

DEC 21 2022

PRINTED: 12/13/2022  
FORM APPROVED

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>S0238</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/10/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>STONE BROOK VILLAGE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>705 S PINE STREET WEST UNION, IA 52175</b>
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A 000	<p><b>Initial Comments</b></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 impairment: 35 Number of tenants with cognitive impairment: 0 Total census: 35</p> <p>No regulatory insufficiencies were cited during the investigation of Complaint #103359-C.</p> <p>The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification rules for an Assisted Living Program:</p>	A 000		
A 120	<p><b>481-69.21(3) Occupancy Agreement</b></p> <p>69.21(3) The occupancy agreement shall be reviewed and updated as necessary to reflect any change in services or financial arrangements.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the Program failed to update the occupancy agreement when there were changes in the services or financial arrangements. This potentially affected all tenants (census of 35). Findings follow:</p> <p>1. A tenant meeting was held on 10-6-22 and 20 tenants attended. The tenants voiced they were not taken out for outings and they wanted to go on outings. They said there was a bus available.</p>	A 120		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
*Rathmyngmoser* TITLE *owner/administrator* (X6) DATE *12/19/22*

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A 120	<p>Continued From page 1</p> <p>2. Review of the weekly activity schedules from June 2022 to October 2022 did not reflect any outings planned for activities.</p> <p>3. Observation on 10-6-22 of the Program's mini-van was completed. A larger mini-bus was observed on the grounds. At the time of the entrance meeting the Nurse indicated the larger bus was not used at this time.</p> <p>4. Review of the "Stoney Brook Resident Rules &amp; Regulations Handbook Addendum D" regarding tenant activities indicated "mini-trips" which would be scheduled on a periodic basis.</p> <p>Continued record review revealed the Assisted Living Occupancy Agreement indicated policies and procedures related to "Tenant's use and occupancy" were in the Resident Handbook (Addendum D). The Program could not change the provisions of the agreement without providing a 30 day notice.</p> <p>5. When interviewed on 10-10-22 at 3:53 p.m. the Activities Coordinator said there had been tenant comments regarding not going on outings. They had been going on outings quite a bit prior to COVID-19.</p>	A 120	<p>Activity coordinator will resume adding mini trips back to the schedule weather permitting. Activities will be planned for 2-3 residents at a time on a rotational basis.</p>	12/15/22
A 290	<p>481-69.25(1) Tenant Documents</p> <p>69.25(1) Documentation for each tenant shall be maintained by the program and shall include:</p> <p>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'</p>	A 290	<p>Owner/Administrator will QA activity schedules on a monthly basis to ensure compliance</p>	

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A 290	<p>Continued From page 2</p> <p>notes written by exception</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to document nurse's notes by exception for 3 of 3 current (Tenants #1, #2 and #3) and 2 of 2 discharged (Tenants C1 and C2) reviewed. Findings follow:</p> <p>1. Review of Tenant #1's file on 10-10-22 revealed a telephone encounter (family medicine) document dated 8-31-22 indicating the Nurse at the Program reported Tenant #1 was seen at the emergency room (ER) that day and was given fluids. It was noted Tenant #1 had low sodium. The Nurse wanted direction on blood pressure medications as they were held that morning. She also requested an order for acetaminophen.</p> <p>A telephone encounter (family medicine) document dated 9-2-22 indicated an order was received for acetaminophen 500 milligram (mg), two tablets, three times daily as needed.</p> <p>A Physician Communication document dated 8-26-22 indicated orders received included to give a nutritional supplement with all medication administration, give nutritional supplement twice daily and consider adding protein powder to foods.</p> <p>Continued record review revealed nurse's notes were not completed by exception related to the ER visit on 8-31-22 and new orders noted above.</p> <p>2. Review of Tenant #2's file on 10-10-22 revealed the following Staff Communication Reports:</p>	A 290	<p>A 290:</p> <p>Nurse's note by exception will also be completed for all Dr. visits/phone calls.</p> <p>QA will be completed every month until compliance is met then every 3 months ongoing.</p>	10/30/22

