

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0441	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/19/2021
NAME OF PROVIDER OR SUPPLIER ASSISI VILLAGE AL MEMORY CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 1001 ASSISI DRIVE DUBUQUE, IA 52001		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	<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>Number of tenants without cognitive disorder: 6 Number of tenants with cognitive disorder: 6</p> <p>TOTAL Census of Assisted Living Program for People with Dementia: 12</p> <p>An infection control visit was completed and no regulatory insufficiencies were identified. The initial certification visit to determine compliance with certification for a Dedicated Dementia Specific Assisted Living Program was completed and the following regulatory insufficiencies were identified:</p>	A 000	<p>POC attached 11/18/21</p>	
A 400	<p>481-67.19(3) Record Checks</p> <p>67.19(3) Requirements for employer prior to employing an individual. Prior to employment of a person in a program, the program shall request that the department of public safety perform a criminal history check and the department of human services perform child and dependent adult abuse record checks of the person in this state.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to complete a criminal history background check completed by the Department of Public Safety (DPS), prior to employment. This pertained to 1 of 5 staff reviewed (Staff A). Findings follow:</p>	A 400		

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

TITLE

(X6) DATE

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A 400	Continued From page 1 Record review on 7-13-21 and 7-14-21 of Staff A's training documents revealed a hire date of 6-21-21. A Single Contact License & Background Check document revealed results for an Abuse Registries Background Check completed on 6-11-21 and no results were found. A background check was completed on 6-10-21, prior to employment, that included a national criminal database search and seven year county criminal court search and no alerts were found. An additional background check was completed on 7-14-21 that included a national criminal database search, seven year county criminal court search and seven year statewide criminal records search and no alerts were found. These background checks were completed via a background check screening services company. A criminal history background check was not completed by the DPS prior to Staff A's employment. Continued record review revealed time card records indicated Staff A first worked on 6-21-21 at 7:30 a.m. and first worked on the floor on 6-23-21 at 2:00 p.m. When interviewed on 7-19-21 at 3:51 p.m. the Director confirmed the above finding.	A 400		
A 140	481-69.22(2) Evaluation of Tenant 69.22(2) Evaluation within 30 days of occupancy. A program shall evaluate each tenant's functional, cognitive and health status within 30 days of occupancy. The evaluation shall be conducted by a health care professional, a human service professional, or a licensed practical nurse via nurse delegation when the tenant has not exhibited a significant change.	A 140		

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A 140	Continued From page 2 This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to complete cognitive, health and functional evaluations within 30 days of taking occupancy. This pertained to 3 of 3 files reviewed (Tenants #1, #2, and #3). Findings follow: 1. Record review on 7-14-21 and 7-19-21 of Tenant #1's file revealed Tenant #1 was admitted on 2-1-21. Additional evaluations could not be located. Cognitive, health and functional evaluations were not completed within 30 days of taking occupancy. 2. Record review on 7-14-21 and 7-19-21 of Tenant #2's file revealed Tenant #2 was admitted on 5-4-21. Additional evaluations could not be located. Cognitive, health and functional evaluations were not completed within 30 days of taking occupancy. 3. Record review on 7-14-21 and 7-19-21 of Tenant #3's file revealed Tenant #3 was admitted on 1-29-21. Cognitive, health, and function evaluations were completed 6/25/21. Cognitive, health and functional evaluations were not completed within 30 days of taking occupancy. 4. When interviewed on 7-19-21 at 4:06 p.m. the Nurse Manager confirmed the above finding.	A 140		
A 145	481-69.22(3) Evaluation of Tenant 69.22(3) Evaluation annually and with significant change. A program shall evaluate each tenant's functional, cognitive and health status as needed	A 145		

