

DEPARTMENT OF INSPECTIONS AND APPEALS

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0351 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 01/26/2022 |
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| NAME OF PROVIDER OR SUPPLIER EMERY PLACE | STREET ADDRESS, CITY, STATE, ZIP CODE 901 SOUTH MENTZER ROAD ROBINS, IA 52328 |
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| 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 Number of tenants without cognitive disorder: 28 Number of tenants with cognitive disorder: 1</p> <p>Memory Care Unit Number of tenants without cognitive disorder: 7 Number of tenants with cognitive disorder: 25</p> <p>TOTAL Census of Assisted Living Program for People with Dementia: 54</p> <p>There were no regulatory insufficiencies cited during the onsite infection control visit. A comment was made to the Program regarding the recommendation for eye protection for staff.</p> <p>The investigation of Complaints #95611-C, #95612-C, #95613-C and #98302-C and the recertification visit conducted to determine compliance with certification for a Dedicated Dementia Specific Assisted Living Program were completed. The following regulatory insufficiencies were identified:</p> | A 000 | POC attached 3/30/22 | |
| A 155 | <p>481-67.3(1) Tenant Rights</p> <p>481-67.3 Tenant rights. All tenants have the following rights:</p> <p>67.3(1) To be treated with consideration, respect, and full recognition of personal dignity and autonomy.</p> | A 155 | | |

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

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| A 155 | <p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to treat a tenant with consideration, respect, and full recognition of personal dignity and autonomy. This pertained to 1 of 1 tenants reviewed with a change of pharmacy (Tenant #9). Findings follow:</p> <p>1. Record review on 1-18-22 and 1-19-22 of Tenant #9's file revealed the service plan dated 2-18-21 reflected staff administered medications to Tenant #9. Pharmacy dispense records and an e-script prescription indicated Tenant #9 medications were filled with a pharmacy of her choice.</p> <p>Continued record review revealed an After Visit Summary reflected Tenant #9's hospitalizations from 4-12-21 to 4-23-21 for bipolar affective disorder (hypomanic episode) and 4-23-21 to 5-3-21 for bipolar affective disorder (hypomanic episode).</p> <p>A Progress Note dated 4-23-21 indicated Tenant #9 returned to the Program with an after visit summary. The new orders were sent to the Program's preferred pharmacy to fill her medications. No other entries in the nurse's notes regarding the change from Tenant #9's original pharmacy to the Program's preferred pharmacy could be located.</p> <p>2. When interviewed on 1-19-22 at 4:21 p.m. Tenant #9's Legal Representative #1, medical power of attorney (POA), stated they attended a medical appointment after Tenant #9's hospitalization and received new orders for medication. The medication failed to arrive at the</p> | A 155 | | |

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| A 155 | <p>Continued From page 2</p> <p>Program and she called Tenant #9's pharmacy to follow up and was informed there had been a change. The person at the pharmacy stated she was under the impression she previously spoke to Tenant #9's daughter. Legal Representative #1 had not called the pharmacy. She talked to the Former Healthcare Coordinator (HCC) about the change of pharmacy to the Program's preferred pharmacy and the Former HCC initially said it was odd, and possibly someone in the hospital changed it. The Director later told Legal Representative #1 that the Former HCC said Tenant #9's Legal Representative #2, financial POA, had given permission to the Former Assistant HCC to change pharmacies. She said Tenant #9's Legal Representative #2 denied he gave permission to change pharmacies and the Former Assistant HCC had not work there when the pharmacy change occurred. Legal Representative #1 switched Tenant #9 from the Program's preferred pharmacy back to Tenant #9's original pharmacy. Legal Representative #1 stated she had not given verbal or written permission to change Tenant #9's pharmacy.</p> <p>When interviewed on 1-20-22 at 2:48 p.m. Tenant #9's Legal Representative #2, financial POA, stated the Program staff approached him about changing Tenant #9's pharmacy. He stated he gave no verbal or written authorization to the Program to change pharmacies. He thought he possibly learned of the pharmacy change for Tenant #9 when he received a bill from the new pharmacy.</p> <p>3. Further record review revealed a fax cover sheet dated 4-23-21 revealed the Program notified their preferred pharmacy regarding Tenant #9. The fax cover sheet indicated 11 pages sent and they needed no liquid lithium as</p> | A 155 | | |

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| A 155 | Continued From page 3 the hospital returned some with her. The Former HCC sent a fax on 4-23-21 at 12:51 p.m. to the Program's preferred pharmacy. Information provided to the Program's preferred pharmacy included: Tenant #9's social security card, driver license (photo identification), medicare card and insurance card. This fax included An After Visit Summary (post hospitalization) dated 4-23-21 with Tenant #9's current medication orders. Another fax cover sheet dated 5-3-21 revealed the Program communicated to the Program's preferred pharmacy regarding Tenant #9 to send more 5 milliliter (ml) syringes and her quetiapine. The Former HCC faxed the After Visit Summary (post hospitalization) dated 5-3-21 which included Tenant #9's current medication orders. 4. When interviewed on 1-19-22 at approximately 10:10 a.m. and 11:15 a.m. the Clinical Care Specialist stated typically the HIPAA form, admission form, face sheet, insurance cards and a signed medication list were sent to the Program's preferred pharmacy when a tenant started with the Program's preferred pharmacy. She said an admission form was found for Tenant #9 and the form was not signed. She spoke with the Program's preferred pharmacy and was told Tenant #9's family member called on 5-17-21 and wanted the Program's preferred pharmacy services stopped. 5. The Program provided an incomplete Resident Admission Form and failed to obtain the responsible party's signature to authorize dispensing medication. The HIPAA form was not provided for Tenant #9. Pharmacy Admit Forms were provided, which indicated an Admit Form dated 4-23-21 with Tenant #9's name and date of birth, and an Admit Form dated 5-3-21 with Tenant #9's name and date of birth. | A 155 | | | |

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| A 155 | <p>Continued From page 4</p> <p>6. When interviewed on 1-19-22 at 5:30 p.m. the Former Assistant HCC stated she did not discuss switching pharmacies with Tenant #9's legal representatives or family. When the Former Assistant HCC left employment with the Program, she said Tenant #9 had her medication all packaged together (bubble packed).</p> <p>When interviewed on 1-19-21 at 3:48 p.m. the Former HCC said Tenant #9's medications had come in a medication pocket, all medications for the prescribed times were packaged together. With her initial pharmacy there were issues with timeliness of medication delivery. When Tenant #9 came out of the hospital it was determined it was safer to switch Tenant #9 to the Program's preferred pharmacy. Tenant #9's discharge orders were sent to the pharmacy and she said Tenant #9's son had approved it. She said Tenant #9's daughter got upset and switched Tenant #9 back to the original pharmacy.</p> <p>In summary, Tenant #9's had been admitted to the Program in October 2019 and an election was made for her pharmacy of choice. The pharmacy chosen was not the Program's preferred pharmacy. The medications filled by her pharmacy of choice were dispensed in a medication pack, with all medications prescribed at that time packaged together. The Program's preferred pharmacy did not package medications in that manner. Tenant #9 was hospitalized from 4-12-21 to 4-23-21 and again on 4-23-21 to 5-3-21. On 4-23-21 a fax was sent from the Program to the Program's preferred pharmacy that included: Tenant #9's identification cards, insurance cards and current medication orders. The pharmacy authorization form was incomplete and was not signed by Tenant #9 or Tenant #9's</p> | A 155 | | |

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| A 155 | Continued From page 5 legal representative to start dispensing medications from the Program's preferred pharmacy. April, May and June 2021 MARs reflected a change in pharmacies from Tenant #9's chosen pharmacy to the Program's preferred pharmacy and a return back to Tenant #9's chosen pharmacy. Legal Representative #1 and Legal Representative #2, both confirmed in interview they never gave written or verbal permission to change Tenant #9's pharmacy to the Program's preferred pharmacy. Additionally, the legal representatives were unaware of the pharmacy change until after a medical appointment with a new medication order and receipt of billing. Legal Representative #1 was told initially the change must have occurred in the hospital and was then told that Legal Representative #2 approved the change with the Former Assistant HCC. The Former Assistant HCC denied she talked to Tenant #9's family about a pharmacy change. Tenant #9's original pharmacy services were canceled and she started services with Program's preferred pharmacy, without permission or authorization for the cancellation of existing pharmacy services or start pharmacy services from the Program's preferred pharmacy. Tenant #9 was not treated with dignity, respect, full consideration and autonomy related to her election for pharmacy services. | A 155 | | | |
| 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. | A 160 | | | |

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| A 160 | <p>Continued From page 6</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to provide adequate and appropriate care, treatment and services to 1 of 3 current tenants reviewed that fell, sustained an injury and were sent out for evaluation (Tenant #4). Findings follow:</p> <p>1. Record review an electronic Incident Report dated 2-5-21 at 8:40 a.m. indicated direct care staff responded to Tenant #4's spouse's pendant. Tenant #4's spouse reported Tenant #4 fell when he tried to sit on the toilet. Tenant #4 was laying in bed when direct care staff responded to the pendant. Tenant #4 said "I fell, I'm fine." There was skin tear to the left elbow. A nurse was notified, Tenant #4 refused vitals and denied hitting his head. The report indicated a skin tear to his left elbow and with no other injuries. The Former Assistant Healthcare Coordinator (HCC) completed the report.</p> <p>The handwritten Incident Report dated 2-5-21 at 8:40 a.m. indicated Tenant #4's spouse pressed her pendant and reported he fell attempting to sit on the toilet. When direct care staff responded, Tenant #4 was laying in bed. The report indicated Tenant #4 was not sent out to the hospital and noted a skin tear to the left forearm. The report indicated Tenant #4's primary care provider (PCP) was notified on 2-5-21 at 3:00 p.m. The Former Assistant HCC was notified on 2-5-21 at 8:40 a.m. The Former Assistant HCC signed the report.</p> <p>Continued Record review revealed a Prehospital Care Report indicated on 2-6-21 a fire rescue and</p> | A 160 | | |

