

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>S0455</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/28/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BIRDEE COTTAGE AL &amp; MC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2221 FAIRWAY LANE</b> <b>WATERLOO, IA 50701</b>
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A 000	<p><b>Initial Comments</b></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: 4 Number of tenants with cognitive disorder: 7</p> <p>TOTAL Census of Assisted Living Program for People with Dementia: 11</p> <p>The following regulatory insufficiencies were cited during the initial certification visit conducted to determine compliance with certification for a Dedicated Dementia Specific Assisted Living Program and the investigation of Complaint #107552-C:</p> <p>231C.5 Written occupancy agreement required. 2. An assisted living program occupancy agreement shall clearly describe the rights and responsibilities of the tenant and the program. The occupancy agreement shall also include but is not limited to inclusion of all of the following information in the body of the agreement or in the supporting documents and attachments:</p> <p>(2) The occupancy agreement shall specifically include a statement regarding each of the following:</p> <p>i. The internal appeals process provided relative to an involuntary transfer.</p> <p>This requirement is not met as evidenced by:</p> <p>Based on interview and record review the Program failed to include required information related to involuntary transfers in the occupancy</p>	A 000	<p><b>A000 – Regarding 231C.5</b></p> <ol style="list-style-type: none"> <li>1) BCALAMC will evaluate the occupancy agreement to clearly provide the internal appeals process relative to an involuntary transfer of a resident. BCALAMC will also clearly state in the occupancy agreement what circumstances would call for/bring about a termination of tenancy without giving a 30-day notice.</li> <li>2) BCALAMC will look over the occupancy agreement every time there is a situation regarding a resident’s occupancy to ensure we are following and making decisions based on the occupancy agreement developed by the program and signed by the necessary parties.</li> <li>3) BCALAMC will be doing an “all” agreements review on the 2nd Monday in January and June of each new year and anytime a situation deems a review to occur.</li> <li>4) The corrections to the BCALAMC occupancy agreement will be reviewed, corrected and completed by January 1, 2023. A staff meeting to go over all new implementations and expectations will be held on January 11, 2023 at 2:00 p.m.</li> </ol>	

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

TITLE

(X6) DATE

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A 000	Continued From page 1  agreement. This potentially affected all tenants (census of 11). Findings follow:  1. Record reivew on 9-21-22 and 9-22-22 of the Program's Occupancy Agreement revealed the document failed to have required information related to involuntary transfers including the internal appeals process.  2. When interviewed on 9-28-22 at 8:00 a.m. the Director confirmed the above finding.	A 000		
A 150	481-67.2(3) Program Policies and Procedures  67.2(3) The program shall follow the policies and procedures established by the program.  This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to consistently follow established policies and procedures reports. This pertained 2 of 3 current tenants reviewed (Tenant #2 and Tenant #3) and 2 of 2 discharged tenants reviewed (Tenant C1 and Tenant C2). Findings follow:  1. a Record review on 9-21-22 of Tenant #2's file revealed Medical Record documents indicated Tenant #2 was admitted to a hospital on 6-9-22 and was discharged on 6-17-22. The records provided a Safety Plan. Additional hospital records indicated she was admitted to a hospital again on 7-14-22 and discharged on 8-4-22 and new medication orders were received. A hospital record indicated on 7-13-22 Tenant #2 was brought to another hospital after being transferred from a local emergency department (ED). She had exhibited agitated behavior while at the	A 150	<b>A150 – Regarding 481-67.2</b>  1) BCALAMC has several points of correction that need to be reviewed in our Policies and Procedures agreement along with precisely following the Policies and Procedures agreement that the program develops. Certain situations to evaluate and follow going forward are as follows but not limited to:  a. Writing incident reports when it's required, including but not limited to; events regarding resident illness/incident indicating the staff would also notify the nurse if resident was ill, if resident had abnormal behavior or if resident had fallen and anytime any unusual event occurs.	

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A 150	<p>Continued From page 2</p> <p>Program. The staff at the Program indicated Tenant #2 fluctuated and was calm and friendly on days and is agitated and paranoid on others. The last week she climbed a door at the Program. There was a "visible contusion on her forehead above her left eye with a dark blue hematoma collected under the eye."</p> <p>Continued record review revealed Tenant #2's file revealed incident reports were not completed to Tenant #2's behavior and injury as noted above.</p> <p>b. Record review on 9-21-22 of Tenant C1's file revealed Tenant C1 was admitted on 7-4-22 and was discharged on 7-10-22.</p> <p>When interviewed on 9-21-22 Staff G reported while she worked Tenant C1 took the extra set of keys, unlocked the door by salon and got outside. Staff G said the door alarm went off and she saw Tenant C1 on camera. Tenant C1 came to the front door and another tenant tried to get her to come back inside and she refused. Tenant C1's family was called and there was no answer. Staff G said she called 911 for assistance. Tenant C1 threatened physical violence towards Staff G. Tenant C1 was taken by ambulance to the hospital to be evaluated. She returned that day and Staff G did not recall any new orders for her. The next day one of Tenant C1's family members visited and she got upset when the family member left. She picked up the salt and pepper shakers and threatened to throw them and threatened to slap Staff G. First responders were called again and they were able to get Tenant C1 to go to the hospital. She did not returned to the building.</p> <p>When interviewed on 9-28-22 at 8:00 a.m. the Director said Tenant C1 had behaviors at a prior</p>	A 150	<p>b. Implement a staff training in regards to using proper documentation and signatures for the administration and dates/times of meds/PRN's along with the reason for administration of the PRN at the time it's requested/given.</p> <p>c. The nurse will be called to come in and/or review and make sure the MARS/TARS orders are written correctly as prescribed by the provider any time there is a new medication order, change in medication or treatment plan that is to be implemented.</p> <p>d. Nursing staff will evaluate each treatment plan ordered to determine if nurse delegation and training is required for each order/situation or if the proper training has already been done. Nursing staff will also evaluate all narcotics orders and give a review to each staff on the different documentation involved with those orders.</p>	

