

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0453	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/22/2022
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NAME OF PROVIDER OR SUPPLIER THE SUMMIT OF BETTENDORF MC	STREET ADDRESS, CITY, STATE, ZIP CODE 4699 53RD AVE BETTENDORF, IA 52722
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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>Number of tenants without cognitive disorder: 1 Number of tenants with cognitive disorder: 5 Total census: 6</p> <p>The investigation of Incident #104979-I and the initial certification visit conducted to determine compliance with certification for a Dementia Specific Assisted Living Program were completed. The following regulatory insufficiencies were identified:</p>	A 000		
A 150	<p>481-67.2(3) Program Policies and Procedures</p> <p>67.2(3) The program shall follow the policies and procedures established by the program.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to follow it's policy regarding incident reports for 1 of 2 tenants reviewed (Tenants #1). Findings follow:</p> <p>Review of Tenant #1's file on 6-20-22 revealed a typed Program document indicating on 6-4-22 at 7:12 a.m. an independent living (IL) resident notified staff at 7:12 a.m. that Tenant #1 was outside so she took the tenant into the building (general population unit) and sat her in the bistro. Staff accompanied Tenant #1 back outside due to her anxiety. A timeline provided indicated at 7:04 a.m. Tenant #1 was seen in the memory care unit and 7:05 a.m. she was observed by staff in the</p>	A 150	The Plan of Correction is attached.	

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *M. Munkelmann* TITLE *Executive Director* (X6) DATE *07/20/2022*

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A 150	<p>Continued From page 1</p> <p>hall outside of her apartment. At 7:12 a.m. an independent living resident told staff Tenant #1 was in the bistro after she had been brought back into the building. At 7:12 a.m. staff attempted to return Tenant #1 to the memory care unit but she was agitated and exit seeking. Staff accompanied her on a walk. At 7:37 a.m. Tenant #1 returned to the memory care unit. It was noted the "stopper tab" on Tenant #1's window had been broken off.</p> <p>Review of an incident report dated 6-6-22 at 1:44 p.m. revealed the memory care staff was contacted by the general population staff that Tenant #1 was outside at the front of the building with staff. A staff member went to the area and assisted. Tenant #1 transferred independently back to the memory care unit. An assessment was completed and no injuries were noted. It indicated the primary care provider was notified and new orders were received. The incident report was completed by the Director of Nursing (DON).</p> <p>Review of the Accident/Incident Reporting Procedure indicated an event that was not consistent with a tenant's overall plan of care or inconsistent with routine operations of the Program would be considered an Accident/Incident. The staff who was in charge of the area where the event occurred, at the time it occurred, was responsible to complete the report prior to the end of their shift.</p> <p>When interviewed on 6-22-22 at 11:51 a.m. the DON confirmed she was not in the building on 6-4-22 when Tenant #1's elopement occurred.</p> <p>In summary, Tenant #1 eloped from the building on 6-4-22. The incident report completed related to her elopement was not completed by staff on</p>	A 150		

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A 150	Continued From page 2 duty in the area at the time of the incident. The incident report was not completed by the end of the shift and it was not completed in detail related to the incident.	A 150		
A 345	481-67.9(4)b Staffing 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: b. Within 30 days of beginning employment, all program staff shall receive training by the program's registered nurse(s). This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to complete nurse delegated training within 30 days of employment for 3 of 4 staff reviewed (Staff B, C and D). Findings following: Review of Staff B's training documents on 6-14-22 and 6-15-22 revealed a hire date of 4-1-22. Nurse delegated training completed within 30 days of employment could not be located. Review of Staff C's training documents on 6-14-22 and 6-15-22 revealed a hire date of 4-19-22. Nurse delegated training completed within 30 days of employment could not be located. Review of Staff D's training documents on 6-14-22 and 6-15-22 revealed a hire date of 4-19-22. Nurse delegated training completed	A 345		