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A 145	<p>Continued From page 3</p> <p>with significant change, but not less than annually, to determine the tenant's continued eligibility for the program and to determine any changes to services needed. The evaluation shall be conducted by a health care professional, a human service professional, or a licensed practical nurse via nurse delegation when the tenant has not exhibited a significant change. A licensed practical nurse shall not complete the evaluation when the tenant has exhibited a significant change.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to completed cognitive, health and functional evaluations as needed with significant change. This pertained to 2 of 3 tenants reviewed (Tenants #1 and #2). Findings follow:</p> <p>1. Record review on 7-14-21 and 7-19-21 of Tenant #1's file revealed Tenant #1 was staged at a five on the Global Deterioration Scale (GDS), which indicated moderately severe cognitive decline. Progress Notes indicated the following:</p> <p>-On 4-14-21 it was noted Tenant #1 had been consistently refusing showers. He became agitated when staff mentioned the shower.</p> <p>-On 5-18-21 it was noted Tenant #1 continued to refuse bathing.</p> <p>-On 5-19-21 it was noted there a sore, open area to the left buttock. New orders were received to apply Phytoplex Z-Guard paste cream, topically, to the left lower buttock, crease at the leg and around the rectum twice daily until healed and then as needed.</p>	A 145		

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A 145	<p>Continued From page 4</p> <p>-On 6-10-21 it was noted the open area to the left gluteal fold was not healing. Tenant #1 refused cares and treatment of the area routinely. A request was sent to the primary care provider for a wound clinic referral.</p> <p>-On 6-28-21 it was noted Tenant #1 returned from an appointment regarding red lower left extremity (LLE) with blisters. A new order was received for an antibiotic for cellulitis, to elevate legs to help with edema and support hose on in the a.m. and off in the p.m.</p> <p>-On 6-29-21 it was noted Tenant #1 would not allow the nurse to measure for anti-embolism hose. Tenant #1's legs were washed and bandages were applied.</p> <p>-On 7-5-21 it was noted Tenant #1 went into another tenant's bathroom while she showered and would not leave when told by the tenant or staff. Tenant #1 became upset and angry and staff had to hold the door shut to keep him out of her room. Tenant #1 yelled and he scared other tenants on the unit.</p> <p>-On 7-6-21 it was noted a discussion occurred with Tenant #1's spouse regarding plans to move to a higher level of care.</p> <p>-On 7-13-21 it was noted a new order was received to change dressing to a non-stick dressing and change daily as able.</p> <p>-On 7-14-21 it was noted the dressing was changed to the LLE. "Large amount of sanguenous (sic) drainage to bandages. Cleansed and reapplied clean bandages."</p> <p>Continued record review revealed a Program</p>	A 145		

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A 145	<p>Continued From page 5</p> <p>document dated 7-1-21 (re-faxed on 7-13-21) indicated an a telephone order (telehealth) was received to dress open areas on the LLE, cover and keep dry. Change daily.</p> <p>A Program document dated 7-2-21 revealed an order was requested for acetaminophen 500 milligram, two tablets, orally, every eight hours as needed for pain. The request indicated Tenant #1 did not have any pain medications currently and the buttock wound was sore.</p> <p>A Program document dated 7-13-21 indicated a telephone order (telehealth) was received to continue wrapping and changing the leg dressing and to use a non-adhesive dressing.</p> <p>Further record review revealed the Medications Administration History from 6-14-21 to 7-14-21 reflected 61 documented refusals of the Phytoplex Z-Guard paste cream, apply topically to affected area (left buttock, leg crease and rectum) twice daily until healed.</p> <p>Record review revealed the most recent cognitive, health and functional evaluations were completed on 1-19-21. Evaluations were not completed as needed with significant change including, routine shower refusals, aggressive behaviors, wounds to the buttocks and LLE, treatment of the wounds and refusals of wound care.</p> <p>2. Record review on 7-14-21 of Tenant #2's file revealed Tenant #2 was admitted on 5-4-21. Event Details reports (incident reports) revealed Tenant #2 had 12 falls from 5-4-21 to 6-14-21, including 7 incidents when Tenant #2 voiced complaints of pain.</p>	A 145		