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| A 160 | <p>Continued From page 7</p> <p>emergency medical services (EMS) unit arrived at the building to get equipment that was left there from a prior call. Staff handed the equipment over and asked if they could evaluated an injured tenant. The unit notification time was 11:09 a.m. and the assessment exam time was 11:10 a.m. The emergency medical technicians (EMTs) responded to the apartment and observed two adults, including Tenant #4 seated in a chair with a towel under his left arm arm. It was noted there appeared to a "large laceration proximal to elbow traversing to distal to elbow joint with bleeding controlled." Staff reported Tenant #4 fell the day prior, a nurse "evaluated the injury and placed some skin closures and left. Wife of the male reports feeling this was insufficient at the time." Both Tenant #4 and his spouse reported the wound bled since the fall yesterday. "Wound is evaluated and found to be approximately 7" in length and oozing. There are two skin closures on it and adipose tissue is visible along with the elbow joint." The report indicated "Patient reports pain is 8/10 at this time." A call was placed to dispatch for a an ambulance service unit based on the "severity of the wound." The impression noted on the report indicated "sub standard wound care was provided this patient will likely need sutures and antibiotics."</p> <p>Further record review revealed hospital records indicated Tenant #4 arrived on 2-6-21 at 12:05 p.m. and discharged on 2-8-21 at 1:30 p.m. Diagnosis included a skin avulsion injury (on the left elbow) due to a fall. The document indicated Tenant #4 had a "mechanical fall" on 2-5-21 and sustained a skin avulsion to the left elbow. The laceration was "seen by nursing who applied two steri-strips." EMS returned to the building to get equipment from the day before, were asked to look at the wound and observed exposed bone</p> | A 160 | | |

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| A 160 | <p>Continued From page 8</p> <p>and depth of the wound. It was determined to bring Tenant #4 to the emergency department. He had mild elbow pain, that was sharp and constant. When it was touched the pain went to severe. It was noted Tenant #4 had a "Large linear lac noted on left elbow (see picture), skin mostly detached from fascia and very moveable around joint." It was noted EMS was told Tenant #4 fell the day prior and had a injury to the left elbow. "Allegedly nurse on duty yesterday assessed pt's elbow and placed 2 steri strips on it, no further follow up reported." The open laceration on his elbow was four inches long (approximately) and there was swelling and bruising noted. Two steri strips were placed across the laceration. Records indicated a silicone adherent was placed to "reduce the skin flap." Tenant #4 would need "follow-up outpatient closely to evaluate for necrosis, that possibly later would need debridement and and intervention." Tenant #4 received intravenous (IV) antibiotics in the hospital and was transitioned to oral antibiotics at discharge.</p> <p>2. When interviewed on 1-19-22 at approximately 12:35 p.m. Tenant #4 and his spouse reported he had fallen or slipped in the bathroom. The nurse looked at it, wrapped it with gauze and left. When an ambulance was there for another tenant, Staff F asked them to look at Tenant #4's injury. They (EMTs) were concerned it could be sepsis and Tenant #4 was taken to the hospital.</p> <p>When interviewed on 1-19-22 at 5:30 p.m. the Former Assistant HCC said Tenant #4's spouse pushed her pendant and a direct care staff responded and called for a nurse. Tenant #4 had a fall in the bathroom getting on or off the toilet and his spouse had gotten him up. When the Former Assistant HCC arrived he was in bed.</p> | A 160 | | |

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| A 160 | <p>Continued From page 9</p> <p>Tenant #4 had some pain and his spouse said she would give him as needed Tylenol. The Program did not manage Tenant #4's medications. The Former Assistant HCC said four to six weeks earlier Tenant #4 had a fall and sustained a skin tear. Two weeks prior (to this fall), Tenant #4's spouse refused assessment of the skin tear. The Former Assistant HCC said Tenant #4 had re-opened the skin tear with this fall. She applied steri strips and wrapped with Coban, so he did not touch the dressing. There was no muscle or tissue exposed. When it was assessed she did not feel it warranted being sent out and Tenant #4's spouse did not want him sent out. Friday afternoon (day of the fall) Tenant #4's spouse asked staff to secure the dressing and more gauze was applied. She did not take the dressing off at that time per Tenant #4's spouse's request. She did not look at the wound at that time, she had observed it on Friday morning (day of the fall) when it first happened. She was not on-call over the weekend, on Monday she was notified Tenant #4 went out on Saturday morning. She said the paramedics were in the building and staff asked them to re-wrap the dressing. Tenant #4 complained of pain and wanted to be sent out. Tenant #4 returned on Monday with a large gauze dressing and strict orders not to remove the dressing. At a follow up appointment Tenant #4's wound was debrided and sutures were placed.</p> <p>When interviewed on 1-19-22 at 3:48 p.m. the Former HCC indicated she was not involved with the incident with Tenant #4 and she said the Former Assistant HCC was involved. The Former HCC said she was on-call and received a telephone call on Saturday from Staff F after Tenant #4 had been transported to the hospital. Paramedics were in the building and transported him out. Staff F said he was bleeding through the</p> | A 160 | | |

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| A 160 | <p>Continued From page 10</p> <p>bandage, paramedics dressed it and he was sent out. Staff F was the staff that worked Friday (day of the fall) and Saturday (day Tenant #4 went out). The Former HCC said the Former Assistant HCC looked at Tenant #4's wound at 3:30 p.m. or 4:00 p.m. on Friday and told the Former HCC it looked fine. The Former HCC did not receive a call from 5:00 p.m. until Staff F called, after Tenant #4 was sent out. The Former HCC did not observe Tenant #4's injury on Friday. She followed up with the Former Assistant HCC and who said she put a bandage and wrapped it with Kerlix. It was wrapped to ensure Tenant #4 would leave it alone.</p> <p>Attempts to interview Staff F related to the incident with Tenant #4 were unsuccessful.</p> <p>3. Continued record review on 1-13-22 of Tenant #4's service plan dated 2-8-21, reflected Tenant #4 was hospitalized for a skin avulsion on 2-6-21 to 2-8-21. The service plan reflected Tenant #4 a history of falls and he required no staff assistance with ambulation.</p> <p>An electronic Incident Report dated 1-11-21 at 6:00 p.m. indicated Tenant #4's spouse informed the nurse that Tenant #4 fell in the shower last evening, hit his left side and left elbow against the wall, and got up independently. He complained of pain to the left rib cage and two skin tears were noted to the left elbow.</p> <p>Further record review revealed Progress Notes indicated the following:</p> <p>-On 1-15-21 (late entry on 1-22-21) it was noted Tenant #4's skin tears were healing.</p> <p>-On 1-22-21 (late entry) it was noted Tenant #4's</p> | A 160 | | |

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| A 160 | <p>Continued From page 11</p> <p>skin tears were healing.</p> <p>-On 1-28-21 (late entry on 1-29-21) it was noted Tenant #4 did not allow the nurse to assess his skin tear to the left elbow and forearm. Tenant #4's spouse said it was healing and would take some time.</p> <p>-On 2-5-21 (late entry on 2-7-21) it was noted staff responded to Tenant #4's spouse's pendant. Tenant #4's spouse said he fell when he tried to sit on the toilet. Tenant #4 was laying in bed when staff came responded. A nurse was notified and Tenant #4 refused vital signs. Tenant #4 denied hitting his head and had a skin tear on the left elbow. There were no other injuries noted.</p> <p>-On 2-6-21 (late entry on 2-8-21) it was noted Tenant #4 was sent out for evaluation to a hospital "for evaluation of skin tear."</p> <p>-On 2-6-21 (late entry on 2-8-21) it was noted a nurse at the hospital called and said Tenant #4 would be kept overnight for observation.</p> <p>-On 2-7-21 it was noted Tenant #4 was admitted to the hospital for IV antibiotic treatment for the skin tear. A special dressing was placed to help with natural skin growth and no sutures were placed.</p> <p>-On 2-8-21 it was noted Tenant #4 would be discharged back to the Program at approximately 1:30 p.m.</p> <p>-On 2-8-21 (late entry on 2-9-21) it was noted a change of condition was completed for Tenant #4 return from the hospital and a diagnosis of a skin avulsion. New interventions for falls were added.</p> | A 160 | | |

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| A 160 | <p>Continued From page 12</p> <p>-On 2-8-21 it was noted Tenant #4 returned with new antibiotic orders and Tenant #4's spouse was aware and had the medications (independent with medications). There were several appointments, including one on 2-15-21. The dressing on the left arm was to stay in place until the follow up appointment on 2-15-21.</p> <p>-On 2-12-21 (late entry on 2-20-21) it was noted the wound was not able to be assessed and the dressing to the left elbow was in place until the appointment on 2-15-21.</p> <p>-On 2-19-21 (late entry on 3-6-21) it was noted Tenant #4's dressing was in place and nursing was not able to assess the wound. Tenant #4 had a surgical procedure the next week to debride and close the wound.</p> <p>-On 2-24-21 (late entry on 2-26-21) it was noted Tenant #4 returned following surgery to debride the wound on the left elbow and close the wound with sutures. The dressing was to be in place until his follow up with the surgeon next week.</p> <p>-On 3-3-21 (late entry on 3-6-21) it was noted the skin tear remained to the left elbow. Staples were removed by the surgeon today and the dressing was reapplied. Tenant #4 had a follow up appointment next week with the surgeon.</p> <p>4. Continued record review revealed a Counseling Documentation Form dated 2-8-21, indicated on 2-5-21 direct care staff notified nursing staff that Tenant #4 had slipped and his arm needed to be assessed. The Former Assistant HCC told Tenant #4, Tenant #4's spouse and the direct care staff, that it was a "small skin tear" and placed a "bandage with co-band on the area." Tenant #4's spouse called</p> | A 160 | | |

