

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0215	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/04/2022
NAME OF PROVIDER OR SUPPLIER GARDEN VIEW PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 800 DARBY DRIVE MONONA, IA 52159		
(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)
A 000	<p>Initial Comments</p> <p>Assisted Living Programs for People with Dementia are defined by the population served. The census numbers were provided by the Program at the time of the on-site.</p> <p>General Population</p> <p>Number of tenants without cognitive disorder: 24 Number of tenants with cognitive disorder: 0 TOTAL Census of General Population: 24</p> <p>Memory Care Unit</p> <p>Number of tenants without cognitive disorder: 0 Number of tenants with cognitive disorder: 6 TOTAL Census of Memory Care Unit: 6</p> <p>TOTAL Census of Assisted Living Program for People with Dementia : 30</p> <p>The following regulatory insufficiencies were cited during the recertification conducted to determine compliance with certification for a Dementia-Specific Assisted Living Program and the investigation of Complaint # 96842-C.</p> <p>No regulatory insufficiencies were cited during the investigation of Incident # 102765-I.</p>		A 000	
A 135	<p>481-69.22(1) Evaluation of Tenant</p> <p>69.22(1) Evaluation prior to occupancy. A program shall evaluate each prospective tenant's functional, cognitive and health status prior to the tenant's signing the occupancy agreement and taking occupancy of a dwelling unit in order to determine the tenant's eligibility for the program, including whether the services needed are</p>		A 135	

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

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

TITLE

(X6) DATE

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A 135	<p>Continued From page 1</p> <p>available. The cognitive evaluation shall utilize a scored, objective tool. When the score from the cognitive evaluation indicates moderate cognitive decline and risk, the Global Deterioration Scale (GDS) shall be used at all subsequent intervals, if applicable. If the tenant subsequently returns to the tenant's mildly cognitively impaired state, the program may discontinue the GDS and revert to a scored cognitive screening tool.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record reviews, the Program failed to evaluate tenants' functional and health status prior to occupancy for 2 out of 3 tenants reviewed (Tenant #1, Tenant #2).</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Tenant #1 was admitted to the Program on 11/23/21. A review of Tenant #1's record revealed an initial cognitive evaluation and service plan were implemented on 1/19/21. A functional or health evaluation completed prior to occupancy could not be located. 2. Tenant #2 was admitted to the Program on 8/12/21. A review of Tenant #2's record revealed an initial cognitive evaluation and service plan were implemented on 8/12/21. A functional or health evaluation completed prior to occupancy could not be located. <p>On 4/4/22 at 11:30 am, the Director confirmed the above findings.</p>	A 135		
A 140	481-69.22(2) Evaluation of Tenant 69.22(2) Evaluation within 30 days of occupancy. A program shall evaluate each tenant's functional,	A 140		

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A 140	<p>Continued From page 2</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record reviews, the Program failed to evaluate 2 out of 3 tenants reviewed, functional and health status within 30 days of occupancy (Tenant #1, Tenant #2) Findings include:</p> <p>1. Tenant #1 was admitted to the Program on 11/23/21. A review of Tenant #1's record revealed an initial cognitive evaluation and service plan were implemented on 1/19/21. A second cognitive evaluation and service plan was initiated on 2/19/21. No functional or health evaluations within 30 days of occupancy could be located.</p> <p>2. Tenant #2 was admitted to the Program on 8/12/21. A review of Tenant #2's record revealed an initial cognitive evaluation and service plan were implemented on 8/12/21. A second cognitive evaluation and service plan was initiated on 9/9/21. No functional or health evaluations within 30 days of occupancy could be located.</p> <p>On 4/4/22 at 11:30 am, the Director confirmed the above findings.</p>	A 140		
A 145	481-69.22(3) Evaluation of Tenant	A 145		
	69.22(3) Evaluation annually and with significant change. A program shall evaluate each tenant's functional, cognitive and health status as needed			