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A 150	<p>Continued From page 3</p> <p>facility and wanted to go home. She said when she was assessed it went fine because Tenant C1 thought she was going home. Tenant C1 had behaviors at the Program including throwing things, shaking her walker, acted like was going to bite staff and she said her behavior was "constant." There were three times she was sent out to the hospital and police were called. Notice was given to family regarding her behaviors and the concerns for the safety of others. She had also left the building on two occasions (with staff knowledge).</p> <p>Continued record review revealed an After Visit Summary dated 7-9-22 indicated she was seen in the ED for agitation due to dementia and new order was received for clonazepam, 0.5 mg, take one tablet as daily needed, for anxiety.</p> <p>Further record review revealed a letter to the Tenant C1's family dated 7-11-22 indicated the Program could not retain Tenant C1 due to her behaviors. The letter indicated there was a potential harm to tenants and staff and the behaviors included: threatening staff and tenants, kicking doors and walls, throwing items and attempts to elope from the building.</p> <p>Continued record review revealed incident reports were not completed related to Tenant C1's behaviors as noted above.</p> <p>c. Record review of the Program's policy and procedure regarding resident illness/incident indicated the staff would notify the nurse if a tenant was ill, if a tenant had abnormal behavior, if a tenant had fallen or if any unusual event occurred. A written incident report would be completed by staff and would be in the tenant's file. A major incident included the following:</p>	A 150	<ol style="list-style-type: none"> <li>2) BCALAMC will complete a review of the Policies and Procedures agreement to ensure the contents are corrected for our program and compliances we need to follow. BCALAMC will have an "all" employee meeting to go over the corrected Policies and Procedures agreement so all staff understands what is to be correctly followed of all sections in the future.</li> <li>3) BCALAMC will be doing an "all" agreements overview twice a year on the 2nd Monday in January and June of each new year, along with any situation/incident that requires an overview of the policy to occur. Along with the information and trainings the BCALAMC holds bi-monthly special meetings to go over our policies and procedures with the entire BCALAMC staff.</li> <li>4) BCALAMC The initial Policies and Procedures agreement review will be corrected and completed by January 1, 2023. An additional staff meeting to go over all corrections and expectations will be held on January 11, 2023 at 2:00 p.m.</li> </ol>	

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A 150	<p>Continued From page 4</p> <p>physical injury "to or by the member that required a physician's treatment or admission to a hospital", "emergency mental health treatment for the member, required law enforcement intervention."</p> <p>d. When interviewed on 9-28-22 at 8:00 a.m. the Director confirmed there were no incident reports since June 2022.</p> <p>2. a Record review on 9-21-22 of Tenant #2's file revealed the July 2022 medication administration records (MARs) reflected orders for olanzapine 2.5 mg tablet, take one tablet, by mouth, three times daily as needed (agitation). The medication was documented as given 13 times from 7-7-22 to 7-12-22, including where it was administered three times per day on 7-9-22, 7-10-22 and 7-11-22. The back of the MAR did not reflect the date, medication, time, reason, result, time of the result and signature of the staff that administered the as needed medication.</p> <p>The MAR also reflected an order for tramadol HCL 50 mg tablet, give half a tablet (25 mg) by mouth, twice daily, as needed (no reason provided for the administration). It was documented as administered on the front of the MAR twice on 7-4-22 and once on 7-8-22. The back of the MAR did not reflect the date, medication, time, reason, result, time of the result and signature of the staff that administered the as needed medication.</p> <p>The MAR reflected an order for trazodone 50 mg tablet, take one tablet, by mouth, at bedtimes as needed (insomnia). It was documented as administered once on 7-7-22 and once on 7-8-22. The back of the MAR did not reflect the date, medication, time, reason, result, time of the result</p>	A 150		

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A 150	<p>Continued From page 5</p> <p>and signature of the staff that administered the as needed medication.</p> <p>Continued record review revealed the August 2022 MARs reflected an order for risperidone 0.25 mg tablet, take one tablet, by mouth, twice daily as needed for agitation. It was documented as administered 10 times from 8-8-22 to 8-20-22. The back of the MAR reflected three entries where the date, medication, time, reason, result, time of the result and staff who administered were completed. The remaining seven entries lacked the completion of the information related to the administration of the as needed medication.</p> <p>The MAR also reflected an order for tramadol HCL 50 mg tablet, give half a tablet (25 mg) by mouth twice daily as needed (no reason provided for the administration). It was documented as administered 9 times on the front of the MAR. The back of the MAR did not reflect the date, medication, time, reason, result, time of the result and signature of the staff that administered the as needed medication. An order for trazodone 50 mg tablet, one tablet by mouth at bedtimes as needed (insomnia). It was documented as administered eight times and only one entry reflected the date, medication, time, reason, result, time of the result and staff who administered were completed. Two entries charted reflected it was administered twice on the same day (8-10-22 and 8-11-22) despite being ordered daily at bedtime.</p> <p>Further record review revealed the September 2022 MARs reflected an order for Haldol concentrate 2 mg/milliliters (ml), 0.25 ml (0.5 mg) by mouth, every two hours as needed. The front of the MAR reflected it was administered 22</p>	A 150		

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A 150	<p>Continued From page 6</p> <p>times. The back of the MAR reflected five times where the date, medication, time, reason, result, time of the result and signature of the staff that administered the as needed medication were documented. The remaining 17 entries lacked the completion of the information related to the administration of the as needed medication.</p> <p>b. Record review on 9-21-22 of Tenant #3's file revealed Physician Order Sheets, a Nursing Facility Visits document and After Visit Summary documents indicated the following:</p> <p>-A Nursing Facility Visit with the primary care provider (PCP) document dated 8-10-22 indicated it was routine 30 days visit and Tenant #3 had been recently hospitalized for weakness and acute cystitis. The report noted, "At the time of the hospital follow-up, patient was noted to have significant hematoma to the right lower abdomen, not previously noted/no concerns expressed at prior visits." Review of her chart indicated it had been there for several months and was noted on a computerized tomography (CT) in January and it was decreased in size with a CT completed on 7-23-22. At the visit on 8-10-22 Tenant #3 had increased discomfort to the area and reported a fever and chills. Exam revealed "an area concerning for developing abscess." A call was placed to see if Tenant #3 could get into general surgery for evaluation and there was only one provider available. Tenant #3 was started on doxycycline and "STAT labs ordered." Tenant #3 also reported chest tightness and shortness of breath (SOB) with exertion.</p> <p>-A Physician's Order Sheet and Progress note dated 8-10-22 reflected the following orders: a general surgery consult (diagnosis of abdominal wall abscess, doxycycline 100 mg, take twice daily</p>	A 150		