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A 290	<p>Continued From page 3</p> <ul style="list-style-type: none"> <li>- On 8-13-22 Tenant #2 took her p.m. medications and then spit up "some mucus." Tenant #2 was not sure if the medications came up too.</li> <li>- On 8-14-22 at 2:30 p.m. it was noted Tenant #2 coughed up phlegm with whatever she ate.</li> <li>- On 8-14-22 at 6:30 p.m. it was noted Tenant #2 spit up phlegm. She took some of her 6:00 p.m. medications but refused the rest. She was not sure how many of the medications she kept down.</li> </ul> <p>Continued record review revealed a hospital record indicated Tenant #2 was admitted to the hospital on 8-15-22 and was discharged on 8-22-22. The diagnosis was esophageal dysphasia.</p> <p>A nurse's note was completed on 8-22-22 for Tenant #2's discharge from the hospital. Nurse's notes were not documented by exception related to changes noted with Tenant #2 on the Staff Communication Reports or when Tenant #2 went out to the hospital on 8-15-22.</p> <p>3. Review of Tenant #3's file on 10-10-22 revealed a Staff Communication Report (undated by staff) noted by the nurse on 8-3-22 indicating Tenant #3's blood pressure was outside of parameters (135/92).</p> <p>A Verbal Order form indicated to discontinue morphine 20 mg/milliters (ml) oral concentrate, give 0.5 ml, orally, every hour as needed for pain and dyspnea. Orders were also received to start sertraline 25 mg tablet, one tablet once per day and Mucinex DM Maximum Strength 60 mg-1200mg one tablet twice per day.</p> <p>Further record review revealed nurse's notes</p>	A 290		

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A 290	<p>Continued From page 4</p> <p>were not completed by exception related to the change noted with Tenant #3 on the Staff Communication Report or when new orders were received.</p> <p>4. According to Program documentation, Tenant C1 was discharged on 3-28-22 due to increased psychiatric issues and supervision levels.</p> <p>When interviewed on 10-10-22 at approximately 2:30 p.m. the Nurse said Tenant C1 went to the emergency room due to not taking her medications. She admitted to having a suicidal ideation while at the hospital (had not been voiced while at the Program). The hospital tried to get a psych bed so she was transferred to a hospital in western Iowa due to psych bed availability. The hospital in western Iowa contacted the Nurse when they wanted to send Tenant C1 back to the Program. The hospital was told she could not come back or could be back only with family there with her for 30 days. Tenant C1 was placed in another facility (not in the local area).</p> <p>Further review revealed nurse's notes were not documented by exception, including when Tenant C1 went to the ER, when she was transferred to another hospital and when there were conversations about her return to the Program. The nurse's notes also did not indicated a note when Tenant C1 was discharged.</p> <p>5. Review of Tenant C2's file on 10-10-22 revealed a Staff Communication Report dated 3-4-22 indicating he had an upset stomach, headache, complained of dizziness, was bloated, was thirsty and said nothing tasted good. Tenant C2 was COVID-19 negative and the nurse was called.</p>	A 290	<p>A 290:</p> <p>All residents discharged from the program will have documented reason for discharge. QA will be completed every 3 months to ensure compliance</p>	10/30/22

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A 290	Continued From page 5  A Physician Communication document dated 3-8-22 reflected orders to increase furosemide to 20 mg, twice daily and to start on 3-8-22.  Further record review revealed nurse's notes were not documented by exception related to the change noted with Tenant C2 on the Staff Communication Report or when a new order was received.  6. When interviewed on 10-10-22 at 3:31 p.m. the Nurse confirmed all nurse's notes for the tenants listed above were provided.	A 290		
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 interview and record review the Program failed to update a service plan as needed for 1 of 1 tenants reviewed with weight loss (Tenant #1). Findings follow:  1. Review of Tenant #1's file on 10-10-22 revealed a Physician Communication document dated 7-12-22 indicated swallowing certain medications was more difficult for Tenant #1 so the medications were discontinued.	A 350	A 350:  A policy was adopted indicating the MAR/ISP direction daily document will be an extension of a resident's service plan.  QA will be completed every 3 months to ensure compliance.	10/30/22

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A 350	<p>Continued From page 6</p> <p>A family medicine document dated 8-26-22 indicated Tenant #1 had difficulty swallowing, as well as a loss of appetite and fatigue. She had also not been walking as well. Tenant #1 said nothing tasted good and she was not eating much for the past couple of months. The Assessment section indicated Tenant #1 had weight loss and decreased appetite.</p> <p>A Physician Communication document dated 8-26-22 indicated orders to give a nutritional supplement with all medication administration, give a nutritional supplement twice daily and consider adding protein powder to foods.</p> <p>Tenant #1's current service plan dated 5-16-22 reflected she had no trouble swallowing and had minor issues chewing. The service plan reflected staff administered Tenant #1's medications. The service plan was not updated as needed and did not reflect Tenant #1's weight loss, nutritional supplements, trouble swallowing and loss of appetite.</p> <p>2. When interviewed on 10-10-22 at 3:31 p.m. the Nurse confirmed the most current service plan was provided for Tenant #1.</p>	A 350		