

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>S0280</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/11/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ADDINGTON PLACE OF FORT MADISON</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5025 RIVER VALLEY ROAD FORT MADISON, IA 52627</b>
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A 000	<p><b>Initial Comments</b></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 Number of tenants without cognitive disorder: 33 Number of tenants with cognitive disorder: 2</p> <p>Memory Care Unit (if applicable) Number of tenants without cognitive disorder: 0 Number of tenants with cognitive disorder: 6 TOTAL Census of Assisted Living Program for People with Dementia : 41</p> <p>The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification for an Assisted Living Program for People with Dementia.</p>	A 000	POC OK 5-20-22	
A 395	<p><b>481-69.26(4)a Service Plans</b></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 update service plans to reflect identified needs and preferences for assistance for 3 of 5 tenants reviewed. (Tenant #1, Tenant #2 and Tenant #4). Findings follow:</p> <p>1) Record review on 4/6/22 revealed Tenant #1 had a biopsy of his scalp on 1/26/22 due to</p>	A 395	<p><b>All service plans will be updated timely to identify resident needs and assistance preferences and resident participation choice if applicable. A flowsheet will be put in place to direct an ISP update as new orders arrive if a change is deemed appropriate. Monitoring effects will consist of monthly chart audits to ensure compliance.</b></p>	5/20/22

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

*[Signature]*  
**Leia L. Morrison**

TITLE  
Director

(X6) DATE  
05/02/2022

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A 395	<p>Continued From page 1</p> <p>concerns with skin malignancy. Following the biopsy, staff were to change a dressing and apply ointment daily as needed. Tenant #1 had a procedure on 3/24/22 to remove scalp cancer. Tenant #1 had dressing change orders the nurse was responsible for according to his note on 3/25/22.</p> <p>On 4/6/22 at 2:35 PM, Staff B reported Tenant #1 refused showers. He also did not often change his clothes and rarely had dirty clothes to wash on laundry day. Staff asked Tenant #1 to take a shower and would refuse at times.</p> <p>On 4/7/22 at 9:15 AM, Staff C stated Tenant #1 did not take showers or changes his clothes regularly. She said he needed reminders to get up and come to meals, which seemed to be a new behavior.</p> <p>Tenant #1's Service Plan, dated 3/26/21, noted he received bathing assistance at least two times a week. The service plan failed to address bathing refusals, his preference to bathe in the sink, and concerns with not changing into clean clothing daily.</p> <p>On 4/6/22 at 2:35 PM, the Health Care Coordinator (HCC) reported staff members told him Tenant #1 did not want staff assistance with showers. Whenever the HCC went into Tenant #1's apartment, the tenant reported he washed up in the sink and the HCC observed the tenant did not have an odor. The HCC planned to address the issues with showering, changing clothing and Tenant #1's scalp issue on his next service plan.</p> <p>2) On 4/6/22 at 2:10 PM, Staff A reported she was aware Tenant #2 often yelled at staff. Staff A</p>	A 395		
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A 395	<p>Continued From page 2</p> <p>stated Tenant #1 demanded a great deal of staff time. She reported Tenant #1 could be a two-person assist with standing because Tenant #1 refused to stand up more than 50% of the time. Staff A reported Tenant #1 would pull against staff when they tried to help her to stand. Staff A reported this to the HCC.</p> <p>On 4/6/22 at 2:35 PM, Staff B reported Tenant #2 kicked at staff and threw her dentures at them. Tenant #2 also yelled at staff she would kill them at least three times a week. On 4/5/22, Tenant #2 rammed another tenant with her wheelchair. Staff B had not witnessed Tenant #2 aggress toward other tenants before, although she had heard the tenant tell other tenants to shut up. Staff B reported Tenant #2 was able to stand on her own, but chose not to do so.</p> <p>On 4/7/22 at 9:15 AM, Staff C reported Tenant #2 screamed at staff daily if she had to wait to get her cares met while staff were taking care of other tenants. Tenant #2 would try to hit at staff it angry, but only made contact with Staff C once. Staff C reported Tenant #2 used her body weight to pull herself down and at times would not stand up.</p> <p>A review of Tenant #2's service plan, dated 2/22/22, failed to reflect interventions for verbal or physical aggression and intermittent assistance of two staff for transfers.</p> <p>On 4/6/22 at 2:35 PM, the HCC reported he was aware of staff reports of Tenant #2's yelling, aggressive actions and difficulty with transfers. The HCC and Director believed the problems were related to how staff approached Tenant #2 as the HCC and Director did not have a problem when they provided cares to Tenant #2. The</p>	A 395		

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A 395	<p>Continued From page 3</p> <p>HCC confirmed he had not put interventions on Tenant #2's service plan to address the yelling, aggression or difficulty with transfers.</p> <p>3) A review of Tenant #4's comprehensive assessment, dated 3/8/22, revealed at the time she was assessed, she was in a nursing facility and needed increased assistance with activities of daily living. Tenant #4 wanted to continue with physical therapy and occupational therapy. In the area of psycho-social there was no diagnosis of depression or other mental health history. Staff intervention was not needed to manage verbal behaviors. She had a history of urinary tract infections.</p> <p>A progress note on 3/23/22 noted Tenant #4 complained of urinary frequency and burning. The HCC got an order from Tenant #4's doctor to test her urine for an infection. On 3/25/22 the urine was sent for analysis and it was positive for an infection. Tenant #4 started taking an antibiotic. She had no signs or symptoms of a urinary tract infection other than urinary frequency. On 4/5/22, Tenant #4 called for toileting assistance frequently - ten times in an eight hour shift. The HCC called for a new order to test Tenant #4's urine for an infection. Tenant #4 completed her antibiotic on 4/1/21.</p> <p>A review of the paging system revealed Tenant #4 called for staff assistance 181 times from 4/1/22 - 4/7/22. Tenant #4 paged for staff assistance 163 times from 3/24/22 - 3/31/22.</p> <p>When asked about tenants who required significant time from staff, Staff A reported Tenant #4 paged frequently, at times every 15-20 minutes. Staff B reported Tenant #4 pushed her pager 12-14 times from 2:00 PM - 4:00 PM one</p>	A 395		

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A 395	<p>Continued From page 4</p> <p>day. Staff C stated Tenant #4 remained in bed most of the day and pushed her pager for reasons she believed were due to anxiety.</p> <p>Tenant #4's 3/10/22 service plan dated 3/10/22 failed to include her history of urinary tract infections and interventions to minimize her anxiety to reduce the number of times she used her pager. A diagnosis of generalized anxiety disorder was listed in her service plan.</p> <p>On 4/6/22 at 3:45 PM, the HCC reported staff documented how often Tenant #4's used her pager to hand her a cup of water. He was unsure if her issues were related to anxiety, her urinary tract infections or both. The HCC planned to discuss these issues further with Tenant #4 when he completed her 30-day service plan. He confirmed there were no interventions on the service plan for anxiety.</p>	A 395		