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A 145	Continued From page 6 Continued record review revealed a Program document dated 5-12-21 reflected a telephone order for physical therapy (PT), occupational therapy (OT) and speech therapy (ST) to evaluate and treat related to "many recent falls." A therapy document indicated Tenant #2 started with OT on 5-17-21 and end of care was on 7-9-21, PT was started on 5-18-21 and end of care was 7-2-21 and ST was started on 5-18-21 and was current. Further record review revealed the most current cognitive, health and functional evaluations were completed on 5-4-21. Evaluations were not completed as needed with significant change including for repeated falls, including falls with complaints of pain and the start and end of therapies. 3. When interviewed on 7-19-21 at 4:06 p.m. the Nurse Manager confirmed the above finding.	A 145		
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:	A 290		

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STREET ADDRESS, CITY, STATE, ZIP CODE

ASSISI VILLAGE AL MEMORY CARE

**1001 ASSISI DRIVE
DUBUQUE, IA 52001**

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A 290	<p>Continued From page 7</p> <p>Based on interview and record review the Program failed to document nurses' notes by exception. This pertained to 2 of 3 tenants reviewed (Tenants #1, #2 and #3). Findings follow:</p> <p>1. Record review on 7-14-21 and 7-19-21 of Tenant #1's file revealed Progress Notes indicated the following:</p> <p>-On 6-10-21 it was noted there was an open area to the left gluteal fold that was not healing. Tenant #1 refused cares and treatment of the area routinely. A request was sent to the primary care provider for a wound clinic referral.</p> <p>-On 6-28-21 it was noted Tenant #1 returned from an appointment regarding red lower left extremity (LLE) with blisters. A new order was received for an antibiotic for cellulitis, to elevate legs to help with edema and support hose on in the a.m. and off in the p.m.</p> <p>-On 6-29-21 it was noted Tenant #1 would not allow the nurse to measure for anti-embolism hose. Tenant #1's legs were washed and bandages were applied.</p> <p>-On 7-13-21 it was noted a new order was received to change dressing to a non-stick dressing and change daily as able.</p> <p>-On 7-14-21 it was noted the dressing was changed to the LLE. "Large amount of sanguenous (sic) drainage to bandages. Cleansed and reapplied clean bandages."</p> <p>Continued record review revealed a Program document dated 7-1-21 (re-faxed on 7-13-21) indicated an a telephone order (telehealth) was</p>	A 290		

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A 290	<p>Continued From page 8</p> <p>received to dress open areas on the LLE, cover and keep dry. Change daily.</p> <p>A Program document dated 7-6-21 reflected Tenant #1 was supposed to go to the wound clinic today. Tenant #1 had been having issues with aggressive behaviors. Tenant #1's spouse decided to cancel the wound clinic appointment and continued to try the cream to the affected area.</p> <p>A Program document dated 7-13-21 indicated a telephone order (telehealth) was received to continue wrapping and changing the leg dressing and to use a non-adhesive dressing.</p> <p>Further record review revealed the Medication Administration History from 7-1-21 to 7-14-21 did not reflect the treatment for the LLE or completion of the treatment. The treatment was not reflected on the Medication Administration History until 7-15-21. Additionally, a nurses' note entry was not completed when Tenant #1's wound clinic appointment was canceled or regarding the status of the anti-embolism hose.</p> <p>2. Record review on 7-14-21 of Tenant #2's file revealed Tenant #2 was admitted on 5-4-21. Event Details reports (incident reports) revealed Tenant #2 had 12 falls from 5-4-21 to 6-14-21, including 7 incidents when Tenant #2 voiced complaints of pain.</p> <p>Continued record review revealed Progress Notes from 5-4-21 to 6-14-21 did not reflect any entries regarding the falls or follow up to the falls. Nurses' notes were not documented by exception.</p>	A 290		