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A 150	<p>Continued From page 7</p> <p>for 7 days and "STAT" lab orders.</p> <p>-An After Visit Summary indicated Tenant #3 was hospitalized from 8-11-22 to 8-15-22 for an abdominal wall abscess. It indicated to follow up with the wound clinic to schedule an appointment in three to five days for a wound vac to the abdominal wound. New orders were received including for: cefdinir 300 mg capsule, take one capsule, by mouth, twice daily, for seven days, to irrigate the wound with normal saline prior to repacking twice daily, apply Dakin's topically twice daily and cover with Kerlix twice daily. An order was also received to stop amlodipine 2.5 mg tablet. The wound care orders indicated above were not transcribed on the August 2022 MARs and were not documented as completed per order.</p> <p>-A Physician's Order Sheet and Progress Notes document it was ordered to pack the right lower quadrant (RLQ) wound twice daily with 1/4 strength Dakin's dampened gauze and to "be sure to wick tract @ 3 o'clock with gauze-no need to pack tight." Cover with ABD and secure with paper tape. The dressing could be removed for a shower and to monitor for signs and symptoms of infections. A referral was made to home health for wound management. The wound care orders indicated above were not transcribed on the August 2022 MARs and were not documented as completed per order. There were wound care orders transcribed on the September 2022 MARs; and the treatment was initialed by staff as completed. The staff who documented the treatment was completed included the Director, Staff B, Staff E and Staff H (non-licensed staff). Nurse delegations were not found for the staff listed above related to wound care for Tenant #3.</p>	A 150		

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A 150	<p>Continued From page 8</p> <p>When interviewed on 9-28-22 at 8:00 a.m. and at the time of the exit meeting the Director said the staff listed above did not complete the wound care for Tenant #3 but it was done by others and they signed it off on the MAR. It was done by nursing staff, home health and Tenant #3's provider team.</p> <p>When interviewed on 9-26-22 at 4:00 p.m. the Nurse said she was on-call at all times and was in the building usually on Fridays and was there about six to eight hours per week.</p> <p>When interviewed on 9-28-22 at 1:00 p.m. a Advanced Registered Nurse Practioner with the provider team for Tenant #3 said initially a referral was made to home health for the wound care. Home health was discontinued and the staff at the Program (no names of staff provided that assist) completed the wound care for Tenant #3. She saw Tenant #3 weekly and completed the wound care at that time. She had not been called to come to the Program to provide wound care.</p> <p>In summary, Tenant #3 had wound care that was ordered twice daily related to the orders noted above. Direct care staff signed off the completion of the wound care and did not have nurse delegated training on the task. The Director indicated staff did not complete the treatment; however, signed off on the MAR when the treatment was completed by others, including home health, medical providers and nursing staff.</p> <p>c. Record review on 9-21-22 of Tenant C2's file revealed was admitted on 3-19-22, went on hospice services on 6-10-22 and was discharged on 6-29-22. The June 2022 MARs reflected the an order for morphine sulfate 20 mg/milliters (ml) take 0.25 ml (5 mg), by mouth, every two hours</p>	A 150		

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A 150	<p>Continued From page 9</p> <p>as needed for moderate to severe pain or shortness of breath. The order was noted as transcribed on 6-11-22. On 6-12-22 it was documented as administered five times and the date, medication, time, reason, result, time of the result and signature of the staff that administered the as needed medication was charted on the back of the MAR. After 6-12-22 on the front of the MAR it indicated "See Controlled drug sheet." No additional doses were documented as administered on the MAR in June 2022.</p> <p>Continued record review revealed a Controlled Drug Receipt Record/Disposition Form (received 6-11-22) reflected the medication as morphine sulfate solution 100/5 ml and directions of 0.25 ml, by mouth/sublingual (SL) every two hours as needed. The sheets reflected over 50 doses administered from 6-11-22 to 6-16-22. Only 5 doses on 6-12-22 were reflected on the MAR as administered. A Controlled Drug Receipt Record/Disposition Form (date received 6-16-22) reflected the medication as morphine sulfate solution 100/5 ml and directions of 0.5 ml by mouth or SL every hour a needed. The record reflected over 50 doses administered from 6-16-22 to 6-18-22 and none were documented as administered on the MAR. A Controlled Drug Receipt Record/Disposition Form (date received 6-16-22) reflected the medication as morphine sulfate solution 100/5 ml and directions of 0.5 ml by mouth every morning, at bedtime and every one hour as needed. There were over 50 doses administered from 6-18-22 at 10:45 p.m. to 6-21-22 at 8:45 p.m. and none were documented administered on the MAR. The Controlled Drug Receipt Record/Disposition Form (date received 6-19-22) reflected the medication as morphine sulfate solution 100/5 ml and directions of 0.5 ml by mouth every morning, at bedtime and every</p>	A 150		

