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
	S0333	A. BUILDING: _____ B. WING _____	C 09/09/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOMESTEAD OF ALBIA	6592 165TH STREET ALBIA, IA 52531

(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. Number of tenants without cognitive disorder: 19 Number of tenants with cognitive disorder: 1 TOTAL census of Assisted Living Program: 20 No regulatory insufficiencies were cited during the investigation into Complaint #92295-C. There were no regulatory insufficiencies cited during the onsite infection control survey completed on 9/9/21. The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification for an Assisted Living Program.	A 000		
A 150	481-67.2(3) Program Policies and Procedures 67.2(3) The program shall follow the policies and procedures established by the program. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to consistently implement established policies and procedures. This affected 1 of 4 sample tenants (Tenant #1). Findings follow: Record review of Progress Notes on 9/9/21 revealed the Administrator received an email from Tenant #1's son on 9/1/21 asking about a fall his father reported to him. The son asked the Administrator why the fall was not reported to him. The Administrator began an investigation	A 150		

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A 150	Continued From page 1	A 150		

and discovered Tenant #1 was observed on the floor of his room but staff did not notify the nurse of the fall. The Administrator noted Tenant #1 denied pain or discomfort from the incident. A Nurse's Note dated 9/3/21 indicated Tenant #1 fell when he raised his lift chair too high and slid out of it onto his floor.

Tenant #1's Service Plan, dated 6/28/21, included a goal to continue to be independent without having any significant injuries from falls. The Service Plan noted a fall risk assessment would be completed every six months, after a fall and with any significant change. No fall risk assessment could be found for Tenant #1 dated after 9/1/21.

The program's Incident Reports policy noted an incident report "will be filled out in detail by the person in charge at the time of the incident. The report shall include any statements from individuals, if any, who witnessed the incident." The report was to be reviewed by the Registered Nurse. A follow up with the tenant who was involved with the incident was to be performed 24 hours following the incident. A review of incident reports revealed there was no incident report for Tenant #1 dated after 9/1/21.

A review of the Fall Management policy revealed an assessment would be completed following each fall event and the physician would be notified. The facility would also review and revise the plan of care with a new intervention following each fall.

When interviewed on 9/9/21 at 9:53 a.m. the Administrator reported she did not complete the fall risk assessment or update Tenant #1's service plan. The Administrator said the incident

Reply Delete Junk Block ...

Re: Homestead of AAlbia

Campbell, Catie <catie.campbell@dia.iowa.gov>
Mon 10/25/2021 9:28 AM

To: Amanda Atwell

EXTERNAL EMAIL

Amanda,
Your POC is lacking several requirements:

1. Elements detailing how the Program will correct each regulatory insufficiency; including at the system level.
2. Measures taken to ensure the problem does not recur
3. How the Program plans to monitor performance to ensure compliance.
4 . The date by which the regulatory insufficiency will be corrected

Please take a look at your plan, revise, and resubmit.

Thanks,
Catie

On Fri, Oct 1, 2021 at 12:19 PM Amanda Atwell <aatwell@homesteadofalbia.com> wrote:

> Amanda Atwell,RN, Executive Director,
> Resident Care Coordinator
> Homestead Assisted Living
> 6592 165th ST
> Albia,IA 52531
> P:641-932-2102
> F:641-932-7997
>
> ---
>
> **From:** Albia-copier-business@midwest-health.com <Albia-copier-business@midwest-health.com>
> **Sent:** Friday, October 1, 2021 12:07 PM
> **To:** Amanda Atwell <aatwell@homesteadofalbia.com>
> **Subject:** Attached Image

Reply Forward

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A 150	Continued From page 2 report was not yet completed as she was trying to get a written statement from the staff member involved in Tenant #1's fall. She confirmed the program did not follow the Fall Management or Incident Reports policies.	A 150		
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 develop service plans based on the identified individual needs of tenants. This affected 4 of 4 sample tenants (Tenant #1, Tenant #2, Tenant #3 and Tenant #4). Findings follow: 1. Record review on 9/9/21 revealed Tenant #1's service plan, dated 6/28/21, noted he wanted to maintain his current level of functioning with dressing but did not direct staff on how to provide this assistance. Tenant #1's Functional Assessment #3 dated 7/3/21 noted he required physical assistance with dressing twice a day. The plan also directed staff to clean Tenant #1's room ___ times weekly (no specific number of times specified) and to do his laundry ___ times a week (no specific number of times specified). 2. Tenant #2's 90-day evaluation, dated 9/2/21, noted staff encouraged Tenant #2 to eat and drink	A 350		