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| A 160 | <p>Continued From page 13</p> <p>for assistance later that day to re-wrap the area "as the co-band was coming off." The Former Assistant HCC re-wrapped the area. On 2-6-21, the direct care staff called the Former HCC (nurse on-call) and said the bandage was "full of blood and it looked bad." EMS checked Tenant #4's arm and the skin tear was "down to the bone." It was recommended he go to the emergency room (ER). Tenant #4 was admitted to the hospital. The level of correction indicated it was a written warning and the type of violation indicated was performance. The report indicated the Former Assistant HCC would complete a "more thorough assessment of skin concerns." If the Former Assistant HCC was "unsure or would like to have a second opinion or another person look at the area" she would contact her supervisor.</p> <p>In summary, Tenant #4, who had a history of falls, had a fall on 1-11-21, that resulted in rib fractures on the left side and skin tears on his left elbow. He fell again on 2-5-21 and the staff who responded called for a nurse to assess the injury to his left elbow. The Former Assistant HCC responded and looked at the left elbow injury and said in interview she did not feel it warranted him being sent out and she said Tenant #4's spouse did not want him sent out. She applied two steri strips and Coban. She returned later, per Tenant #4's spouse's request, to re-wrap the wound; however, she did not assess the wound at that time. More than 24 hours later, on 2-6-21, EMTs from a fire rescue unit, were in the building for a non-related issue and staff requested they look at Tenant #4's injury. At that examination Tenant #4's laceration was noted to be 7 inches and there was exposed bone. Tenant #4's pain was rated an 8 out of 10. The EMTs called for an ambulance service unit due to the "severity of the</p> | A 160 | | |

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| A 160 | Continued From page 14 wound." Tenant #4 was transferred to the ER and was admitted to the hospital. It was noted there was large laceration, and "the skin was mostly detached from fascia and very moveable around joint." Tenant #4 received IV antibiotics while hospitalized and was also prescribed oral antibiotics at discharge. Tenant #4's diagnosis included a skin avulsion injury of the left elbow. The wound flap was initially sealed with a silicone adherent, in the weeks following his discharge from the hospital Tenant #4 had outpatient surgery. The wound was debrided and sutures were placed. Tenant #4 did not receive care, treatment and services that were adequate and appropriate related to the lack of a thorough nursing assessment, timely evaluation and medical treatment related to his injury post fall. | A 160 | | |
| A 285 | 481-67.5(2)f(4) Medications 67.5(2) Each program shall follow its own written medication policy, which shall include the following: f. When medications are administered traditionally by the program: (4) Medications and treatments shall be administered as prescribed by the tenant's physician, advanced registered nurse practitioner or physician assistant. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to administer medications and complete treatments as prescribed. This pertained to 4 of 7 current tenants reviewed (Tenants #1, #2, #3, #6) and 1 of 2 discharged | A 285 | | |

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| A 285 | <p>Continued From page 15</p> <p>tenants reviewed (Tenant #9). Findings follow:</p> <p>1. Record review on 1-12-22 and 1-13-22 of Tenant #1's file revealed a diagnosis of diabetes mellitus with stage 3 chronic kidney disease. Tenant #1 was admitted on 11-10-21 and orders upon admission included: blood glucose checks daily and Miralax, take 17 gram (gm) by mouth daily as needed for constipation.</p> <p>Hospital discharge orders dated 1-10-22 reflected orders for blood glucose checks as needed and Miralax, take 17 gm by mouth daily as needed for constipation.</p> <p>Continued record review revealed November and December 2021 medication administration records (MARs) did not reflect the orders or the administration of the blood glucose daily and Miralax take 17 gm by mouth daily as needed for constipation. January 2022 MARs (1-1-22 to 1-7-22) did not reflect orders or administration of the blood glucose daily and Miralax take 17 gm by mouth daily as needed for constipation. On 1-10-22 the January 2022 MARs were updated and reflected the new orders post hospitalization for blood glucose checks as needed and Miralax take 17 gm by mouth daily as needed for constipation. Tenant #1's medications and treatments were not administered or completed as prescribed.</p> <p>2. Record review on 1-12-22 and 1-13-22 of Tenant #2's file revealed Tenant #2 received hospice services. Staff Documentation/Communication to RN documents indicated the following:</p> <p>-On 11-17-21 it was noted Tenant #2 had been up and was restless for the past "few nights." Staff</p> | A 285 | | |

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| A 285 | <p>Continued From page 16</p> <p>administered morphine as needed at approximately 3:00 a.m. "to help him sleep." It was effective for 30 minutes and he was back up again. The form indicated staff education was provided for "appropriate use for morphine."</p> <p>Continued record review revealed the November 2021 MARs reflected an order for morphine sulfate solution 100/5 milliliters (ml), give 0.25 ml, 5 milligrams (mg), by mouth, every one hour as needed for pain/shortness of breath. The order had a start date of 8-6-21. The medication was documented as administered on 11-16-21, 11-17-21 and 11-22-21.</p> <p>Further record review revealed Progress Notes indicated the following:</p> <p>-On 11-16-21 it was noted the as needed medication administration (morphine sulfate) was ineffective. The notes indicated Tenant #2 was "still restless and would not sleep." The entry charted a follow up pain scale of 7; however, the administration note did not indicated it was administered for pain.</p> <p>-On 11-17-21 it was noted the as needed medication (morphine sulfate) was effective. The notes indicated the medication took "too long to work. He is now sleeping." The entry charted a follow up pain scale of 2; however, the administration note did not indicate it was administered for pain.</p> <p>The administration of morphine sulfate was not administered as prescribed for Tenant #2, as it was given for reasons other than ordered.</p> <p>3. Record review on 1-13-22 of Tenant #3's file revealed November and December 2021 and</p> | A 285 | | |

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| A 285 | <p>Continued From page 17</p> <p>January 2022 Documentation Survey Reports (task sheets) reflected to empty Tenant #3's catheter at the end of each shift and as needed. If it was less than 200 ml to notify the nurse. It also reflected catheter care, twice daily, cleanse around the area where the catheter entered the body, secure the tubing in one hand and cleanse 4 to 6 inches away from the body. If soap and water were used staff needed to rinse well. If a wipe was used, rinsing was not needed. Staff also assisted Tenant #3 with changing her ostomy appliance once per week on Friday's after her shower. It also reflected to change ostomy bag per physician's orders as needed.</p> <p>Continued record review revealed the catheter care and colostomy care staff provided for Tenant #3 was not reflected on the November and December 2021 or January 2022's MARs.</p> <p>A Medication Review Report dated 1-13-22 reflected the catheter and colostomy tasks as signed orders with a order date of 1-13-22.</p> <p>The catheter care and colostomy care staff documented as completed was not listed on physician orders until 1-13-22 and the completion of the tasks were not reflected on the MAR.</p> <p>4. Record review on 1-18-22 of Tenant #6's file revealed a diagnosis included type 2 diabetes mellitus. A Medication Review Report dated 1-17-22 reflected an order to check Tenant #6's blood sugars daily Monday, Wednesday and Friday. The order was dated 1-27-21.</p> <p>Continued record review revealed the November and December 2021 MARs and January 2022 MARs reflected to check blood glucose daily Monday, Wednesday and Friday and the</p> | A 285 | | |
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| A 285 | <p>Continued From page 18</p> <p>frequency on the MAR was indicated as needed. The order on the MAR reflected an order date of 1-27-21. The November, December and January MARs did not reflect a recorded blood glucose reading for those three months.</p> <p>Further record review revealed a Medication Error report dated 1-18-22 reflected it was determined a fax dated 8-9-21 to discontinue the blood glucose and have an as needed order was not updated in the MAR. The order had been sent to pharmacy to update the MAR.</p> <p>The MAR was not updated as needed with a change in order and the order indicated on the MAR and Medication Review Report was not completed as prescribed related to Tenant #6's blood glucose monitoring.</p> <p>5. Record review on 1-18-22 and 1-19-22 of Tenant #9's file revealed diagnoses included: bipolar disorder and dementia in other diseases (classified elsewhere without behavioral disturbance). Medication orders indicated the following:</p> <p>-On 10-23-19 (admission orders) reflected an order for lithium carbonate capsule 300 mg, give 300 mg by mouth once per day.</p> <p>-A handwritten order dated 2-19-21 on a lab indicated to forward the lithium results to the psychiatry provider as the lithium level was elevated. A lab collected on 2-18-22 showed an abnormal flag for the lithium. The result was 1.5, the range was 0.6 to 1.2. Toxic levels were greater than 2.0.</p> <p>-On 2-22-21 a verbal order was received to discontinue lithium completely and to monitor for</p> | A 285 | | |

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| A 285 | <p>Continued From page 19</p> <p>lithium toxicity.</p> <p>-On 2-24-21 an order was received to repeat the lithium level on 2-25-21 and 3-1-21. The lithium level on 2-23-21 was 1.4</p> <p>-On 3-2-21 an order was received to continue to hold the lithium dose and to repeat lab scheduled for 3-1-21.</p> <p>-On 3-2-21 orders were received to continue to hold lithium that week, restart lithium 150 mg at bedtime on 3-8-21, repeat lithium levels on Tuesday 3-9-21 at 9:00 a.m. and 3-10-21 at 9:00 a.m., fax results to the office and to monitor and report any changes. It was noted per a telephone conversation with Tenant #9's family, Tenant #9 was hospitalized in 2018 with mania after being off lithium. Tenant #9's family did not want it permanently discontinued. The lithium level on 3-1-21 lab work was 0.7.</p> <p>-On 3-12-21 orders were received to continue lithium 150 mg by mouth daily at bedtime and repeat lithium level on 3-17-21. The lithium level on 3-10-21 was 0.5.</p> <p>-On 3-18-21 orders were received to maintain lithium 150 mg at bedtime and to monitor and report any mood changes.</p> <p>-An After Visit Summary dated 4-23-21 (hospitalized from 4-12-21 to 4-23-21) reflected an order for lithium 8 MEQ/5 ml solution, take 3.8 ml by mouth nightly. No capsule Lithium was reflected on the orders.</p> <p>-An After Visit Summary dated 5-3-21 (hospitalized from 4-23-21 to 5-3-21) reflected an order for lithium 8 milliequivalents (MEQ)/5 ml</p> | A 285 | | |