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A 150	<p>Continued From page 10</p> <p>one hour as needed. There were over 50 doses administered from 6-21-22 at 9:45 a.m. to 6-23-22 at 7:45 p.m. and none were documented as administered on the MAR. The Controlled Drug Receipt Record/Disposition Form (date received 6-21-22) reflected the medication as morphine sulfate solution 100/5 ml and directions of 0.5 ml by mouth every morning, at bedtime and every one hour as needed. There were over 50 doses administered from 6-23-22 at 8:45 a.m. to 6-26-22 at 4:20 a.m. and none were documented as administered on the MAR. The Controlled Drug Receipt Record/Disposition Form (date received 6-25-22) reflected the medication as morphine sulfate solution 100/5 ml and directions of 0.5 ml by mouth every morning, at bedtime and every one hour as needed. There were over 50 doses administered from 6-26-22 at 5:20 a.m. to 6-28-22 at 2:20 p.m. and none were documented as administered on the MAR. The Controlled Drug Receipt Record/Disposition Form (date received 6-27-22) reflected the medication as morphine sulfate solution 100/5 ml and directions of 0.5 ml by mouth every morning, at bedtime and every one hour as needed. There were over 15 doses administered from 6-28-22 at 3:20 p.m. to 6-29-22 to 9:30 a.m. and none documented as administered on the MAR.</p> <p>Record review of the Program's policy and procedure regarding medications indicated staff followed the six "Rights" of medication administration, including right documentation. The policy indicated staff would record their initials after the administration of the medication on the correct date on the MAR. If a tenant received as needed medications, they were administered per tenant request. The documentation for the as needed medications indicated they were documented on the MAR</p>	A 150		

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A 150	Continued From page 11  when staff administered the medication and staff completed a follow up to the medication within 30 minutes and the follow up was also documented on the MAR.  d. When interviewed on 9-28-22 at 8:00 a.m. the Director confirmed that as needed medications were not documented on the back of the MAR. She said Tenant #3's wound care was completed in August.	A 150		
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 ordered. This pertained to 2 of 3 current tenants reviewed (Tenant #1 and #3) and 1 of 2 discharged tenants reviewed (Tenant C1). Findings follow:  1. Record review on 9-21-22 of Tenant #1's file revealed a Physician's Order Sheet and Progress Notes document dated 8-24-22 indicated orders were received for a request for psych evaluation and treatment and to start Seroquel 12.5	A 285	<b>A285 - Regarding 481-67.5(2) f(4)</b>  1) Along with the corrections implied for (A150 regarding 481-67.2(3) BCALAMC will correct the imperfections in our medication policy to best suit the needs of our residents with and without memory care. BCALAMC will also develop a narcotics policy to be implemented with the updated medication policy.  2) A meeting will be held to go over the changes to the medication policy and to introduce the addition of the narcotics policy required for compliance along with a review of the importance of following the six "rights" for proper and accurate administration of the medicine.	

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A 285	<p>Continued From page 12</p> <p>milligram (mg), by mouth, twice daily. The orders were noted with the Nurse's name; however, were not noted with date and time. The August 2022 medication administration records (MARs) did not reflect the transcription of the order or the administration of the medication as prescribed.</p> <p>2. Record review on 9-21-22 of Tenant #3's file revealed Physician Order Sheets, a Nursing Facility Visits document and After Visit Summary documents indicated the following:</p> <p>-A Physician's Order Sheet and Progress Note dated 7-29-22 reflected an order to monitor the hematoma to the right lower abdomen daily and to call with concerns. This order was not reflected on the MAR and was not completed as ordered.</p> <p>-An After Visit Summary dated 8-2-22 indicated Tenant #3 was seen in the emergency department (ED) for an abdominal wall hematoma and constipation.</p> <p>-A Nursing Facility Visit with the primary care provider (PCP) document dated 8-10-22 indicated it was routine 30 days visit. Tenant #3 was recently hospitalized for weakness and acute cystitis. "At the time of the hospital follow-up, patient was noted to have significant hematoma to the right lower abdomen, not previously noted/no concerns expressed at prior visits." Review of her chart indicated it had been there for several months and was noted on a computerized tomography (CT) in January and it was decreased in size with a CT completed on 7-23-22. At the visit on 8-10-22 Tenant #3 had increased discomfort to the area and reported a fever and chills. Exam revealed "an area concerning for developing abscess." A call was</p>	A 285	<p>3) The medication and narcotics policies is a part of the programs Policies and Procedures agreement which will now be reviewed in the "all" agreements overview twice per year on the 2nd Monday in January and June of each new year and anytime a situation deems a review to occur.</p> <p>a. The meeting for the changes including program managers, delegating RN and one owner will be held December 18, 2022 at 3:00 p.m.</p> <p>4) The corrections to the BCALAMC medication policy and newly developed narcotics policy will reviewed, corrected and completed by January 1, 2023. BCALAMC 's RN will explain/review, of all changed and new agreements at the "all" staff meeting being held January 11, 2023 at 2:00 p.m.</p>	

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A 285	<p>Continued From page 13</p> <p>placed to see if Tenant #3 could get into general surgery for evaluation and there was only one provider available. Tenant #3 was started on doxycycline and "STAT labs ordered." Tenant #3 also reported chest tightness and shortness of breath (SOB) with exertion.</p> <p>-A Physician's Order Sheet and Progress note dated 8-10-22 reflected the following orders: a general surgery consult (diagnosis of abdominal wall abscess, doxycycline 100 mg, take twice daily for 7 days and "STAT" lab orders.</p> <p>-An After Visit Summary indicated Tenant #3 was hospitalized from 8-11-22 to 8-15-22 for an abdominal wall abscess. It indicated to follow up with the wound clinic to schedule an appointment in 3 to 5 days for a wound vac to the abdominal wound. New orders were received for the following: cefdinir 300 mg capsule, take one capsule, by mouth, twice daily for 7 days, to irrigate the wound with normal saline prior to repacking twice daily, apply Dakin's topically, twice daily and cover with Kerlix twice daily. An order was also received to stop amlodipine 2.5 mg tablet. The wound care orders indicated above were not transcribed on the August 2022 MARs and were not completed as ordered.</p> <p>-A Physician's Order Sheet and Progress Notes document indicated it was ordered to pack the right lower quadrant (RLQ) wound twice daily with 1/4 strength Dakin's dampened gauze and to "be sure to wick tract @ 3 o'clock with gauze-no need to pack tight." Cover with ABD and secure with paper tape. The dressing could be removed for a shower and to monitor for signs and symptoms of infections. A referral was made to home health for wound management. The wound care orders indicated above were not transcribed on the</p>	A 285		