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A 345	Continued From page 3 within 30 days of employment could not be located. On 6-22-22 at 12:53 p.m. and 4:40 p.m. the Executive Director confirmed all nurse delegations for the staff listed above were provided.	A 345		
A 350	481-69.26(1) Service Plans 69.26(1) A service plan shall be developed for each tenant based on the evaluations conducted in accordance with subrules 69.22(1) and 69.22(2) and shall be designed to meet the specific service needs of the individual tenant. The service plan shall subsequently be updated at least annually and whenever changes are needed. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the Program failed to update service plans as needed for 2 of 2 tenants reviewed (Tenants #1 and #2). Findings follow: 1. Review of Tenant #1's file on 6-20-22 revealed diagnoses including Alzheimer's disease and depression. Tenant #1 was staged at five on the Global Deterioration Scale (GDS), which indicated moderate cognitive decline. On 6-15-22 at approximately 8:04 a.m. Tenant #1 was observed ambulating with her walker and asking Staff A several times about her spouse and his whereabouts. When interviewed on 6-15-22 at 11:05 a.m. Staff A said Tenant #1 often asked for her parents.	A 350		

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A 350	<p>Continued From page 4</p> <p>Her spouse used to visit once daily but now visited three times per week.</p> <p>Staff communication records indicated the following:</p> <ul style="list-style-type: none"> - On 3-1-22 it Tenant #1 became upset with her spouse and cried. - On 3-8-22 Tenant #1 was confused, asked when her spouse was coming to get her and cried during the shift. - On 3-16-22 it was noted Tenant #1 was "extremely confused." She was asking about her spouse. - On 4-17-22 Tenant #1 became upset when her spouse left. - On 4-22-22 Tenant #1 refused her shower multiple times. - On 4-26-22 Tenant #1 refused her shower multiple times. - On 5-3-22 it was noted Tenant #1 had a good day until her spouse came. She started packing up her things. - On 5-3-22 Tenant #1 "had a breakdown in the beginning of the shift and wanted to leave with husband." - On 5-4-22 it was noted Tenant #1 seemed sad and cried about wanting to go home. - On 5-10-22 Tenant #1 had her hamper packed with many of her belongings. - On 5-14-22 it was noted Tenant #1 was very anxious and kept wanting to call her family to leave. - On 5-15-22 it was noted Tenant #1 was "highly anxious." - On 5-17-22 Tenant #1 was very upset and asked for her spouse and her parents. Tenant #1 cried, yelled and staff had to calm her down. After a nap she woke up in a "better mood." Tenant #1 started again asking for her parents and cried. Tenant #1 demanded staff call her parents. She 	A 350		

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A 350	<p>Continued From page 5</p> <p>finally calmed down and went to her apartment again.</p> <ul style="list-style-type: none"> - On 5-19-22 it was noted Tenant #1 had "constant thoughts of leaving. Many attempts to out through the double doors." - On 5-19-22 Tenant #1 said she wanted out and that "she was going to die" and that she did not belong here. - On 5-20-22 it was noted Tenant #1 cried quite a bit for her family. - On 5-21-22 Tenant #1 was very confused, yelled and asked if she could speak to her parents. - On 5-25-22 Tenant #1 asked about her family after dinner and said she wanted it to be her last week and wanted to call them to pick her up. - On 5-31-22 Tenant #1 was very upset and wanted to leave. - On 6-4-22 it was noted that on 6-3-22 Tenant #1 was very tearful, upset and agitated. She asked for her parents, slammed her walker hard against the floor and yelled that she wanted out of there. - On 6-7-22 it was noted Tenant #1 cried, yelled and screamed. She tried to leave out of the door, staff stopped her and she hit staff. She calmed down and then started the behavior of crying again. <p>Tenant #1's service plan last updated on 6-6-22 following an elopement did not reflect behaviors including shower refusals, crying, yelling, anxiety, and asking for her spouse and parents or interventions related to these behavior.</p> <p>2. Review of Tenant #2's file on 6-20-22 revealed diagnoses including dementia without behavioral disturbance and major depressive disorder. Tenant #2 was staged at a three on the GDS, which indicated mild cognitive decline. The</p>	A 350		