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A 290	<p>Continued From page 9</p> <p>3. Record review on 7-14-21 and 7-19-21 of Tenant #3's file revealed Event Details report (incident report) indicated the following:</p> <p>-On 6-5-21 it was noted staff responded to her apartment and Tenant #3 was attempting to stand up by herself. There was a laceration to the back of the head, swelling and blood around the area. There was also a laceration to the wrist.</p> <p>When interviewed on 7-19-21 at 4:06 p.m. the Nurse Manager revealed Tenant #3 was hospitalized and then went to the skilled nursing facility (SNF) prior to her return to the Program.</p> <p>Continued record review revealed Progress Notes revealed the following:</p> <p>-On 6-24-21 it was noted Tenant #3 had a SNF stay related to a fall that caused a brain bleed. Tenant #3 would return to the memory care unit.</p> <p>Further record review revealed a Progress Note was not completed related to the incident on 6-5-21, including Tenant #3's subsequent hospitalization and SNF placement. Nurses' notes were not completed by exception.</p> <p>4. When interviewed on 7-19-21 at 4:06 p.m. the Nurse Manager confirmed the above finding.</p>	A 290		
A 355	<p>481-69.26(2) Service Plans</p> <p>69.26(2) Prior to the tenant's signing the occupancy agreement and taking occupancy of a dwelling unit, a preliminary service plan shall be developed by a health care professional or</p>	A 355		

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A 355	<p>Continued From page 10</p> <p>human service professional in consultation with the tenant and, at the tenant's request, with other individuals identified by the tenant, and, if applicable, with the tenant's legal representative. All persons who develop the plan and the tenant or the tenant's legal representative shall sign the plan.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure service plans signed by the tenant or the tenant's legal representative prior to signing the occupancy agreement and taking occupancy. This pertained to 3 of 3 tenant files reviewed (Tenants #1, #2 and #3). Findings follow:</p> <p>1. Record review on 7-14-21 and 7-19-21 of Tenant #1's file revealed Tenant #1 was admitted on 2-1-21. The occupancy agreement was signed on 1-27-21 at 10:00 a.m. by the Director and Tenant #1's legal representative. The service plan was dated 1-19-21 and was signed electronically by the Nurse Manager. The service plan dated 1-19-21 lacked the signature of Tenant #1 or Tenant #1's legal representative.</p> <p>2. Record review on 7-14-21 and 7-19-21 of Tenant #3's file revealed Tenant #3 was admitted on 1-29-21. The occupancy agreement was signed on 1-23-21 at 11:00 a.m. by the Director and Tenant #3's legal representative. The service plan was dated 1-29-21 and was signed by electronically by the Nurse Manager. The service plan dated 1-29-21 lacked the signature of Tenant #3 or Tenant #3's legal representative. The service plan dated 1-29-21 was documented as</p>	A 355		

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A 355	Continued From page 11 completed after the occupancy agreement was signed. 3. When interviewed on 7-19-21 at 4:06 p.m. the Nurse Manager confirmed the above finding.	A 355		
A 365	481-69.26(3) 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. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to update service plans within 30 days of taking occupancy and as needed with significant change. This pertained to 3 of 3 tenants reviewed (Tenants #1, #2 and #3). Findings follow: 1. Record review on 7-14-21 and 7-19-21 of Tenant #1's file revealed Tenant #1 was staged at a five on the Global Deterioration Scale, which indicated moderately severe cognitive decline. Tenant #1 was admitted on 2-1-21. The service plan was not updated within 30 days of taking occupancy. Continued record review revealed Progress Notes indicated the following: -On 4-14-21 it was noted Tenant #1 had been	A 365		