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A 285	<p>Continued From page 14</p> <p>August 2022 MARs and were not completed as ordered.</p> <p>-An After Visit Summary dated 9-20-22 reflected Tenant #3 was seen in the ED for colitis and acute cystitis with hematuria. New orders for were received for metronidazole 500 mg, take one tablet, three times daily, for 7 days and ciprofloxacin 500 mg take one tablet, twice daily, for 7 days. The Program provided a paper copy of the September MARs to the monitor on 9-21-22 or 9-22-22. On 9-28-22 the monitor requested a current copy of the September MARs and the MARs were sent electronically to the monitor on 9-28-22. The MARs provided on 9-21-22 or 9-22-22 did not reflect the transcription of the orders for metronidazole and ciprofloxacin or that either medications was administered as ordered. The MARs provided on 9-28-22 reflected the transcription of Ciprofloxacin 500 mg, take one tablet, by mouth, twice daily, for 7 days and metronidazole 500 mg, take one tablet, by mouth, three times daily, for 7 days. The transcription of the orders was not on the MARs when the MARs were initially collected on either 9-21-22 or 9-22-22. The MARs provided on 9-28-22 also indicated doses were documented as given for both medications on 9-21-22, 9-22-22 and 9-23-22. These doses were reflected as administered including on 9-21-22 despite not being on the MAR when the MARs were initially provided on 9-21-22 or 9-22-22. Ciprofloxacin 500 mg was ordered and transcribed on the MAR as twice daily. The MAR provided on 9-28-22 reflected three lines of staff initials for the administration of the medication including the a.m. dose, p.m. dose and middle line (no hour designation) with staff initials. There were three doses per day documented as given from 9-21-22 to 9-23-22; despite not being</p>	A 285		

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A 285	<p>Continued From page 15</p> <p>ordered three times daily. The MARs reflected a handwritten entry that indicated discontinued and late (9-23-22).</p> <p>A Physician's Order Sheet and Progress Notes document dated 9-21-22 indicated to to discontinue the Dakin's packing to RLQ wound, to irrigate with normal saline and "wick" with "nugauze" and not to "pack" tightly. The September 2022 MARs were requested again on 9-28-22 and did not reflect the transcription of the wound care orders from 9-21-22 or the completion of the of the treatment per order.</p> <p>3. Record review on 9-21-22 of Tenant C1's file revealed an admission date of 7-4-22. Tenant C1 moved out of the building on 7-10-22 and her belongings were moved out on 7-15-22.</p> <p>Continued record review revealed an After Visit Summary dated 7-9-22 indicated she was seen in the ED for agitation due to dementia and new order was received for clonazepam, 0.5 mg, take one tablet as needed daily for anxiety. The July 2022 MAR reflected clonazepam 0.5 mg, by mouth daily dated 7-9-22. It was not transcribed to the MAR per order as it was written once daily and not as needed. There were two documented doses given one on 7-9-22 and one on 7-10-22.</p> <p>4. When interviewed on 9-28-22 at 8:00 a.m. the Director confirmed all MARs requested for the tenants listed above were provided.</p>	A 285		
A 290	<p>481-67.5(2)g Medications</p> <p>67.5(2) Each program shall follow its own written medication policy, which shall include the following:</p>	A 290		

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A 290	<p>Continued From page 16</p> <p>g. Narcotics protocol, including destruction and reconciliation, shall be determined by the program's registered nurse.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to provide a written policy and procedure for narcotics protocol. This pertained to 2 of 3 current tenants reviewed (Tenants #1 and #2) and 2 of 2 discharged tenants reviewed (Tenants C1 and C2). This also potentially affected all tenants who received medications administered by the Program (11 tenants). Findings follow:</p> <ol style="list-style-type: none"> <li>1. The ALP Monitoring Entrance Form indicated 11 tenants received medications administered by the Program. Medications were locked when administered by the Program. The program did not provide narcotic protocol as requested on the form, including the frequency of counting narcotics. The form indicated three tenants received hospice services.</li> <li>2. Record review of tenant files indicated controlled substances were prescribed to Tenant #1, Tenant #2, Tenant C1 and Tenant C2.</li> <li>3. Continued record review of the Program's Policies and Procedures Manual revealed the Program had a medication administration policy and procedure; however, did not have a narcotic policy and procedure that included administration, reconciliation and destruction.</li> <li>4. When interviewed on 9-28-22 at 8:00 a.m. the Director said if they had a narcotic policy it would be in the medication policy. She said the</li> </ol>	A 290	<p><b>A290 – Regarding 481-67.5(2) g</b></p> <p>Also stated in A285 regarding 481.67.5(2) f(4) and A150 regarding 481-67.2</p> <ol style="list-style-type: none"> <li>1) BCALAMC will develop and implement a narcotics policy to be reviewed and followed by all BCALAMC staff moving forward. The policy will include administration, reconciliation and destruction of narcotics and the frequency in which we will have narcotics counted for efficiency and safety.</li> <li>2) The medication policy will include steps needed to ensure orders are transcribed and followed through correctly and efficiently according to the script by having all staff complete the medication manager training and the in-house required delegation trainings. Also, completing the delegation checklist signed by the delegating RN within 30-days of the employees start date. All questions, comments and concerns will be directed to the delegating nurse to review and address. The trainings and delegations/dates will be part of a new hire checklist to ensure proper and timely completion.</li> </ol>	