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A 350	Continued From page 3	A 350		

throughout the day due to her not having adequate meal or fluid intake. This was not identified on her Service Plan dated 3/23/21. The service plan noted Tenant #2 was independent with dressing but the 90 day evaluation documented she required staff to provide prompts and set things out for her. Staff also gave her prompts and reminders with her Activities of Daily Living (ADLs), but which specific ADLs were not clearly identified on the service plan.

3. Tenant #3's annual evaluation note, dated 7/3/21, documented staff offered Tenant #3 stand by assistance during showers as Tenant #3's family's had requested this service for her safety. A review of a task sheet for the past 30 days revealed Tenant #3 showered independently with the exception of staff providing standby assistance on 8/17/21. Tenant #3 had a stroke on 4/3/21 and was hospitalized for this condition until 4/5/21. Her showering needs and medication conditions were not updated on her service plan which was dated 2/16/21.

4. Tenant #4's service plan, dated 2/16/21, identified she self-administered her medication, used a wheeled walker, received a bath from staff twice weekly, was assisted with dressing in the morning and evening and was independent with toileting. A Nurse's note, dated 9/1/21, identified she needed to be reminded to drink fluids. Staff were to assist her with peri-care following toileting. Staff were also to help her with getting into the shower. The nursing note documented Tenant #4 was independent with dressing and undressing overall but would ask for assistance at times. Staff also assisted with Tenant #4 with all of her medication management.

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A 350	Continued From page 4 5. When interviewed on 9/9/21 at 9:05 a.m. the Administrator confirmed the tenants' current needs were not clearly identified on their service plans.	A 350		
A 355	481-69.26(2) Service Plans 69.26(2) Prior to the tenant's signing the occupancy agreement and taking occupancy of a dwelling unit, a preliminary service plan shall be developed by a health care professional or human service professional in consultation with the tenant and, at the tenant's request, with other individuals identified by the tenant, and, if applicable, with the tenant's legal representative. All persons who develop the plan and the tenant or the tenant's legal representative shall sign the plan. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to ensure occupancy agreements were signed prior to admission. This affected 1 of 1 tenant admitted since June 2021 (Tenant #1). Findings follow: Record review on 9/9/21 revealed Tenant #1 moved into the program on 6/3/21. Tenant #1 signed the occupancy agreement on 6/10/21. On 9/9/21 at 9:50 a.m., the Administrator reported she allowed Tenant #1 to move into his apartment prior to signing the occupancy agreement. Tenant #1 wanted his attorney to review the document prior to him signing it, which could not be done for about a week after the time he moved in.	A 355		

ok

Policies and Procedures not being followed.

1. Program will follow policies and procedures for incidents.
2. Check list for completing incident reports has been given to staff who complete incident reports and an in service on this procedure and the company policy was held on September 27,2021.
3. The Executive Director and RCC will review each incident report to ensure the policy and procedure was followed.
4. 9/27/21

Service plans

1. Program will identify each residents needs during the admission process. A service plan will be developed and followed by staff to meet the needs of each individual resident. Service plans will be reviewed annually and as changes occur. When a new service plan is created or changed nursing staff will communicate with floor staff the changes and make a copy of each service plan available for staff to review.
2. An admission check list has been developed and put into place for the admitting staff to follow to ensure that the needs of each resident is being met in the service plan and by staff.
3. Nursing staff will review changes with all staff who need the knowledge in the service plan to care for the resident. A copy of each service plan will be available for staff to review.
4. 9/2721

Service plans

1. Each resident will sign an occupancy agreement prior to taking occupancy of a unit. An admission check list will be used during each admission to ensure that the resident agreement is signed prior to taking occupancy.
2. An admission check list will be used during each admission to ensure that the resident agreement is signed prior to taking occupancy. No resident will take occupancy of an apartment prior to signing the resident agreement.
3. During the admission process the admission check list will be followed.
4. 9/27/21