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A 365	<p>Continued From page 12</p> <p>consistently refusing showers. He became agitated when staff mentioned the shower.</p> <p>-On 5-18-21 it was noted Tenant #1 continued to refuse bathing.</p> <p>-On 5-19-21 it was noted there a sore, open area to the left buttock. New orders were received to apply Phytoplex Z-Guard paste cream, topically, to the left lower buttock, crease at the leg and around the rectum twice daily until healed and then as needed.</p> <p>-On 6-10-21 it was noted the open area to the left gluteal fold was not healing. Tenant #1 refused cares and treatment of the area routinely. A request was sent to the primary care provider for a wound clinic referral.</p> <p>-On 6-28-21 it was noted Tenant #1 returned from an appointment regarding red lower left extremity (LLE) with blisters. A new order was received for an antibiotic for cellulitis, to elevate legs to help with edema and support hose on in the a.m. and off in the p.m.</p> <p>-On 6-29-21 it was noted Tenant #1 would not allow the nurse to measure for anti-embolism hose. Tenant #1's legs were washed and bandages were applied.</p> <p>-On 7-5-21 it was noted Tenant #1 went into another tenant's bathroom while she showered and would not leave when told by the tenant or staff. Tenant #1 became upset and angry and staff had to hold the door shut to keep him out of her room. Tenant #1 yelled and he scared other tenants on the unit.</p> <p>-On 7-6-21 it was noted a discussion occurred</p>	A 365		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0441	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/19/2021
NAME OF PROVIDER OR SUPPLIER ASSISI VILLAGE AL MEMORY CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 1001 ASSISI DRIVE DUBUQUE, IA 52001		
(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 365	<p>Continued From page 13</p> <p>with Tenant #1's spouse regarding plans to move to a higher level of care.</p> <p>-On 7-13-21 it was noted a new order was received to change dressing to a non-stick dressing and change daily as able.</p> <p>-On 7-14-21 it was noted the dressing was changed to the LLE. "Large amount of sanguenous (sic) drainage to bandages. Cleansed and reapplied clean bandages."</p> <p>Further record review revealed a Program document dated 7-1-21 (re-faxed on 7-13-21) indicated an a telephone order (telehealth) was received to dress open areas on the LLE, cover and keep dry. Change daily.</p> <p>A Program document dated 7-2-21 revealed an order was requested for acetaminophen 500 milligram, two tablets, orally, every eight hours as needed for pain. The request indicated Tenant #1 did not have any pain medications currently and the buttock wound was sore.</p> <p>A Program document dated 7-13-21 indicated a telephone order (telehealth) was received to continue wrapping and changing the leg dressing and to use a non-adhesive dressing.</p> <p>Record review revealed the Medications Administration History from 6-14-21 to 7-14-21 reflected 61 documented refusals of the Phytoplex Z-Guard paste cream, apply topically to affected area (left buttock, leg crease and rectum) twice daily until healed.</p> <p>Continued record review revealed the service plan was dated 1-19-21. The service plan reflected an update on 5-19-21 for an open area</p>	A 365		

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0441	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/19/2021
NAME OF PROVIDER OR SUPPLIER ASSISI VILLAGE AL MEMORY CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 1001 ASSISI DRIVE DUBUQUE, IA 52001		
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A 365	<p>Continued From page 14</p> <p>to the left lower buttock and a new order for cream twice daily until healed. The service plan reflected Tenant #1 might need to be convinced with activities of daily living and refused cares routinely. The service plan was not updated as needed to reflect interventions related to care refusals and aggressive behaviors towards staff and tenants. It was also not updated and did not reflect the routinely refusal of the treatment to the buttock wound, pain related to the wound or the cellulitis and wound care to the LLE.</p> <p>2. Record review on 7-14-21 of Tenant #2's file revealed Tenant #2 was admitted on 5-4-21. The service plan was not updated within 30 days of taking occupancy.</p> <p>Continued record review Event Details reports (incident reports) revealed Tenant #2 had 12 falls from 5-4-21 to 6-14-21, including seven incidents when Tenant #2 voiced complaints of pain.</p> <p>Further record review revealed a Program document dated 5-12-21 reflected a telephone order for physical therapy (PT), occupational therapy (OT) and speech therapy (ST) to evaluate and treat related to "many recent falls." A therapy document indicated Tenant #2 started with OT on 5-17-21 and end of care was on 7-9-21, PT was started on 5-18-21 and end of care was 7-2-21 and ST was started on 5-18-21 and was current.</p> <p>Record review revealed the service plan was dated 5-4-21 and was updated on 6-18-21 and reflected Tenant #2 was not steady on her own, Tenant #2 forgot to call for help and had a wheelchair for longer distances. The service plan also reflected Tenant #2 had PT and OT services.</p>	A 365		

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0441	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/19/2021
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