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A 290	Continued From page 17  Program currently had narcotics, which were hospice medications.	A 290	3) To help ensure monitoring a requirement will be implemented in a new policy. It will be added that the nurse is to be called on every new medication or treatment order within two hours of receiving the order, even if the delegated transcriber has already transcribed the order into the MARS/TARS. The nurse will also be required to do weekly reviews on all new orders to ensure they are being given/implemented correctly.	
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 provide nurse delegated training on all tasks within 30 days of staffs' employment. This pertained to 3 of 5 staff reviewed employed greater than 30 days (Staff C, D and E). Findings follow:  1. Record review on 9-21-22 of Staff C's file revealed a hire date of 8-3-22. Staff C was listed on the staff list as a Resident Assistant (RA). Nurse delegated training was not completed at the time of the onsite or within 30 days of Staff C's employment.  2. Record review on 9-21-22 of Staff D's file revealed a hire date of 8-3-22. Staff D was listed on the staff list as a RA. Nurse delegated training was not completed at the time of the onsite or within 30 days of the Staff D's employment.  3. Record review on 9-21-22 of Staff E's file revealed a hire date of 4-5-22. Staff E was listed	A 345	4) The meeting with our delegating RN will be held December 18, 2022 at 3:00 p.m. to go over the new agreement and expectations. The corrections to the program agreements will be completed by January 1, 2023. The "all" staff meeting to review new agreement and expectations will be held on January 11, 2023 at 2:00 p.m.  <b>A345 – Regarding 481-67.9(4) 6</b>  1) BCALAMC will, from this point forward, ensure all nurse delegation trainings are completed within 30 days of employment. BCALAMC is developing a new hire checklist to keep this from happening in the future.	

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A 345	Continued From page 18  on the staff list as a RA. Nurse delegated training was dated 4-5-22; however, the form was not completed and included blank entries on the following tasks: vital signs, routes of administration of medications, after hours phone calls or faxes for doctor's orders and the nurse non-urgent communication policy and form.  4. When interviewed on 9-28-22 at 8:00 a.m. the Director confirmed all nurse delegations were provided for the staff listed above.	A 345	2) Implementing the new hire checklist will give us a step-by-step guide to the completion of trainings and dates in which new employees need to be completed for employment and compliance.	
A 380	481-67.9(6) Staffing  67.9(6) Dependent adult abuse training. Program staff shall receive training relating to the identification and reporting of dependent adult abuse as required by Iowa Code section 235B.16.  This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure staff completed dependent adult abuse training as required within six months of employment. This pertained to 1 of 3 staff reviewed employed greater than six months (Staff A). Findings follow:  1. Record review on 9-21-22 and 9-26-22 of Staff A's training documents revealed a hire date of 12-23-21. A transcript showed Child Abuse Mandatory Reporter Training was completed on 11-5-19. Dependent adult abuse training, which was the training required for the Program, was not completed at the time of the onsite or within six months of Staff A's employment.  2. When interviewed on 9-28-22 at 8:00 a.m. the	A 380	3) BCALAMC will also add to our facility monthly checklist by January 1, 2023 that the program manager checks each employee file to ensure completions of trainings and continuing education trainings in their correct time frames for compliance.  4) The meeting to go over these details is being held December 18, 2022 at 3:00 p.m. Completion of the new hire checklist and the addition to the already established facility monthly checklist will be reviewed, corrected and completed by January 1, 2023. An "all" staff meeting will be held on January 11, 2023 at 2:00 p.m.  <b>A380 – Regarding 481-67.9</b>  Including also A345 Regarding 481-67.9(4) 6  1) BCALAMC will have new staff trainings done and completed in the correct time frames required by using a new hire checklist.  2) The new hire checklist will allow management and the delegating RN to follow a detailed checklist to ensure all staff trainings and delegations are listed, completed and dated for precise compliance.	

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A 380	Continued From page 19  Director said Staff A had dependent adult abuse training; however, the training document could not be located at the time of the onsite.	A 380		
A 400	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.  This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to complete background checks for all staff prior to employment. This pertained to 6 of 6 staff reviewed (A, B, C, D, E and F). Findings follow:  1. Record review on 9-21-22 of Staff A's file revealed a hire date of 12-23-21. A Single Contact License & Background check was completed on 12-15-21 and revealed no records were found. The Program provided the first date and time Staff A worked as 1-3-22 from 7:00 a.m. to 3:00 p.m.  Continued record review of Staff A's file revealed training documents were found dated prior to Staff A's completed background check, prior to the hire date and prior to the first date worked as provided by the Program. Training completed included Food Safety & Sanitation training dated 12-7-21, Resident Rights training dated 12-12-21, Social Media Usage in Health Care training dated	A 400	<p>3) This will be monitored monthly on the newly updated facility monthly checklist. After the initial new-hire checklist is complete, the monthly checklist will keep all agreements, checklists and trainings up to date for program consistency and compliance.</p> <p>4) All changes to agreements and the addition of the new hire checklist will be completed by January 1, 2023.</p> <p><b>A400 – Regarding 481-67.19(3)</b></p> <p>1) Implementing the new hire checklist for BCALAMC will enable us to follow correct steps including making sure all criminal history checks and adult abuse checks are completed before hire.</p> <p>2) BCALAMC will place the requirement of criminal history checks and adult abuse checks directly after filling out the job application on the newly developed new hire checklist to ensure this is completed. Once we have received the results of these checks, then BCALAMC will proceed with the rest of the new hire checklist and hiring process.</p>	

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A 400	<p>Continued From page 20</p> <p>12-12-21, a medication manager Student Practicum Certification dated 12-5-21 and dementia education dated 12-7-21, 12-12-21, 12-13-21 and 12-17-21.</p> <p>2. Record review on 9-21-22 of Staff B's file revealed a hire date of 11-16-21. A Single Contact License &amp; Background check was completed on 12-15-21 and revealed no records were found. The Program provided the first date and time Staff B worked was 11-20-21 at 3:40 p.m.</p> <p>3. Record review on 9-21-22 of Staff C's file revealed a hire date of 8-3-22. A Single Contact License &amp; Background check was completed on 8-4-22 and revealed no records were found. The Program provided the first date and time Staff C worked was 8-6-22 was from 10:00 a.m. to 6:00 p.m.</p> <p>4. Record review on 9-21-22 of Staff D's file revealed a hire date of 8-3-22. A Single Contact License &amp; Background check was completed on 8-4-22 and revealed no records were found. The Program provided the first date and time Staff D worked was 8-13-22 from 10:00 a.m. to 6:00 p.m.</p> <p>5. Record review on 9-21-22 of Staff E's file revealed a hire date of 4-5-22. A Single Contact License &amp; Background check was completed on 6-13-22 and revealed no records were found. The Program provided the first date and time Staff E worked was 6-5-22 10:30 to 6:30 (no a.m. or p.m. designation provided).</p> <p>6. Record review on 9-21-22 of Staff F's file revealed a hire date of 9-10-22. A background check was not completed at the time of the Staff F's file was reviewed or prior to employment. A</p>	A 400	<p>3) This was implemented from the point we became aware, at the time of state inspection, and has been implemented since that time on all new hires.</p> <p>4) The completion of the new hire checklist will be completed January 1, 2023.</p>	