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A 145	<p>Continued From page 3</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interviews and record reviews, the Program failed to complete an evaluation when a tenant exhibited a significant change in health status for 1 out of 4 discharged tenants reviewed (Tenant C1). Findings include:</p> <ol style="list-style-type: none"> 1. A record review for Tenant C1 on 3/31/22 revealed an admission date of 2/16/17. Tenant C1 had a diagnosis of dementia, a history of urinary tract infections (UTIs), history of falls, Type II diabetes, dry eyes, macular cyst, hypertension, GERD, and atherosclerotic heart disease. 2. A review of nurse alert notification documentation revealed Staff J wrote an alert for the RN on 11/27/20 Tenant C1 urinated on a chair again (indicating a pattern). The RN #2 signed off that he reviewed the alert on 12/3/20 indicating Tenant C1 was sent to the hospital on 11/30/20 for suspicion of a UTI and pneumonia. 3. On 3/31/22 at 2:57 pm, Staff A stated she noticed Tenant C1 acted unusual and out of the ordinary 2 weeks prior to her hospitalization on 11/30/20. Staff A reported she notified RN #2 of the changes in Tenant C1's behaviors. Staff A 	A 145		

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A 145	<p>Continued From page 4</p> <p>believed RN #2 failed to complete an evaluation after she notified him and added it was common for RN #2 to "brush things off."</p> <p>4. Tenant C1's progress notes/nurse's notes dated 11/30/20 had a notation from RN #2 that Tenant C1 was sent to the emergency room for assessment due to a suspicion of UTI and pneumonia.</p> <p>5. No evaluations completed for the significant change in health status or increase in incontinence could be located.</p> <p>6. On 4/4/22 at 11:30 am, the Director confirmed RN #2 did not complete a health evaluation on Tenant C1 after several notifications her health status had changed.</p>	A 145		
A 350	<p>481-69.26(1) Service Plans</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record reviews, the Program failed to develop service plans based on the functional and health evaluations for 2 out of 3 tenants reviewed (Tenant #1, Tenant #2). Findings include:</p> <p>1. Tenant #1 was admitted to the Program on</p>	A 350		

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A 350	<p>Continued From page 5</p> <p>11/23/21. A review of Tenant #1's record revealed an initial cognitive evaluation and service plan was implemented on 1/19/21. A functional or health evaluation completed prior to occupancy could not be located. Continued review found a second cognitive evaluation and service plan was initiated on 2/19/21. No functional or health evaluations within 30 days of occupancy could be located. The service plan failed to be based on the required evaluations.</p> <p>2. Tenant #2 was admitted to the Program on 8/12/21. A review of Tenant #2's record revealed an initial cognitive evaluation and service plan were implemented on 8/12/21. A functional or health evaluation completed prior to occupancy could not be located. Continued review found a second cognitive evaluation and service plan was initiated on 9/9/21. No functional or health evaluations within 30 days of occupancy could be located. The service plan failed to be based on the required evaluations.</p> <p>On 4/4/22 at 11:30 am, the Director confirmed the above findings.</p>	A 350		
A 430	<p>481-69.27(1)c Nurse Review</p> <p>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:</p> <p>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</p>	A 430		

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A 430	<p>Continued From page 6</p> <p>every 90 days and whenever there are changes in the tenant's health status;</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the Program failed to conduct a nurse review to monitor a tenant's health status at least every 90 days for 1 of 3 tenants reviewed that met the requirements for regular nurse reviews (Tenant #1). Findings include:</p> <p>1. Tenant #1 was admitted to the Program on 1/23/21. The service plans dated 1/19/21 and 2/19/21 revealed he received assistance for personal cares and medications. No comprehensive nurse reviews monitoring his health status at least every 90 days from May 2021 through February 2022 could be located.</p> <p>2. On 4/4/22 at 11:30 am, the Director confirmed the above finding.</p>	A 430		