11/23/2021. Tenant #2 passed on 11/13/21 while on Hospice Care.

Measures Taken to ensure the problem does not occur.

Nurse educated on the identification of when a Significant Change occurs, even if it does not affect the services that are provided to tenant. This includes tenants having any changes in their diet orders or admitted to and on Hospice Care.

How the program plans to monitor performance to ensure compliance.

Nurse will monitor and assess all tenants when doing nurse review to check to see if there is a change in condition. Nurse will audit 2 tenants per week for change of condition for 30 days and then 1 tenant per week for 2 months after. Results of the audits and any discrepancies will be brought to and discussed in the monthly QAPI meeting for the next 3 QAPI meetings.

Date of Completion: 3/23/22

ok 3/4/22



**Regulatory insufficiency: 481-69.26 (1) Service Plan**

**69.26(1) A service plan shall be developed for each tenant based on evaluations conducted in accordance with subrules 69.22(1)**

A350

Detail how the Program will correct each regulatory insufficiency; including at the system level.

Tenant #1's updates were added to service plan, and was done and the evaluation was also completed immediately, 10/21/21, to include the tenant's specific dietary changes and education on tenant's options regarding the G-Tube as discussed earlier with Speech Therapy and tenant's physician.

Measures Taken to ensure the problem does not occur.

Nurse educated on identifying when a Significant Change occurs before making changes to the service plan. Nurse will also determine if a change in condition is warranted when doing nurse review.

How the program plans to monitor performance to ensure compliance.

Nurse will audit 2 tenants per week for the cognitive, functional and health assessment to determine a change of condition for the next 30 days and then 1 tenant per week for the following 60days. Results of the audits and any discrepancies will be brought to and discussed in the monthly QAPI meeting for the next 3 QAPI meetings.

Date of Completion: 3/23/22

**Regulatory insufficiency: 481-69.27 (1)a Nurse Review**

**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.**

**A service plan shall be developed for each tenant based on evaluations conducted in accordance with subrules 69.22(1)**

A 420

Detail how the Program will correct each regulatory insufficiency; including at the system level.

Tenants #1 and #2's reviews were done after DIA visit and changes were acknowledged and performed at this time.

Measures Taken to ensure the problem does not occur.

Registered Nurse and Program Manager educated on the need to do a review along with a functional, cognitive and health assessment when there is a Significant Change of condition, even if it does not affect the services which are provided to tenants.

How the program plans to monitor performance to ensure compliance.

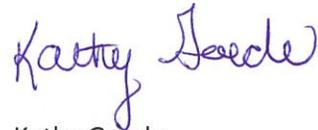
Nurse will audit for any significant changes each week and if found these are to be reviewed by Registered Nurse and to perform cognitive, functional and health assessments for the next 90days. Results of the audits and any discrepancies each month will be brought to and discussed in the monthly QAPI meeting for the next 3 QAPI meetings.

Date of Completion: 3/23/22



Timothy J Nauslar

Administrator



Kathy Goede

Program Manager