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A 400	Continued From page 21  background check for Staff F was provided after the initial review of her file (provided on 9-28-22). A background check was completed on 9-26-22 and revealed no records were found. The Program provided the first date and time Staff E worked was 9-15-22 from 4:00 p.m. to 10:00 p.m.  7. When interviewed on 9-28-22 at 8:00 a.m. the Director said a background check was completed for Staff F. She said all background checks for the staff listed above were provided.	A 400		
A 106	231C.5 1 Occupancy Agreement  231C.5 Written occupancy agreement required.  1. An assisted living program shall not operate in this state unless a written occupancy agreement, as prescribed in subsection 2, is executed between the assisted living program and each tenant or the tenant's legal representative, prior to the tenant's occupancy, and unless the assisted living program operates in accordance with the terms of the occupancy agreement. The assisted living program shall deliver to the tenant or the tenant's legal representative a complete copy of the occupancy agreement and all supporting documents and attachments and shall deliver, at least thirty days prior to any changes, a written copy of changes to the occupancy agreement if any changes to the copy originally delivered are subsequently made.  This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to follow the signed occupancy agreement related to a tenant discharge and termination of the agreement. This pertained to 1	A 106	<b>A106 – Regarding 231C.5</b>  1) BCALAMC will need to follow the given, dated and signed written occupancy agreement developed by the program. If we decide to make changes, there needs to be at least 30 days from the changes before the newly written portion of the occupancy agreement is implemented. This will be followed moving forward. BCALAMC will review the occupancy agreement during the upper management meeting on December 18, 2022 at 3:00 p.m. to better state the needs of the program and the residents residing with us. We will better state our guidelines, describing the grounds for termination of occupancy.	

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A 106	<p>Continued From page 22</p> <p>of 1 discharged tenants reviewed as a result of a Program initiated discharge (Tenant C1). Findings follow:</p> <ol style="list-style-type: none"> <li>Record review on 9-21-22 of Tenant C1's file revealed Tenant C1 was admitted on 7-4-22 and was discharged on 7-10-22. Her personal belongings were moved out on 7-15-22.</li> <li>When interviewed on 9-21-22 Staff G said she was working and Tenant C1 had taken the extra set of keys and unlocked the door by salon and got outside. Staff G said the door alarm went off and she saw Tenant C1 on camera. Tenant C1 came to the front door and another tenant tried to get her to come back inside and she refused. Tenant C1's family was called and there was no answer. Staff G said she called 911 for assistance. Tenant C1 threatened physical violence towards Staff G. Tenant C1 was taken by ambulance to the hospital to be evaluated. She returned that day and Staff G did not recall any new orders for her. The next day one of Tenant C1's family members visited and she got upset when the family member left. She picked up the salt and pepper shakers and threatened to throw them and threatened to slap Staff G. First responders were called again and they were able to get Tenant C1 to go to the hospital. She did not return to the building.</li> </ol> <p>When interviewed on 9-28-22 at 8:00 a.m. the Director said Tenant C1 had behaviors at a prior facility and wanted to go home. She said when she was assessed it went fine because Tenant C1 thought she was going home. Tenant C1 had behaviors at the Program including throwing things, shaking her walker, acted like was going to bite staff and she said her behavior was "constant." There were three times she was sent</p>	A 106	<ol style="list-style-type: none"> <li>BCALAMC will evaluate the signed and dated occupancy agreement every time a situation or incident occurs, to ensure we are following the guidelines of our program and our agreements.</li> <li>Two times per year on the 2nd Monday in January and June of every new year "all" program agreements will be evaluated to ensure we meet all state compliances. These can also be reviewed and changed based on new findings or situations. If changes are made the new occupancy agreement or amendment will be signed by the necessary parties.</li> <li>The initial review and correction to the occupancy agreement will be completed by January 1, 2023.</li> </ol>	

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A 106	<p>Continued From page 23</p> <p>out to the hospital and police were called. Notice was given to family regarding her behaviors and the concerns for the safety of others. She had also left the building on two occasions (with staff knowledge).</p> <p>3. Continued record review revealed an After Visit Summary dated 7-9-22 indicated she was seen a the emergency department for agitation due to dementia and new order was received for clonazepam, 0.5 milligram, take one tablet, daily as needed, for anxiety.</p> <p>Further record review revealed a letter to the Tenant C1's family dated 7-11-22 indicated the Program could not retain Tenant C1 due to her behaviors. The letter indicated there was a potential harm to tenants and staff and the behaviors included: threatening staff and tenants, kicking doors and walls, throwing items and attempts to elope from the building.</p> <p>Continued record review revealed Tenant C1's file lacked documentation of her behaviors, including in nurse's notes or incident reports.</p> <p>Further record review of an email provided by the Program dated 7-11-22 between one of Tenant C1's family members and the Director. Tenant C1's family member indicated Tenant C1 would be in a behavioral health unit for about a week and would have a full psychological evaluation. The email indicated "I told them that you were not willing for ... to return there so we would need to find another placement."</p> <p>Continued record review revealed the Occupancy Agreement signed on 7-4-22 by Tenant C1's legal representative and signed on 7-3-22 by the Director indicated if a significant change in the</p>	A 106		