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| A 285 | <p>Continued From page 20</p> <p>solution, take 3.8 ml by mouth nightly.</p> <p>-An After Visit Summary dated 5-14-21 (office visit) reflected a change to Tenant #9's lithium. The order change indicated lithium 150 mg capsule, take one capsule (150 mg total) by mouth twice daily with meals for 30 days.</p> <p>-An order 5-14-21 was received for three, weekly lithium level labs.</p> <p>Continued record review revealed October 2020, November 2020, December 2020 and January 2021 MARs reflected to give medications out of medication planner at 8:00 p.m. including lithium 150 mg. Staff documented the administration of the medications at 8:00 p.m. including Lithium. The order was dated 10-26-19 and the discontinuation date was 4-23-21. The order provided by the Program during that time period reflected lithium 300 mg and pharmacy dispense records reflected lithium 300 mg was dispensed.</p> <p>February 2021 MARs reflected to give medications out of a planner at 8:00 p.m. including lithium 150 mg. The order was dated 10-26-19 and the discontinuation date was 4-23-21. Lithium was held per verbal order on 2-22-21 until it resumed at 150 mg on 3-8-21. The February MARs did not reflect the hold of the medication on the MARs.</p> <p>March 2021 MARs reflected to give medications out of a planner at 8:00 p.m., including Lithium 150. The order was dated 10-26-21 and discontinuation date was 4-23-21. Lithium was held per verbal order on 2-22-21 until 3-8-21. The March MARs did not reflect the hold of the medication on the MARs. The March MARs also did not reflect a new order date of 3-8-21 for the</p> | A 285 | | |

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| A 285 | <p>Continued From page 21</p> <p>lower dosage of Lithium ordered.</p> <p>April 2021 MARs (4-1-21 to 4-11-21) reflected to give medications out of a planner at 8:00 p.m., including lithium 150 mg. The order was dated 10-26-21 and discontinuation date was 4-23-21. The April MARs reflected a hold on the 8:00 p.m. medications from 4-13-21 to 4-23-21. The MARs did not reflect the accurate start date of the lithium 150 mg (3-8-21). The April MARs also reflected an order for lithium 8 MEQ/5 ml, take 3.8 ml by mouth at bedtime. It had a start date of 4-26-21 and discontinue date of 5-4-21. It also reflected the medication was held from 4-25-21 to 5-1-21. No doses of the liquid lithium were documented as administered (Tenant #9 was hospitalized from 4-23-21 to 5-3-21).</p> <p>May 2021 MARs reflected an order for lithium 8 MEQ/5 ml, give one syringe at bedtime was documented as given from 5-3-21 to 5-18-21. The order had a start date of 5-3-21 and a discontinuation date of 5-19-21. The May 2021 MARs also reflected orders to give medications out of a medication planner at 8:00 a.m. and 8:00 p.m., including lithium 150 mg. The order written on 5-14-21 indicated to give lithium 150 mg, twice daily with meals. It was scheduled on the MARs at 8:00 a.m. and 8:00 p.m. The orders had a start date of 5-19-21 and 5-20-21.</p> <p>June 2021 MARs reflected orders to give medications out of a medication planner at 8:00 a.m. and 8:00 p.m., including lithium 150 mg. The order written on 5-14-21 indicated to give Lithium 150 mg, twice daily with meals. It was scheduled on the MARs at 8:00 a.m. and 8:00 p.m. The orders had a start date of 5-19-21 and 5-20-21.</p> | A 285 | | |

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| A 285 | <p>Continued From page 22</p> <p>Further record review revealed an order was received for labs weekly (3 labs) was received on 5-14-21. Review of lab results indicated only two of the labs were completed per order, on 6-4-21 and 6-11-21.</p> <p>In summary, the October to January MARs reflected an admission order date for lithium and a lithium dose that was not ordered until 3-8-21. When Tenant #9's lithium was discontinued from 2-22-21 until 3-8-21, the MARs did not reflect the medication was held. April MARs reflected the lower lithium dose ordered on 3-8-21; however, with the admission order start date. When the lithium was changed in May from liquid lithium once daily, to lithium 150 mg, capsules, twice daily with meals, a discontinue order was not provided for the liquid lithium. The MARs reflected the capsule lithium was given at 8:00 a.m. and 8:00 p.m.; however, it ordered to be given with meals. Labs ordered on 5-14-21 related to Tenant #9's lithium level were not completed per order. Tenant #9's medications were not documented as administered per order pertaining to Tenant #9's lithium and labs.</p> <p>6. When interviewed on 1-19-22 at approximately 12:15 p.m. the Clinical Care Specialist indicated all orders and MARs for the tenants listed above were provided.</p> | A 285 | | |
| A 345 | <p>481-67.9(4)b Staffing</p> <p>67.9(4) Nurse delegation procedures. The program's registered nurse shall ensure certified and noncertified staff are competent to meet the individual needs of tenants. Nurse delegation shall, at a minimum, include the following:</p> | A 345 | | |

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| A 345 | <p>Continued From page 23</p> <p>b. Within 30 days of beginning employment, all program staff shall receive training by the program's registered nurse(s).</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure staff received nurse delegated training within 30 days of employment. This pertained to 5 of 7 staff reviewed (Staff A, B, C, D and E). Findings follow:</p> <ol style="list-style-type: none"> 1. Record review on 1-11-22 and 1-12-22 of Staff A's training documents revealed a hire date of 9-7-21. Staff A had nurse delegated training completed on 11-16-21, which was greater than 30 days from employment. Staff A's nurse delegations did not include training on activities of daily living (ADLs), catheter care or colostomy care. 2. Record review on 1-11-22 and 1-12-22 of Staff B's training documents revealed a hire date of 9-21-21. Staff B had nurse delegated training completed on 10-8-21. Staff B's nurse delegations did not include training on all ADLs. 3. Record review on 1-11-22 and 1-12-22 of Staff C's training documents revealed a hire date of 10-22-21. Staff C had nurse delegated training completed on 11-3-21. Staff C's nurse delegations did not include training on medication administration. 4. Record review on 1-11-22 and 1-12-22 of Staff D's training documents revealed a hire date of 8-11-21. Staff D had nurse delegated training completed on 9-15-21, which was greater than 30 days from employment. Staff D's nurse delegations did not include training on colostomy | A 345 | | |

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| A 345 | Continued From page 24 care. 5. Record review on 1-11-22 and 1-12-22 of Staff E's training documents revealed a hire date of 9-27-21. Staff E had nurse delegated training completed on 11-16-21, which was greater than 30 days from employment. Staff E's nurse delegations did not include training on colostomy care. 6. When interviewed on 1-19-22 at approximately 12:15 p.m. the Clinical Care Specialist confirmed all nurse delegations for the staff reviewed were provided. | A 345 | | |
| A 290 | 481-69.25(1)i Tenant Documents 69.25(1) Documentation for each tenant shall be maintained by the program and shall include: 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' notes written by exception This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to document nurse's notes by exception. This pertained to 3 of 7 current tenants reviewed (Tenants #1, #2 and #4) and 2 of 2 discharged tenants reviewed (Tenants #8 and #9). Findings follow: 1. Record review on 1-12-22 and 1-13-22 of Tenant #1's file revealed Tenant #1 was staged at | A 290 | | |

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| A 290 | <p>Continued From page 25</p> <p>a four on the Global Deterioration Scale (GDS), which indicated moderate cognitive decline. Staff Documentation/Communication to RN documents indicated the following:</p> <p>-On 11-21-21 (a.m.), it was noted Tenant #1 was exit seeking "a lot" and yelled. She made it difficult for other tenants' family members to enter and exit the area. A couple of the tenants did not want to be around them at meals and were worried about Tenant #1 and her spouse's "fighting" and it could be heard in their apartments.</p> <p>-On 11-21-21 at 11:30 p.m. it was noted when staff completed the 10:00 p.m. rounds she found Tenant #1 outside of her apartment "furious" and claimed that someone had stolen her money, belongings and jewelry.</p> <p>Continued record review of Tenant #1's nurse's notes revealed there were no entries completed related to the incidents noted above on the staff to nurse communication forms. Nurse's notes were not completed by exception for Tenant #1.</p> <p>2. Record review on 1-12-22 and 1-13-22 of Tenant #'2's file revealed Tenant #2 was staged at a six on the GDS, which indicated severe cognitive decline. Tenant #2 received hospice services. Staff Documentation/Communication to RN documents indicated the following:</p> <p>-On 11-17-21 it was noted Tenant #2 had been up and was restless for the past "few nights." Staff administered morphine as needed at approximately 3:00 a.m. "to help him sleep." It was effective for 30 minutes and he was back up again.</p> | A 290 | | |

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| A 290 | <p>Continued From page 26</p> <p>Continued record review of Tenant #2's nurse's notes revealed a nurse's note was not completed related to the incident noted above on the staff to nurse communication form. Nurse's notes were not completed by exception for Tenant #2.</p> <p>3. Record review on 1-13-22 of Tenant #4's file revealed the service plan dated 2-8-21 reflected Tenant #4 was hospitalized for a skin avulsion on 2-6-21 to 2-8-21.</p> <p>Continued record review revealed Progress Notes indicated the following:</p> <p>-On 1-15-21 (late entry on 1-22-21) it was noted Tenant #4's skin tears were healing.</p> <p>-On 1-22-21 (late entry) it was noted Tenant #4's skin tears were healing.</p> <p>-On 1-28-21 (late entry on 1-29-21) it was noted Tenant #4 did not allow the nurse to assess his skin tear to the left elbow and forearm. Tenant #4's spouse said it was healing and would take some time.</p> <p>-On 2-5-21 (late entry on 2-7-21) it was noted staff responded to Tenant #4's spouse's pendant. Tenant #4's spouse said he fell when he tried to sit on the toilet. Tenant #4 was laying in bed when staff came responded. A nurse was notified and Tenant #4 refused vital signs. Tenant #4 denied hitting his head and had a skin tear on the left elbow. There were no other injuries noted.</p> <p>-On 2-6-21 (late entry on 2-8-21) it was noted Tenant #4 was sent out for evaluation to a hospital "for evaluation of skin tear."</p> <p>-On 2-6-21 (late entry on 2-8-21) it was noted a</p> | A 290 | | |