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A 350	<p>Continued From page 6</p> <p>Admission Record indicated Tenant #2's had allergies including shrimp.</p> <p>When observed during lunch on 6-15-22 staff offered her both meal choices, a taco bake or chef salad with shrimp. She voiced she was allergic to shrimp. Staff provided her the other choice.</p> <p>Staff communication records indicated the following:</p> <ul style="list-style-type: none"> - On 4-7-22 Tenant #2 was in a bad mood, refused her medications and did not want staff in her apartment. - On 4-12-22 Tenant #2 was agitated and aggressive. She put food into the toilet and sink. - On 4-13-22 Tenant #2 refused to come out for supper and had the meal in her apartment. - On 4-16-22 Tenant #2 shouted and yelled at staff and hit staff's hand. She was aggressive and refused breakfast. - On 4-17-22 Tenant #2 yelled, shouted and insisted she did not take medications. She put them in her mouth and then spit them out. - On 4-17-22 Tenant #2 refused her medication and refused to come out for a meal. - On 4-22-22 Tenant #2 refused her medication. Staff attempted multiple times but were not successful. Tenant #2 put some of her lunch in the bathroom sink. - On 4-23-22 Tenant #2 refused medications and refused dinner. - On 4-26-22 Tenant #2 refused medications and dinner. - On 5-3-22 Tenant #2 refused medications and was "out in lobby for a few mins." - On 5-10-22 staff documented they needed a better plan as the tenant would not eat and got angry every time she was asked. - On 5-20-22 Tenant #2 refused dinner but then 	A 350		

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A 350	<p>Continued From page 7</p> <p>came out. When she got her plate she yelled and left to go back to her apartment. She was aggressive with staff and tried to pick things up and hit staff with them when they attempted to change her bedding. Staff gave her medication in her drink and she poured it down the sink.</p> <ul style="list-style-type: none"> - On 5-21-22 Tenant #2 was aggressive towards staff when they went in to clean her bathroom. - On 5-25-22 it was noted Tenant #2 did not like noise. Every time someone was having a conversation, she yelled and said they were being too loud. She was aggressive towards staff at the time of the night check. She pushed staff out of her apartment. - On 6-3-22 Tenant #2 was aggressive and threw clothes and things at staff when they tried to clean her bathroom. - On 6-10-22 it was noted Tenant #2 was crying and said she wanted her spouse. <p>Tenant #2's service plan dated 5-2-22 reflected she needed a "great deal of gentle encouragement to get ready for bathing." The service plan reflected to re-approach if she declined bathing and family who lived nearby could come in to assist if needed. The plan documented she was independent with meals and did not need assistance from staff. Tenant #2's family requested staff put medications in her coffee. The service plan listed allergies including shrimp on the allergies list; however, did not reflect the allergy under dietary and meal service. The service plan did not reflect Tenant #2's routine refusals including meals and medications and her behavior including aggressiveness towards staff or interventions.</p> <p>3. When interviewed on 6-22-22 at 12:53 p.m. and 4:40 p.m. the Executive Director confirmed the most current service plans for the tenants</p>	A 350		

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A 350	Continued From page 8 listed above were provided.	A 350		
A 545	<p>481-69.30(1) Dementia Specific Education for Personnel</p> <p>69.30(1) All personnel employed by or contracting with a dementia-specific program shall receive a minimum of eight hours of dementia-specific education and training within 30 days of either employment or the beginning date of the contract, as applicable.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure eight hours of dementia-specific education was completed within 30 days of employment by 2 of 4 staff reviewed (Staff B and C). Findings follow:</p> <p>Review of Staff B's training documents on 6-14-22 and 6-15-22 revealed a hire date of 4-1-22. Documentation of eight hours of dementia-specific training completed within 30 days of employment could not be located.</p> <p>Review of Staff C's training documents on 6-14-22 and 6-15-22 revealed a hire date 4-19-22. Documentation of eight hours of dementia-specific training completed within 30 days of employment could not be located.</p> <p>On 6-22-22 at 12:53 p.m. and 4:40 p.m. the Executive Director confirmed all dementia education for the staff listed above was provided.</p>	A 545		