ASSISI VILLAGE AL MEMORY CARE

**1001 ASSISI DRIVE
DUBUQUE, IA 52001**

(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 365	Continued From page 15 The service plan was not updated as needed with significant change for Tenant #2's repeated falls, including falls with complaints of pain. The service plan also did not reflect ST or the discontinuation of PT and OT services. 3. Record review on 7-14-21 and 7-19-21 of Tenant #3's file revealed Tenant #3 was admitted on 1-29-21. The next update to Tenant #3's service plan occurred 6-25-21. The service plan was not updated within 30 days of taking occupancy. 4. When interviewed on 7-19-21 at 4:06 p.m. the Nurse Manager confirmed the above finding.	A 365		
A 635	481-69.32(2) Life Safety - Emergency Policies / Structure 69.32(2) An operating alarm system shall be connected to each exit door in a dementia-specific program. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the Program failed to have an operating door alarm system connected to each exit door. This potentially affected all tenants (census of 12). Findings follow: Observation on 7-13-21 at approximately 2:45 p.m. and on 7-19-21 at approximately 4:00 p.m. revealed the memory care unit had doors in the sunroom that went to the outside courtyard. Two of the doors were sliding patio screen doors and there were also double doors (non-sliding). None	A 635		

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0441	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/19/2021
NAME OF PROVIDER OR SUPPLIER ASSISI VILLAGE AL MEMORY CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 1001 ASSISI DRIVE DUBUQUE, IA 52001		
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A 635	<p>Continued From page 16</p> <p>of the doors observed that went to the exterior of the building from the sunroom had an operating door alarm. The doors went to the enclosed courtyard that had a gate with a keypad.</p> <p>Continued record review revealed the Program's Secured Door System policy revealed the Program was a secured unit. The doors could only be opened by a staff badge. There were no alarms on the two entry doors. Staff would swipe their badge to open the memory care door for family or guests. If there was an emergency, the system could be disabled by "turning and pressing the red emergency button found on the north wall. The button is secured by a cover to prevent accidental door deactivation." The Secured Door System policy provided did not address the doors from the sunroom to the courtyard.</p> <p>When interviewed on 7-19-21 at 3:51 p.m. the Director confirmed the above finding.</p>	A 635		



November 15, 2021

Re: Plan of Correction for Assisi Village Assisted Living Memory Care for items:

A400, A140, A145, A290, A355, A365 and A 635.

A400

481-67.19(3) Record Checks 67.19(3) Requirements for employer prior to employing an individual. Prior to employment of a person in a program, the program shall request that the department of public safety perform a criminal history check and the department of human services perform child and dependent adult abuse record checks of the person in this state.

1. All background checks no longer include a national criminal check or the 7-year county background check with the department of Criminal Investigations completed by Good Hire. We have returned to our old process for background checks including criminal background checks with the Iowa Department of Public Safety and the department of human service to perform child and dependent adult abuse record checks of new hires in the state.
2. The background check process no longer includes using Good Hire to complete the backgrounds. This was monitored for a week following the discontinuation of the software and SING backgrounds were completed.
3. We regularly review background checks to ensure SING is used. Background checks include – SING, DAA/CA registries, OIG, SAM and sex offender, and license/certification verification if applicable.
4. The SING background checks were completed on all new hires that had the wrong check completed by end of July, 2021. There were no results that changed employment status for any employees.

A140

A 140 481-69.22(2) Evaluation of Tenant 69.22(2) Evaluation within 30 days of occupancy. A program shall evaluate each tenant's functional, cognitive and health status within 30 days of occupancy. The evaluation shall be conducted by a health care professional, a human service professional, or a licensed practical nurse via nurse delegation when the tenant has not exhibited a significant change.

1. Nurse Manager will complete a comprehensive evaluation including cognitive, functional, health & service plan review/changes at 30 days, rather than performing a Nurse Review.
2. Nurse Manager reviewed DIA guidelines and was re-educated on 30 day comprehensive assessments. The Nurse reviewed forms for cognitive, functional, health and service plan and revised all forms to comply with regulations and to be more efficient. This was completed on 9/14/21.
3. Nurse Manager created an Excel spreadsheet to record assessment due dates, changing as necessary when done at 30 days, quarterly, annually, and change in condition.
4. Nurse Manager completed assessments appropriately starting 7/20/2021.