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| A 290 | <p>Continued From page 27</p> <p>nurse at the hospital called and said Tenant #4 would be kept overnight for observation.</p> <p>-On 2-8-21 (late entry on 2-9-21) it was noted a change of condition was completed for Tenant #4 return from the hospital and a diagnosis of a skin avulsion. New interventions for falls were added.</p> <p>-On 2-12-21 (late entry on 2-20-21) it was noted the wound was not able to be assessed and the dressing to the left elbow was in place until the appointment on 2-15-21.</p> <p>-On 2-19-21 (late entry on 3-6-21) it was noted Tenant #4's dressing was in place and nursing was not able to assess the wound. Tenant #4 had a surgical procedure the next week to debride and close the wound.</p> <p>-On 2-24-21 (late entry on 2-26-21) it was noted Tenant #4 returned following surgery to debride the wound on the left elbow and close the wound with sutures. The dressing was to be in place until his follow up with the surgeon next week.</p> <p>-On 3-3-21 (late entry on 3-6-21) it was noted the skin tear remained to the left elbow. Staples were removed by the surgeon today and the dressing was reapplied. Tenant #4 had a follow up appointment next week with the surgeon.</p> <p>Further record review revealed nurse's notes for Tenant #4 were not documented by exception, as there were over 10 entries that were documented as late entries, including, one entry documented 15 days from the effective date.</p> <p>4. Record review on 1-18-22 of Tenant #8's file revealed Progress Notes indicated the following:</p> | A 290 | | |

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| A 290 | <p>Continued From page 28</p> <p>-On 3-3-21 it was noted staff responded to a pendant and found Tenant #8 on the floor. Tenant #8 had a laceration on the bridge of the nose and right forearm. Tenant #8 also had a bump on his head and he complained of back pain. Tenant #8 had increased confusion. Tenant #8 was transferred to the hospital via ambulance.</p> <p>-On 3-4-21 it was noted a hospital worker called and told the nurse that Tenant #8 had a urinary tract infection (UTI) and he was receiving IV Rocephin.</p> <p>-On 3-9-21 it was noted a hospital worker called and told the nurse Tenant #8 would be transferring to a transitional care unit (TCU) today.</p> <p>-On 5-27-21 it was noted a 90 day review was completed and Tenant #8 remained appropriate for the level of care.</p> <p>-On 6-1-21 it was noted a pharmacy review was completed and no recommendations were provided.</p> <p>-On 6-10-21 it was noted a podiatry visit was completed at the Program, with nail debridement. There were no concerns noted.</p> <p>Continued record review revealed a Transfer/Discharge Report reflected Tenant #8 was admitted to the TCU on 3-9-21 and was discharged on 3-26-21. Tenant #8 was discharged back to the Program on 3-26-21.</p> <p>Further record review revealed the Move In Record indicated Tenant #8 discharged from the Program on 5-31-21 to a nursing home.</p> | A 290 | | |

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| A 290 | <p>Continued From page 29</p> <p>Continued record review revealed a nurse's note was not completed to reflect when Tenant #8 was admitted back to the Program on 3-26-21. A nurse's note was not also completed regarding Tenant #8's discharge from the Program on 5-31-21, including reason and date of discharge. Two entries in nurse's notes were documented after the discharge date provided for Tenant #8. Nurse's notes were not completed by exception for Tenant #8.</p> <p>5. Record review on 1-18-22 and 1-19-22 of Tenant #9's file revealed diagnoses included: bipolar disorder and dementia in other diseases (classified elsewhere without behavioral disturbance).</p> <p>Progress Notes indicated the following:</p> <ul style="list-style-type: none"> -On 4-10-21 it was noted an After Visit Summary was provided from an ER visit for manic behavior. -On 4-23-21 it was noted Tenant #9 returned to the Program and was excited to be home. Tenant #9 seemed to have a grandiose behavior and the nurse notified Tenant #9's family. -On 4-23-21 it was noted an After Visit Summary returned with Tenant #9. New orders were sent to the Program's preferred pharmacy to fill medications. -On 4-23-21 it was noted Tenant #9 had difficulty sitting down and was very anxious. She was "bothersome" to other tenants and used foul language. Family was notified and wanted Tenant #9 to be sent back to the hospital via ambulance. | A 290 | | |

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| A 290 | <p>Continued From page 30</p> <p>-On 5-3-21 it was noted Tenant #9 returned back to the Program post hospitalization.</p> <p>Continued record review revealed an After Visit Summary reflected Tenant #9 was hospitalized from 4-12-21 to 4-23-21 for bipolar affective disorder (hypomanic episode) and was hospitalized again from 4-23-21 to 5-3-21 for for bipolar affective disorder (hypomanic episode).</p> <p>Nurse's notes were not completed related to Tenant #9's being sent out to the ER on 4-10-21, only a return note from the ER was documented. Nurse's notes were not completed related to Tenant #9's transfer to the hospital on 4-12-21 and admission to the hospital until 4-23-21. An entry in nurse's notes dated 4-23-21 indicated Tenant #9 was had returned to the Program; however, the note did not indicate where Tenant #9 had returned from or the reason for being out.</p> <p>Further record review revealed a fax cover sheet was provided dated 4-23-21, which sent from the Program to the Program's preferred pharmacy, regarding Tenant #9. The fax was sent on 4-23-21 at 12:51 p.m. to the Program's preferred pharmacy and was sent by the Former HCC. Information provided to the Program's preferred pharmacy included: Tenant #9's social security card, driver license (photo identification), medicare card and insurance card. An After Visit Summary (post hospitalization) dated 4-23-21 with Tenant #9's current medication orders was also sent. Another fax cover sheet was provided dated 5-3-21, which was sent from the Program to the Program's preferred pharmacy regarding Tenant #9. The After Visit Summary (post hospitalization) dated 5-3-21 with Tenant #9's current medication orders was faxed to the Program's preferred pharmacy. The fax was sent</p> | A 290 | | | |

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| A 290 | <p>Continued From page 31 by the Former HCC.</p> <p>When interviewed on 1-19-21 at 3:48 p.m. the Former HCC said Tenant #9's medications had come in a medication pocket, all medications for the prescribed times were packaged together. With her initial pharmacy there were issues with timeliness of medication delivery. When Tenant #9 came out of the hospital it was determined it was safer to switch Tenant #9 to the Program's preferred pharmacy. Tenant #9's discharge orders were sent to the pharmacy and she said Tenant #9's son approved it. She said Tenant #9's daughter got upset and switched Tenant #9 back to the original pharmacy.</p> <p>Continued record review revealed one nurse's note was documented related Tenant #9's medications being filled at the Program's preferred pharmacy (see entry documented above on 4-23-21). Nurse's notes were not documented related to what prompted the change from Tenant #9's prior pharmacy or when services were stopped with the Program's preferred pharmacy services and returned to Tenant #9's original pharmacy. Nurse's notes were not documented by exception for Tenant #9.</p> <p>6. When interviewed on 1-19-22 at 12:15 p.m. the Clinical Care Specialist indicated all nurse's notes for the tenants listed above were provided.</p> | A 290 | | |
| 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.</p> | A 350 | | |

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| A 350 | <p>Continued From page 32</p> <p>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 review the Program failed to update service plans as needed and failed to develop service plans that reflected the service needs of the tenants. This pertained to 4 of 7 current tenants reviewed (Tenants #2, #4, #6 and #7). Findings follow:</p> <p>1. Record review on 1-12-22 and 1-13-22 of Tenant #2's file revealed Tenant #2 was staged at a six on the Global Deterioration Scale (GDS), which indicated severe cognitive decline. Tenant #2 received hospice services. Staff Documentation/Communication to RN documents indicated the following:</p> <p>-On 11-17-21 it was noted Tenant #2 had been up and was restless for the past "few nights." Staff administered morphine as needed at approximately 3:00 a.m. "to help him sleep." It was effective for 30 minutes and he was back up again.</p> <p>-On 1-4-22 it was noted Tenant #2 had been up most of the nights and did not "sleep much" at night. Tenant #2 changed his clothing. The note indicated hospice would be notified. The report indicated a nurse review was needed.</p> <p>November and December 2021 Documentation Survey Reports and January 2022 Documentation Survey Report reflected staff offered toileting assistance four times per shift and assisted with incontinence care as needed. The documentation reflected refusals for the</p> | A 350 | | |

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| A 350 | <p>Continued From page 33</p> <p>toileting assistance.</p> <p>Further record review revealed Tenant #2's service plan dated 10-25-21 did not reflect the behavior noted on staff reports or the frequent refusals for toileting cares.</p> <p>2. Record review an electronic Incident Report dated 2-5-21 at 8:40 a.m. indicated direct care staff responded to Tenant #4's spouse's pendant. Tenant #4's spouse reported Tenant #4 fell when he tried to sit on the toilet. Tenant #4 was laying in bed when direct care staff responded to the pendant. Tenant #4 said "I fell, I'm fine." There was skin tear to the left elbow. A nurse was notified, Tenant #4 refused vitals and denied hitting his head. A skin tear was noted to his left elbow and the report indicated no other injuries were noted. The report was completed the Former Assistant Healthcare Coordinator (HCC).</p> <p>Continued record review revealed hospital records indicated Tenant #4 arrived on 2-6-21 at 12:05 p.m. and was discharged on 2-8-21 at 1:30 p.m. Diagnosis included a skin avulsion injury (on the left elbow) due to a fall. The document indicated Tenant #4 had a "mechanical fall" on 2-5-21 and sustained a skin avulsion to the left elbow. The laceration was "seen by nursing who applied two steri-strips." EMS returned to the building to get equipment from the day before, were asked to look at the wound and observed exposed bone and depth of the wound. It was determined to bring Tenant #4 to the emergency department. He had mild elbow pain, that was sharp and constant. When it was touched the pain went to severe. It was noted Tenant #4 had a "Large linear lac noted on left elbow (see picture), skin mostly detached from fascia and very moveable around joint." It was noted EMS</p> | A 350 | | |