Preparation and execution of this response and plan of correction does not constitute an admission or agreement by The Summit-Sierra of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and / or executed solely because it is required by the provisions of federal and state law. For the purposes of any allegation that the center is not in substantial compliance with federal requirements of participation, this response and plan of correction is The Summit-Sierra Memory Support credible allegation of compliance

A150

The Summit Sierra Assisted Living follows policies related to incident report and completion

- 1) The program will correct this insufficiency utilizing education and auditing
 - 6/29/22 Assisted Memory Care team members received education on Assisted Living Policy & Procedure as it related to incident report completion, witness statements and time frame required
 - Education on Policy Continued 6/29/22 thru 7/20/22
 - ALRN or designee will review written report and complete data entry of Incident Report into EHR with each incident
- 2) The program has taken measures to ensure that this does not recur
 - ALRN or designee reviews each Incident Report written for completeness and accuracy
 - ALRN or designee will provide ongoing review of all Incident Reports
 - Policy will be reviewed thru scheduled Sierra Team Member meetings at least quarterly
- 3) The program will monitor performance to ensure compliance
 - IDT will review incident report completion ongoing
- 4) Date Of Compliance
 - August 2nd,2022

A345

The Summit Sierra Assisted Living completes nurse delegated training within 30 days of employment

- 1) The program has corrected this insufficiency thru education & process changes
 - ALRN/People & Culture/Scheduler received education on delegation completion expectations on 7/13/22
 - Process has been changed to ensure completion of Delegations prior to any independent work assignment
 - All existing team member received delegations from 6/23/22 thru 7/30/22
- 2) Measures taken to ensure problems does not recur
 - Education on 7/13/22
 - ALRN has maintained tracking & tracking is reviewed routinely with ED
- 3) The program will monitor performance to ensure compliance
 - ALRN will provide monthly the tracking sheet for review by Executive Director or designee and audited for accuracy
- 4) Date of Compliance
 - August 2nd,2022

A350

The Summit Sierra completes Service Plans and updates them as required by AL/ML regulations

- 1) The program has corrected the insufficiency thru education
 - Resident #1 have had service plans updated to reflect behaviors and refusals on 7/14/22
 - Resident #2 have had food allergies & behaviors added to Service Plan on 7/22/22
 - ALRN has received education on Service Plan completion on 7/13/22

- 2) The program took the following measure to ensure problem does not recur
 - 100% audit of all Service Plans has occurred thru 7/22/22
 - Team Members have been educated on contacting the ALRN on 6/29/22
 - ALRN reviews Communication portal routinely
- 3) The program will monitor performance to ensure compliance
 - IDT Team with ED will review communication portal for changes in residents ongoing
- 4) Date of Compliance
 - August 2nd,2022

A545

The Summit Sierra provides Dementia Training per regulations

- 1) The program has corrected the insufficiency thru education & process change
 - ALRN/People & Culture/Scheduler has received education on expectation of completion of Dementia Training prior to any work assignment being given on 7/13/22
 - Process change that includes that the 2 Hour additional Dementia Training is provided hands on during orientation prior to any work assignment being given
 - All AL Sierra Team Members have 8 hours Dementia Training as of 8/9/22
- 2) The program will take the following measures to ensure the problem does not recur
 - ALRN will monitor ongoing compliance thru a tracking tool & visual inspection
 - Scheduler will not assign work assignment until proof of completion of Dementia education
 - ED or designee will review and ensure that Dementia Training has been completed routinely
- 3) The program will monitor performance to ensure compliance
 - ED or designee will review all required new hire documentation for accuracy beginning 7/20/22
 - IDT will review personnel files of all new hires monthly
- 4) Date of Compliance
 - August 2nd,2022