DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0292	A. BUILDING: _____ B. WING _____	C 12/09/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SENIOR STAR AT ELMORE PLACE MEMORY C	4504 ELMORE AVENUE DAVENPORT, IA 52807

(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 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. Number of tenants without cognitive disorder: 6 Number of tenants with cognitive disorder: 28 Total census: 34 There were no regulatory insufficiencies cited during the onsite infection control survey completed on 12/9/21. No regulatory insufficiencies were cited during the investigation of Incident #95540-I, Incident #97953-I or Incident #97252-I. The following regulatory insufficiency was cited during the investigation of Incident #100797-I and Incident #95309-I.	A 000	The Plan of correction is attached	
A 160	481-67.3(2) Tenant Rights 481-67.3 Tenant rights. All tenants have the following rights: 67.3(2) To receive care, treatment and services which are adequate and appropriate. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to provide appropriate care and services to 1 of 2 current (Tenant #1) and 1 of 4 former (Tenant C1) tenants reviewed. Findings follow:	A 160		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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A 160	Continued From page 1 1) Record review on 12/7/21 revealed an incident report for Tenant C1 dated 1/26/21 in which the Health and Wellness Program Director alerted memory care staff a tenant was outside. The Health Services Director went outside to assist with getting Tenant C1 into the building. Staff completed an assessment on the tenant who was taken to his room where an assessment of his entire body was completed. Tenant C1 denied pain and was changed into dry clothing. Tenant C1's temperature was taken upon his return to the program and it was 95.7 degrees Farenheit. Based on camera footage, the program developed a timeline of events for Tenant C1's elopement. Tenant C1 exited the program on 1/26/21 at 3:21 PM. Staff A responded to the door at 3:22 PM. No resident was around the door at the time the alarm was sounding, so she turned the alarm off. The Health and Wellness Program Director assisted Tenant C1 into the building at 3:33 PM. Tenant C1 was outdoors for 12 minutes. The outdoor temperature was 32 degrees Farenheit. On 12/8/21 at 2:10 PM, Staff A reported she was a new employee to the program on 1/26/21. She heard the door alarm go off alerting her someone had opened the door. Staff A looked around the door but did not go outside to look to see if a tenant had left the building. She reported she did not know to do so at that time. On 12/8/21 at 11:00 AM, the Health and Wellness Program Director reported she was leaving the program when she looked over and saw Tenant C1 standing in the parking lot. He was standing in one spot and seemed confused. She assisted Tenant C1 into the building.	A 160		

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A 160	Continued From page 2 On 12/8/21 at 9:05 AM the Health Services Director reported when she saw Tenant C1 upon his return to the building, he told her he went for a walk. She recalled he appeared cold. Tenant C1 was wearing a heavier sweater, pants, socks and shoes while outside but no hat or coat. The Health Services Director confirmed when a door alarm went off, staff were to look around outside and to count the tenants to ensure they were all present. This did not occur when the alarm sounded on 1/26/21. 2) A review of an Incident Form for Tenant #1 revealed she was ambulating in the hallway with Staff B on 11/25/21 at 11:58 AM. As Staff B turned to talk to another tenant , Tenant #1 fell backwards and hit her head on the wall causing a laceration. Vitals were taken and neurological screenings were initiated. Tenant #1 went to the emergency room for an evaluation. Tenant #1 returned to the program with a diagnosis of fractures to her clavicle and left humerus. Her arm was placed in a sling. Tenant #1 had staples placed in the laceration to the back of her head. Tenant #1's service plan (prior to the fall) was dated 9/9/21. Staff were to provide her with assistance during mobility to prevent injury or falls due to a history of falls. Staff were to assist Tenant #1 with mobility and transfers. Tenant #1 was to use her walker and gait belt at all times when ambulating. On 12/8/21 at 1:20 PM, Staff B reported he was aware Tenant #1 required 1:1 assistance with ambulation, but was not aware prior to her fall of the need for staff to use a gait belt when walking with her.	A 160		

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A 160	Continued From page 3 On 12/8/21 at 4:15 PM the Health Services Director and Assistant Health Services Director reported staff members were informed of the need to provide 1:1 assistance and gait belt usage with Tenant #1 when her service plan changed in September 2021. All staff members know they were to look at service plans to be aware of tenant's needs. Staff B should have used a gait belt with Tenant #1 and did not.	A 160		

Plan of Correction – Senior Star at Elmore Place

Date: 1.28.22
To: Iowa Department of Inspections & Appeals (DIA)
From: Amanda Buchholz, Assistant Executive Director
RE: DIA Investigation 12.7.21-12.9.21

Enclosed is the Plan of Correction (POC) in response to investigation visit by a representative of the department from December 7th, 2021 thru December 9th, 2021, to Senior Star at Elmore Place Memory Care. Regulatory Insufficiencies in the area(s) of: tenant rights, provides specific information regarding the regulatory insufficiency and how the Program failed to comply with regulations. Each area of regulatory Insufficiency is noted in this document including a detailed POC. Submission of this Plan of Correction is not a legal admission that a deficiency exists or that this Statement of Deficiencies was correctly cited. In addition, preparation and submission of this POC does not constitute an admission or agreement of any kind by the facility of the truth of any facts set forth in this allegation by the surveyor's agency.

PLAN OF CORRECTION

Area: *Tenant Rights*

Regulatory Insufficiency #1: 481-67.3(2) tenant rights. All tenants have the following rights: 67.3(2), to receive care, treatment and services which are adequate and appropriate.

POC:

1. **The Program will correct the regulatory insufficiency by:** Senior Star at Elmore Place will educate staff on review of service plan to identify resident needs to ensure services are adequate and appropriate. The electronic health record will allow the nurse to add ADL's for better communication of the resident needs. The community will ensure all staff is following individual service plans.
2. **The following measures will be taken to ensure the problem does not recur:** The registered nurse and or designee will continue initial and annual training regarding policies and procedures specific to tenant rights, care, treatments, and services as deemed necessary.
3. **The Program plans to monitor performance to ensure compliance by:** The registered nurses and or designee will review EHR to ensure the needs are accurately documented. The policies and procedures related to tenant rights related to care, treatment, and services will be reviewed at least annually for any changes and make any necessary changes at the time identified.
4. **The regulatory insufficiency will be corrected by:** 2.28.22

Area: *Tenant Rights*

Regulatory Insufficiency #2: 481-67.3(2) tenant rights. All tenants have the following rights: 67.3(2), to receive care, treatment and services which are adequate and appropriate.

POC:

1. **The Program will correct the regulatory insufficiency by:** Senior Star at Elmore Place will re-educate staff on elopement protocols. All staff will be trained within 30 days of hire on our elopement protocols and annually.

ok 3/4/22

2. **The following measures will be taken to ensure the problem does not recur:** The registered nurse and or designee will continue ongoing training regarding policies and procedures specific to tenant rights, care, treatments, and services as deemed necessary.
3. **The Program plans to monitor performance to ensure compliance by:** The registered nurses and or designee will monitor compliance at least semiannually for any changes and make any necessary changes at the time identified.
4. **The regulatory insufficiency will be corrected by:** 2.28.22