A145

A 145 481-69.22(3) Evaluation of Tenant 69.22(3) Evaluation annually and with significant change. A program shall evaluate each tenant's functional, cognitive and health status as needed with significant change, but not less than annually, to determine the tenant's continued eligibility for the program and to determine any changes to services needed. The evaluation shall be conducted by a health care professional, a human service professional, or a licensed practical nurse via nurse delegation when the tenant has not exhibited a significant change. A licensed practical nurse shall not complete the evaluation when the tenant has exhibited a significant change.

1. Nurse Manager reviewed and was re-educated on definition of change in condition and what circumstances qualify for a change of condition. Nurse added a copy of DIA table, (Ch 69 Pg 20 Table A), to keep with review materials for quick reference.
2. Nurse Manager added an easy access copy of table A to review material and better assess residents' level of care.
3. Based on re-education, Nurse Manager will complete change in condition as needed. A second nurse was given the responsibility to assist with quarterly assessments to provide support and assistance to watch for resident health changes. Nurse Manager also educated support nurse about new forms.
4. Nurse Manager put correction in place on 7/20/21 and will note changes in condition from resident's baseline. Nurse Manager is utilizing table A flow chart as another resource.

A290

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.

1. Nurse Manager added treatments to eMAR and obtained signed note of instruction from physician. Educated and delegated staff to add simple progress notes. Process was started 7/20/21.
2. Nurse Manager confirms written orders are obtained for all physician instructions and are sent to pharmacy to be imputed into the eMAR. Order verification form was created and started on 7/26/21.
3. Nurse Manager will monitor order verification form by checking off items when completed.
4. Changes completed 7/26/2021. Nurse Manager continues to train caregivers as needed.

A355

A 355 481-69.26(2) Service Plans 69.26(2) Prior to the tenant's signing the occupancy agreement and taking occupancy of a dwelling unit, a preliminary service plan shall be developed by a health care professional or human service professional in consultation with the tenant and, at the tenant's request, with other individuals identified by the tenant, and, if applicable, with the tenant's legal representative. All persons who develop the plan and the tenant or the tenant's legal representative shall sign the plan

1. Nurse Manager will confirm that ISP's are signed by resident or POA each time. If POA is unable to sign in-person, the POA will be notified by phone/email to obtain verbal verification. After signature is completed, the form will be added to the scan folder. Once the document is scanned it will be moved to the shred pile.
2. Nurse Manager created "Scan" folder to ensure items do not get shredded until they are scanned into the Matrix software system.
3. Two staff members now assist with scanning to maintain paperwork efficiencies. Nurse Manager also trained staff to file in Matrix to ensure paperwork is filed in a timely manner. Nurse manager trained staff on 8/2/2021.
4. Nurse Manager put corrections in place on 7/20/21.

A365

365 481-69.26(3) 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.

1. Nurse Manager will complete a comprehensive evaluation including cognitive, functional, health & service plan review/changes at 30 days, rather than performing a Nurse Review.
2. Nurse Manager reviewed DIA guidelines and was re-educated on 30 day comprehensive assessments. The Nurse reviewed forms for cognitive, functional, health and service plan and revised all forms to comply with regulations and to be more efficient. This was completed on 9/14/21.
3. Nurse Manager created an Excel spreadsheet to record assessment due dates, changing as necessary when done at 30 days, quarterly, annually, and change in condition.
4. Nurse Manager completed assessments appropriately starting 7/20/2021.

A635

A 635 481-69.32(2) Life Safety - Emergency Policies / Structure 69.32(2) An operating alarm system shall be connected to each exit door in a dementia-specific program.

1. Meetings were held with Johnson Controls to discuss appropriate alarm systems for the non-sliding double doors and the two sliding patio screen doors. The new alarms will tie into our current security system and were ordered for all doors; however, due to parts and shipping issues, the alarms have not arrived yet. In the meantime, we have installed a temporary alarm on each door.
2. The operating alarm system will be permanent to prevent non-compliance in the future.
3. The temporary alarms are checked on a daily basis. Once the permanent system is installed, the alarms will be included in preventative maintenance checks.
4. The temporary alarms were installed November, 2021 and the permanent alarm system will be installed when the new Johnson Control system arrives.