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| A 350 | <p>Continued From page 34</p> <p>was told Tenant #4 fell the day prior and had a injury to the left elbow. "Allegedly nurse on duty yesterday assessed pt's elbow and placed 2 steri strips on it, no further follow up reported." The open laceration on his elbow was four inches long (approximately) and there was swelling and bruising noted. Two steri strips were placed across the laceration. Records indicated a silicone adherent was placed to "reduce the skin flap." Tenant #4 would need "follow-up outpatient closely to evaluate for necrosis, that possibly later would need debridement and and intervention." Tenant #4 received intravenous (IV) antibiotics in the hospital and was transitioned to oral antibiotics at discharge.</p> <p>Further record review revealed Progress Notes indicated the following:</p> <p>-On 2-5-21 (late entry on 2-7-21) it was noted staff responded to Tenant #4's spouse's pendant. Tenant #4's spouse said he fell when he tried to sit on the toilet. Tenant #4 was laying in bed when staff came responded. A nurse was notified and Tenant #4 refused vital signs. Tenant #4 denied hitting his head and had a skin tear on the left elbow. There were no other injuries noted.</p> <p>-On 2-6-21 (late entry on 2-8-21) it was noted Tenant #4 was sent out for evaluation to a hospital "for evaluation of skin tear."</p> <p>-On 2-6-21 (late entry on 2-8-21) it was noted a nurse at the hospital called and said Tenant #4 would be kept overnight for observation.</p> <p>-On 2-7-21 it was noted Tenant #4 was admitted to the hospital for IV antibiotic treatment for the skin tear. A special dressing was placed to help with natural skin growth and no sutures were</p> | A 350 | | |

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| A 350 | <p>Continued From page 35</p> <p>placed.</p> <p>-On 2-8-21 it was noted Tenant #4 would be discharged back to the Program at approximately 1:30 p.m.</p> <p>-On 2-8-21 (late entry on 2-9-21) it was noted a change of condition was completed for Tenant #4 return from the hospital and a diagnosis of a skin avulsion. New interventions for falls were added.</p> <p>-On 2-8-21 it was noted Tenant #4 returned with new antibiotic orders and Tenant #4's spouse was aware and had the medications (independent with medications). There were several appointments, including one on 2-15-21. The dressing on the left arm was to stay in place until the follow up appointment on 2-15-21.</p> <p>-On 2-12-21 (late entry on 2-20-21) it was noted the wound was not able to be assessed and the dressing to the left elbow was in place until the appointment on 2-15-21.</p> <p>-On 2-19-21 (late entry on 3-6-21) it was noted Tenant #4's dressing was in place and nursing was not able to assess the wound. Tenant #4 had a surgical procedure the next week to debride and close the wound.</p> <p>-On 2-24-21 (late entry on 2-26-21) it was noted Tenant #4 returned following surgery to debride the wound on the left elbow and close the wound with sutures. The dressing was to be in place until his follow up with the surgeon next week.</p> <p>-On 3-3-21 (late entry on 3-6-21) it was noted the skin tear remained to the left elbow. Staples were removed by the surgeon today and the dressing was reapplied. Tenant #4 had a follow</p> | A 350 | | |

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| A 350 | <p>Continued From page 36</p> <p>up appointment next week with the surgeon.</p> <p>When interviewed on 1-19-22 at 5:30 p.m. the Former Assistant HCC said Tenant #4 returned on Monday (following the fall) with a large gauze dressing and strict orders not to remove the dressing. At a follow up appointment Tenant #4's wound was debrided and sutures were placed.</p> <p>Continued record review revealed the service plan was updated dated 2-8-21 and indicated a change of condition was completed for Tenant #4's hospitalization and diagnoses of skin avulsion. The service plan did not reflect the location of the skin avulsion, information about the wound or the dressing that was to remain in place.</p> <p>3. Record review on 1-18-22 of Tenant #6's file revealed Tenant #6 was staged at a five on the GDS, which indicated moderately severe cognitive decline. Incident reports indicated the following:</p> <p>-On 10-26-21 it was noted staff observed Tenant #6 hit another tenant on the arm. Tenant #6 said he saw the other tenant in his apartment.</p> <p>-On 11-18-21 it was noted staff heard Tenant #6 yelling in his apartment. When staff responded they saw another tenant in his apartment and both tenants were arguing and were very close to each other. Tenant #6 said the other tenant hit him.</p> <p>-On 11-25-21 it was noted staff observed Tenant #6 "slamming" another tenant against the wall in the hallway. Tenant #6 said the other tenant tried to enter his apartment.</p> | A 350 | | |

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| A 350 | <p>Continued From page 37</p> <p>-On 12-13-21 it was noted staff heard yelling from Tenant #6's apartment. Staff observed Tenant #6 and another tenant yelling at each other. The other tenant had no glasses on and the glasses were located on the floor. Tenant #6 was "very upset" that another tenant was in his apartment and would not leave and he was "frustrated that he was getting yelled at."</p> <p>-On 12-17-21 it was noted staff heard yelling and went to Tenant #6's apartment. Staff observed a female tenant in his apartment and his was hitting her with the remote control. Tenant #6 told staff he hit her because she was in her apartment.</p> <p>Continued record review revealed November and December 2021 Documentation Survey Reports and January 2022 Documentation Survey Report reflected Tenant#6 preferred to shower twice weekly in the apartment. Staff provided hands on assistance and verbal cues. The documentation reflected frequent refusals for bathing.</p> <p>Further record review revealed Staff Documentation/Communication to RN documents revealed the following:</p> <p>-On 11-25-21 it was noted Tenant #6 refused a shower. Third shift had assisted with dressing. Staff attempted to assist with bathing but Tenant #6 refused.</p> <p>-On 12-27-21 it was noted Tenant #6 refused a shower before breakfast and it was noted he was "a little irritated today."</p> <p>Continued record review revealed Tenant #6's most current service plan was dated 4-7-21. The service plan reflected Tenant #6 had a history of agitation and aggression and to redirect to his</p> | A 350 | | |

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| A 350 | <p>Continued From page 38</p> <p>apartment, offer a snack or talk with Tenant #6. The service plan reflected to let Tenant #6 make choices regarding when activities of daily living would be completed. The service plan was not updated as needed and did not reflect Tenant #6's physical behavior towards other tenants as noted above in incident reports and interventions or bathing refusals.</p> <p>4. Record review on 1-18-22 of Tenant #7's file revealed Tenant #7 was staged at a six on the GDS, which indicated severe cognitive decline. Tenant #7 received hospice services.</p> <p>Staff Documentation/Communication to RN notes indicated the following:</p> <p>-On 10-19-21 it was noted Tenant #7 did not want to feed herself. When staff assisted with hand over hand assistance, she would not swallow her "food much." Tenant #7 pocketed food in her mouth.</p> <p>-On 11-21-21 it was noted staff found a partially dissolved pill on the bathroom room. It was noted she had been pocketing her medications.</p> <p>-On 11-25-21 it was noted during meal times Tenant #7 would not eat her food. Tenant #7 would only eat if someone fed it to her.</p> <p>-On 11-25-21 it was noted Tenant #7 had been pocketing her medications. Staff put them in applesauce and it took awhile for her to swallow them.</p> <p>-On 11-26-21 it was noted Tenant #7 would not sit up that morning and did not receive her morning medications.</p> | A 350 | | |

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| A 350 | Continued From page 39 -On 12-27-21 it was noted Tenant #7 refused all of her medications. Staff attempted to administer one pill at a time, then crushed them and put with fruit and Tenant #7 would not take the medications. Staff had another staff who administered medications attempt to administer and attempted 30 minutes later, all without success. Continued record review revealed Tenant #7's service plans were updated on 11-24-21 and 12-14-21. The service plan dated 12-14-21 reflected Tenant #7 needed assistance at to eat. Staff to provide encouragement, meal reminders, prompts and cues and at times assistance with eating as needed. The service plan also reflected staff administered Tenant #7's medications. Medications could be crushed and placed in applesauce and staff administered medications "whole" in applesauce. The service plan did not reflect Tenant #7's pocketing of food and medications. The service plan did not reflect the refusal of medications. 5. When interviewed on 1-19-21 at 12:15 p.m. the Clinical Care Specialist confirmed all the most current service plans for the tenants requested were provided. | A 350 | | |
| A 390 | 481-69.26(3)e Service Plans 69.26(3) When a tenant needs personal care or health-related care, the service plan shall be updated within 30 days of the tenant's occupancy and as needed with significant change, but not less than annually. e. The service plan shall be reviewed, updated if necessary, and signed and dated by all parties at | A 390 | | |

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| A 390 | <p>Continued From page 40</p> <p>least annually.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to have service plans signed by all parties when a significant change occurred. This pertained to tenants 2 of 7 current tenants reviewed (Tenants #6 and #7) and 2 of 2 discharged tenants reviewed (Tenants #8 and #9). Findings follow:</p> <ol style="list-style-type: none"> 1. Record review on 1-18-22 of Tenant #6's file revealed evaluations were completed on 4-7-21 related to a change of condition. The service plan dated 4-7-21 lacked the signatures of those involved with the development of the service plan, including a health or human service professional and Tenant #6 or Tenant #6's legal representative. 2. Record review on 1-18-22 of Tenant #7's file revealed evaluations were completed on 11-24-21 related to a change of condition. The service plan dated 11-24-21 was signed by a nurse; however, lacked the signature of Tenant #7 or Tenant #7's legal representative. A Service Package form was signed by Tenant #7's legal representative on 1-12-22; however, the service plan was not signed by Tenant #7 or Tenant #7's legal representative. 3. Record review on 1-18-22 of Tenant #8's file revealed evaluations were completed on 2-26-21 related to a change in condition. The service plan dated 2-26-21 lacked the signatures of those involved with the development of the service plan, including a health or human service professional and Tenant #8 or Tenant #8's legal representative. | A 390 | | |

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| A 390 | Continued From page 41 4. Record review on 1-18-22 and 1-19-22 of Tenant #9's file revealed evaluations were completed on 5-3-21 for a change of condition. A service plan was provided without a date (date in the electronic system was 5-3-21) lacked the signatures of those involved with the development of the service plan, including a health or human service professional and Tenant #9 or Tenant #9's legal representative. 5. When interviewed on 1-19-22 at approximately 12:15 p.m. the Clinical Care Specialist confirmed all service plans for the tenants reviewed were provided. | A 390 | | |
| A 430 | 481-69.27(1)c Nurse Review 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: 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 every 90 days and whenever there are changes in the tenant's health status; This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to complete nurse reviews as needed with a change in health status. This pertained 2 of 7 current tenants reviewed (Tenants #2 and #4) and 2 of 2 discharged | A 430 | | |

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| A 430 | <p>Continued From page 42</p> <p>tenants reviewed (Tenants #8 and #9). Findings follow:</p> <p>1. Record review on 1-12-22 and 1-13-22 of Tenant #2's file revealed Tenant #2 was staged at a six on the Global Deterioration Scale (GDS), which indicated severe cognitive decline. Tenant #2 received hospice services.</p> <p>Staff Documentation/Communication to RN documents indicated the following:</p> <p>-On 1-4-22 it was noted Tenant #2 had been up most of the nights and did not "sleep much" at night. Tenant #2 changed his clothing. The note indicated hospice would be notified. The report indicated a nurse review was needed.</p> <p>Continued record review of nurse's notes revealed a nurse review was not completed related to Tenant #2's behavior as indicated above. A nurse review was not completed as needed for Tenant #2.</p> <p>2. Record review an electronic Incident Report dated 2-5-21 at 8:40 a.m. indicated direct care staff responded to Tenant #4's spouse's pendant. Tenant #4's spouse reported Tenant #4 fell when he tried to sit on the toilet. Tenant #4 was laying in bed when direct care staff responded to the pendant. Tenant #4 said "I fell, I'm fine." There was skin tear to the left elbow. A nurse was notified, Tenant #4 refused vitals and denied hitting his head. A skin tear was noted to his left elbow and the report indicated no other injuries were noted. The report was completed the Former Assistant Healthcare Coordinator (HCC).</p> <p>The handwritten Incident Report dated 2-5-21 at 8:40 a.m. indicated Tenant #4's spouse pressed</p> | A 430 | | |

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| A 430 | <p>Continued From page 43</p> <p>her pendant and said he had fallen attempting to sit on the toilet. When direct care staff responded, Tenant #4 was laying in bed. The report indicated Tenant #4 was not sent out to the hospital. A skin tear was noted to the left forearm. The report indicated Tenant #4's primary care provider (PCP) was notified on 2-5-21 at 3:00 p.m. The Former Assistant HCC was notified on 2-5-21 at 8:40 a.m. The Former Assistant HCC signed the report.</p> <p>Continued Record review revealed a Prehospital Care Report indicated on 2-6-21 a fire rescue and emergency medical services (EMS) unit arrived at the building to get equipment that was left there from a prior call. Staff handed the equipment over and asked if they could evaluated an tenant who was injured. The unit notification time was 11:09 a.m. and the assessment exam time was 11:10 a.m. The emergency medical technicians (EMTs) responded to the apartment and observed two adults, including Tenant #4, who was seated in a chair with a towel under his left arm arm. It was noted there appeared to a "large laceration proximal to elbow traversing to distal to elbow joint with bleeding controlled." Staff reported Tenant #4 fell the day prior, a nurse "evaluated the injury and placed some skin closures and left. Wife of the male reports feeling this was insufficient at the time." Both Tenant #4 and his spouse reported it had been bleeding since the fall yesterday. "Wound is evaluated and found to be approximately 7" in length and oozing. There are two skin closures on it and adipose tissue is visible along with the elbow joint." The report indicated "Patient reports pain is 8/10 at this time." A call was placed to dispatch for an ambulance service unit based on the "severity of the wound." The impression noted on the report indicated "sub standard wound care</p> | A 430 | | |

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| A 430 | <p>Continued From page 44</p> <p>was provided this patient will likely need sutures and antibiotics."</p> <p>Further record review revealed hospital records indicated Tenant #4 arrived on 2-6-21 at 12:05 p.m. and was discharged on 2-8-21 at 1:30 p.m. Diagnosis included a skin avulsion injury (on the left elbow) due to a fall. The document indicated Tenant #4 had a "mechanical fall" on 2-5-21 and sustained a skin avulsion to the left elbow. The laceration was "seen by nursing who applied two steri-strips." EMS returned to the building to get equipment from the day before, were asked to look at the wound and observed exposed bone and depth of the wound. It was determined to bring Tenant #4 to the emergency department. He had mild elbow pain, that was sharp and constant. When it was touched the pain went to severe. It was noted Tenant #4 had a "Large linear lac noted on left elbow (see picture), skin mostly detached from fascia and very moveable around joint." It was noted EMS was told Tenant #4 fell the day prior and had a injury to the left elbow. "Allegedly nurse on duty yesterday assessed pt's elbow and placed 2 steri strips on it, no further follow up reported." The open laceration on his elbow was four inches long (approximatley) and there was swelling and bruising noted. Two steri strips were placed across the laceration. Records indicated a silicone adherent was placed to "reduce the skin flap." Tenant #4 would need "follow-up outpatient closely to evaluate for necrosis, that possibly later would need debridement and and intervention." Tenant #4 received intravenous (IV) antibiotics in the hospital and was transitioned to oral antibiotics at discharge.</p> <p>(See 67.3(2) for more information related to the this incident).</p> | A 430 | | |

DEPARTMENT OF INSPECTIONS AND APPEALS

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0351 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 01/26/2022 |
|--|--|---|---|---|
| NAME OF PROVIDER OR SUPPLIER EMERY PLACE | | STREET ADDRESS, CITY, STATE, ZIP CODE 901 SOUTH MENTZER ROAD ROBINS, IA 52328 | | |
| (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 430 | <p>Continued From page 45</p> <p>Continued record review revealed Progress Notes indicated on 2-5-21 (late entry on 2-7-21) it was noted staff responded to Tenant #4's spouse's pendant. Tenant #4's spouse said he fell when he tried to sit on the toilet. Tenant #4 was laying in bed when staff came responded. A nurse was notified and Tenant #4 refused vital signs. Tenant #4 denied hitting his head and had a skin tear on the left elbow. There were no other injuries noted.</p> <p>The entry in Progress Notes noted above was the only documented entry related to Tenant #4's fall with injury on 2-5-21. The entry noted above in Progress Notes did not provide a detailed assessment of the injury, including the size of the laceration and severity of the wound. The wound had exposed bone, as indicated in the Prehospital Care Report. The entry in Progress Notes completed related to the incident, was also completed as a late entry on 2-7-21 for 2-5-21. A timely and comprehensive nurse review was not completed with a change in health status for Tenant #4, post fall with injury.</p> <p>3. Record review on 1-18-22 of Tenant #8's file revealed Progress Notes indicated the following:</p> <p>-On 3-3-21 it was noted staff responded to a pendant and found Tenant #8 on the floor. Tenant #8 had a laceration on the bridge of the nose and right forearm. Tenant #8 also had a bump on his head and he complained of back pain. Tenant #8 had increased confusion. Tenant #8 was transferred to the hospital via ambulance.</p> <p>-On 3-4-21 it was noted a hospital worker called and told the nurse that Tenant #8 had a urinary</p> | A 430 | | |

DEPARTMENT OF INSPECTIONS AND APPEALS

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0351 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 01/26/2022 |
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| NAME OF PROVIDER OR SUPPLIER EMERY PLACE | STREET ADDRESS, CITY, STATE, ZIP CODE 901 SOUTH MENTZER ROAD ROBINS, IA 52328 |
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|--------------------|--|---------------|---|--------------------|
| A 430 | <p>Continued From page 46</p> <p>tract infection (UTI) and he was receiving intravenous Rocephin.</p> <p>-On 3-9-21 it was noted a hospital worker called and told the nurse Tenant #8 would be transferring to a transitional care unit (TCU) today.</p> <p>Continued record review revealed a Transfer/Discharge Report reflected Tenant #8 was admitted to the TCU on 3-9-21 and was discharged on 3-26-21. Tenant #8 was discharged back to the Program on 3-26-21.</p> <p>Further record review revealed a nurse review was not completed when Tenant #8 returned from the TCU unit on 3-26-21. Tenant #8 had a fall with injury on 3-3-21, was admitted to the hospital on 3-3-21, had a UTI and was discharged to a TCU on 3-9-21 and remained there until his discharge back to the Program on 3-26-21. A nurse review was not completed as needed for Tenant #8.</p> <p>4. Record review on 1-18-22 and 1-19-22 of Tenant #9's file revealed diagnoses included: bipolar disorder and dementia in other diseases (classified elsewhere without behavioral disturbance). Tenant #9 was staged at a four on the GDS, which indicated moderate cognitive decline. Tenant #9 was admitted on 10-23-19 and discharged on 6-26-21. At the time of discharge, Tenant #9 resided in the memory care unit. October 2020 to June 2021 MARs reflected Tenant #9 had lithium carbonate prescribed.</p> <p>Continued record review revealed a Staff Documentation/Communication to RN document dated 2-22-21 at 8:58 a.m. indicated Tenant #9 was very shaky, had difficulty standing and walking. Tenant #9 said she was not doing well</p> | A 430 | | |

DEPARTMENT OF INSPECTIONS AND APPEALS

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0351 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 01/26/2022 |
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| NAME OF PROVIDER OR SUPPLIER EMERY PLACE | STREET ADDRESS, CITY, STATE, ZIP CODE 901 SOUTH MENTZER ROAD ROBINS, IA 52328 |
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|--------------------|---|---------------|---|--------------------|
| A 430 | <p>Continued From page 47</p> <p>and could not walk. The nurse response documented on the form indicated the PCP was aware, labs were completed and they were waiting for directions.</p> <p>Further record review revealed Progress Notes indicated the following:</p> <p>-On 2-19-21 it was noted a fax was received for lab orders. The lithium level was high and results were faxed to the provider for new orders.</p> <p>-On 2-22-21 it was noted a call was placed the office of the provider regarding Tenant #9's lithium level.</p> <p>-On 2-22-21 it was noted a verbal order was received to discontinue Tenant #9's lithium completely and to monitor for signs and symptoms of lithium toxicity.</p> <p>-On 2-23-21 it was noted lithium level results were received.</p> <p>-On 2-24-21 it was noted orders were received to repeat the lithium level on 2-25-21 and 3-1-21.</p> <p>-On 2-25-21 it was noted new orders were received to continued to hold lithium. Family requested Tenant #9 restart lithium due to prior history. Lithium would be restarted at a lower dose, 150 milligrams (mg), when her level was below 0.5.</p> <p>-On 3-2-21 it was noted new orders were received to hold lithium that week and restart at 150 mg at bedtime on 3-8-21. Orders were also received to repeat lithium levels on 3-9-21 and 3-10-21.</p> | A 430 | | |

DEPARTMENT OF INSPECTIONS AND APPEALS

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0351 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED C 01/26/2022 |
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| A 430 | <p>Continued From page 48</p> <p>-On 3-2-21 it was noted a nurse review was completed related to the medication change for bipolar disorder. Tenant #9 was on lithium 300 mg daily and received an order to restart at 150 mg at bedtime on 3-8-21.</p> <p>Continued record review revealed the only nurse review documented in Progress Notes was dated 3-2-21. Tenant #9 had a change in her status as noted in the staff communication note dated 2-22-21, Tenant #9's lithium carbonate was discontinued from 300 mg and she had repeated lithium levels drawn, as her lithium level was elevated. A nurse review was not completed related to the change in Tenant #9's health status.</p> <p>5. When interviewed on 1-19-22 at approximately 12:15 p.m. the Clinical Care Specialist confirmed all nurse reviews were provided for tenants listed above.</p> | A 430 | | |

Emery Place
901 South Mentzer Road
Robins, IA 52328

ok
3/3/22

Date: 3/1/2022

Complaint Intake #: Complaints #95611-C, #95612-C, #95613-C and #98302-C

Plan of Correction (POC) Submitted For:

- Investigation Date: 01/10/2022 – 01/26/2022

A. Regulatory Insufficiency: 481-67.3 Tenant Rights (1): All tenants have the following rights: **481-67.3 (1)** To be treated with consideration, respect, and full recognition of personal dignity and autonomy.

1. Elements Detailing the programs correction of the insufficiencies:

- a. Tenant #9 moved out of facility on 06/26/21.

2. Actions program taking to protect tenants in similar situations:

- a. HCC/RN or designee will review pharmacy preference upon admission and obtain signatures on required forms.
- b. HCC/RN or designee will ensure that required forms are completed when a tenant or POA requests to have pharmacy changed to Facility's Preferred Pharmacy.

3. Measures taken to ensure problem does not reoccur:

- a. Director and/or designee will ensure all new tenants have completed pharmacy of choice form upon admission.
- b. Director and/or designee will ensure all current tenants have preferred pharmacy identified and consents if using facility's preferred pharmacy.
- c. HCC/RN re-educated on required pharmacy forms and timeline of completion.

4. Program plans to monitor performance to ensure solutions are permanent:

- a. Director and/or designee will monitor that the solutions implemented are in place: weekly, monthly, as needed as determined by the Director/RN or designee to ensure compliance.
- b. Director and/or designee will monitor that the solutions implemented are in place: weekly, monthly, as needed as determined by the Director/RN or designee to ensure compliance.

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

1. Elements Detailing the programs correction of the insufficiencies:

- a. Assistant HCC is no longer employed by facility, last day of work was 4/10/21.

2. **Actions program taking to protect tenants in similar situations:**
 - a. All community nurses are assigned assessment training in their 2-week new hire training plan.
 - b. Current Emery community nurse will be assigned to take or re-take assessment training
3. **Measures taken to ensure problem does not reoccur:**
 - a. All community nurses are assigned assessment training in their 2-week new hire training plan.
4. **Program plans to monitor performance to ensure solutions are permanent:**
 - a. Director and or designee will perform audits of required assessment training weekly, monthly, as needed, as determined by the Director and/or Designee.

C. Regulatory Insufficiency: 481-67.5(2)f(2) Medications 67.5(2) Each program shall follow its own written medication policy, which shall include the following: f. When medications are administered traditionally by the program: (4) Medications and treatments shall be administered as prescribed by the tenant's physician, advanced registered nurse practitioner or physician assistant.

1. **Elements Detailing the programs correction of the insufficiencies:**
 - a. Community will conduct audits of administered medications per physician order.
 - b. Community will conduct audits of administered PRN medications and reason for administration.
 - c. Catheter and Colostomy care orders are now on MAR
 - d. Instant Inservice provided to community nurses on processing orders timely
2. **Actions program taking to protect tenants in similar situations:**
 - a. Community will conduct audits of administered medications per physician order.
 - b. Community will conduct audits of administered PRN medications and reason for administration.
 - c. Community nurses re-educated on placing catheter and colostomy orders on the tenants MAR.
 - d. Instant inservice provided to community nurses on processing orders timely
3. **Measures taken to ensure problem does not reoccur:**
 - a. Director and or Designee will perform audits of missing meds, PRN medications, catheter and colostomy orders and timely processing of new orders.
4. **Program plans to monitor performance to ensure solutions are permanent:**
 - a. Director and or Designee will perform audits of missing meds, PRN medications, catheter and colostomy orders and timely processing of new orders weekly, monthly, as needed, as determined by the Director and/or Designee

D. Regulatory Insufficiency: 481-67.9(1) Staffing 67.9(1) Nurse delegation procedures. The program's registered nurse shall ensure certified and noncertified staff are competent to meet the individual needs of tenants. Nurse delegation shall, at a minimum, include the following: Within 30 days of beginning employment, all program staff shall receive training by the program's registered nurse(s).

- 1. Elements Detailing the programs correction of the insufficiencies:**
 - a. All staff still requiring delegations will be re-delegated by 3-2-2022.
- 2. Actions program taking to protect tenants in similar situations:**
 - a. All staff will be delegated within 30 days after their hire date going forward.
 - b. All staff will be re-delegated by new HCC within 60 days of hire
- 3. Measures taken to ensure problem does not reoccur:**
 - a. Director and or Designee will perform Employee file audits weekly, monthly, as needed, as determined by the Director and/or Designee to assure compliance
- 4. Program plans to monitor performance to ensure solutions are permanent:**
 - a. Director and or Designee will perform Employee file audits weekly, monthly, as needed, as determined by the Director and/or Designee to assure compliance.

E. Regulatory Insufficiency: 481-69.25(1)i Tenant Documents 69.25(1) Documentation for each tenant shall be maintained by the program and shall include: 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' notes written by exception

- 1. Elements Detailing the programs correction of the insufficiencies:**
 - a. All community nurses will be re-educated on timely documentation
- 2. Actions program taking to protect tenants in similar situations:**
 - a. All community nurses will be re-educated on timely documentation
 - b. All community staff with ADT rights will be educated on timely ADT with admissions, transfers, and discharges.
- 3. Measures taken to ensure problem does not reoccur:**
 - a. Director and or Designee will perform Employee file audits weekly, monthly, as needed, as determined by the Director and/or Designee to assure compliance.
- 4. Program plans to monitor performance to ensure solutions are permanent:**
 - a. Director and or Designee will perform Employee file audits weekly, monthly, as needed, as determined by the Director and/or Designee to assure compliance.

F. Regulatory Insufficiency: 481-69.26(1) Service Plans. 481-69.26(231C). 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 tenants' specific needs of the individual tenant. The service plan shall subsequently be updated at least annually and whenever changes are needed.

1. Elements Detailing the programs correction of the insufficiencies:

- a. All community nurses will be re-educated on updating ISP's to match tenants behaviors and cares
- b. Audits will be completed on the cited tenant's ISP's and updates will be made

2. Actions program taking to protect tenants in similar situations:

- a. All community nurses will be re-educated on updating ISP's to match residents behaviors and cares

3. Measures taken to ensure problem does not reoccur:

- a. Director and or Designee will perform audits weekly, monthly, as needed, as determined by the Director and/or Designee to assure compliance.

4. Program plans to monitor performance to ensure solutions are permanent:

- a. Director and or Designee will perform audits weekly, monthly, as needed, as determined by the Director and/or Designee to assure compliance.

G. Regulatory Insufficiency 481-69.26(3)e Service Plans 69.26(3) When a tenant needs personal care or health-related care, the service plan shall be updated within 30 days of the tenant's occupancy and as needed with significant change, but not less than annually. e. The service plan shall be reviewed, updated if necessary, and signed and dated by all parties at least annually.

1. Elements detailing how insufficiency was corrected:

- a. All community nurses will be re-educated on ISP signature process and expectations.

2. Actions program taking to protect tenants in similar situations:

- a. All community nurses will be re-educated on ISP signature process and expectations

3. Measures taken to ensure the problem does not recur:

- a. Director and HCC will audit ISP's for signatures with every comprehensive assessment completed weekly, monthly, as needed, as determined by the Director and/or Designee to assure compliance

4. Program plans to monitor performance to ensure solutions are permanent:

- a. Director and HCC will audit ISP's for signatures with every comprehensive assessment completed weekly, monthly, as needed, as determined by the Director and/or Designee to assure compliance

H. Regulatory Insufficiency: 481-69.27(1)c Nurse Review 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: 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 every 90 days and whenever there are changes in the tenant's health status

- 1. Elements Detailing the programs correction of the insufficiencies:**
 - a. All community nurses will be re-educated on when a change in condition needs to be completed
- 2. Actions program taking to protect tenants in similar situations:**
 - a. All community nurses will be re-educated on when a change in condition needs to be completed
- 3. Measures taken to ensure problem does not reoccur:**
 - a. Director and or Designee will perform audits weekly, monthly, as needed, as determined by the Director and/or Designee to assure compliance.
- 4. Program plans to monitor performance to ensure solutions are permanent:**
 - a. Director, RN and/or designee will monitor that the solutions implemented are in place weekly, monthly, as needed, as determined by the Director/RN or designee to ensure compliance.

All corrections will be in place by 03/30/2022.

Debbie Crosser, Director, Emery Place

Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of regulatory insufficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of state law.