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A 106	<p>Continued From page 24</p> <p>tenant's condition resulted in a services that exceeded the requirements for assisted living or allowed per the agreement the Program would provide written notice. The notice would indicate the need for discharge, the reason for discharge, if it resulted from a visit completed by the Department of Inspections and Appeals and contact information for the tenant advocate. The Occupancy Agreement also indicated "In the event the resident was required to vacate the premises and following the 30-day period, the resident shall be refunded a prorated amount of any rent prepaid by the resident, following the removal of the resident's belongings from the premises and the return of all keys and any other items."</p> <p>Further record review revealed the notice of transfer was dated 7-11-22. Tenant C1 moved out on 7-10-22 and her belongings were removed on 7-15-22. Billing records indicated Tenant C1 was billed for 30 days for the month of July, 31 days, at the daily rate of \$208.00.</p> <p>Continued record review revealed the written notice provided to Tenant C1's family did not include the date of the transfer, the applicable rule regarding level of care, it did not provide information related to if the transfer was a result of the Department's onsite and also did not provide contact information for the tenant advocate. The date of the letter was 7-11-22. Tenant C1's move out date provided was 7-10-22 and her belongings were moved out on 7-15-22.</p> <p>4. In summary, the Program's signed and dated occupancy agreement between Tenant C1 and the Program, was not followed related to Tenant C1's discharge and termination of the occupancy agreement.</p>	A 106		

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A 120	<p>481-69.21(3) Occupancy Agreement</p> <p>69.21(3) The occupancy agreement shall be reviewed and updated as necessary to reflect any change in services or financial arrangements.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the Program failed to update the occupancy agreement with a change in services or financial arrangements, including for tenants residing in apartments not indicated on the signed occupancy agreement. The Program also failed to update the occupancy agreement with a change in services related to the provision of transportation. This pertained to 3 of 11 tenants (Tenants #1, #2 and #4). Findings follow:</p> <p>1. Observation on 9-20-22 at approximately 1:30 to 1:45 p.m., during a tour of of the building was completed with the Director, revealed a room near the front door with a sign marked office. When asked about the room the Director indicated Tenant #1 lived in the office space. She identified he used the restroom off of the kitchen. Observation of the office space revealed it used as a living space, included a bed and there was not bathroom in the space. Further observation on the tour revealed two beds located in an apartment designated for single occupancy. The Director said the two tenants were spouses (Tenants #2 and #4) and wanted to sleep in the same apartment.</p> <p>2. When interviewed on 9-20-22 at approximately 2:35 p.m. the Director said the single occupancy apartments for Tenants #2 and #4 were 187 square feet without the bathrooms. Tenant #2</p>	A 120	<p><b>A120 – Regarding 481-69.21(3)</b></p> <p>Also including A106 Regarding 231C.5</p> <p>1) BCALAMC will review the occupancy agreement now, bi-annually and anytime deemed necessary to reflect any change in services or financial arrangements and allow the appropriate 30-day time frame allotted for resident/POA to review, sign and date before implemented.</p> <p>2) BCALAMC will make the change in the occupancy agreement regarding the fact that we no longer provide rides to and from doctor's appointments or shopping trips.</p> <p>a. In addition, BCALAMC from this time forward, will make sure all residents reside in the correct room # they were given at time of move in. BCALAMC will only allow residents to reside in rooms that are correctly licensed for occupancy and that the correct # of residents are living in that room.</p>	

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A 120	<p>Continued From page 26</p> <p>and Tenant #4 had recliners in the other single occupancy apartment (one apartment had two beds and one apartment had two recliners).</p> <p>3. Record review on 9-21-22 of Tenant #1's signed Occupancy Agreement signed and dated 8-12-22 indicated the apartment number he was intended to reside in. It was not the office space where he was observed living. The Occupancy Agreement began dated 8-17-22, at a set fee per day and for a designated apartment, which was not the space where Tenant #1 resided when observed.</p> <p>Record review on 9-21-22 of Tenant #2's signed Occupancy Agreement dated 2-14-22 indicated the apartment she was intended to reside in and not the two current apartments where she was observed living. The Occupancy Agreement began dated 2-15-22, at a set fee per day and a designated apartment, which was not the apartment(s) where Tenant #2 resided when observed.</p> <p>Record review on 9-21-22 of Tenant #4's signed Occupancy Agreement dated 2-14-22 indicated the apartment he was intended to reside in and not the two current apartments where he was observed living. The Occupancy Agreement began dated 2-16-22, at a set fee per day and for a designated apartment, which was not the apartment (s) where Tenant #4 resided when observed.</p> <p>4. When interviewed on 9-22-22 at approximately 3:15 p.m. the Director confirmed Tenant #1 had moved out of the office space and had a designated apartment. She also confirmed Tenant #2 and Tenant #4 were residing in their individual apartments.</p>	A 120	<p>3) Following the new changes to our agreements that the program develops, and reviewing the state codes after the initial state visit assisted us in the understanding and importance of following the programs guidelines and state set compliances.</p> <p>4) A meeting to discuss and make changes to the occupancy agreement will be held on December 18, 2022 at 3:00 p.m. Agreement revisions will be completed by January 1, 2023. The regulatory insufficiency of having residents residing in non-licensed rooms or more than one resident in a single room was addressed and corrected while state was present for initial review.</p>	

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A 120	Continued From page 27  5. Record review of the Program's Occupancy Agreement indicated the Program agreed to arrange transportation on scheduled days for medical appointments, shopping or banking needs. The transportation was provided within 10 miles of the Program. Tenants would be charged per mile after "the initial 10 miles." The Occupancy Agreement also indicated arrangements would be made with staff if a tenant wanted to add incidental charges including for transportation to the monthly bill.  6. When interviewed on 9-20-22 at 3:50 p.m. and 9-28-22 at 8:00 a.m. the Director said transportation was not provided at the Program. She it was provided initially provided when the building opened but was not currently provided.	A 120		
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.  This REQUIREMENT is not met as evidenced by:	A 145	<b>A145 – Regarding 481-69.33(3)</b>  1) BCALAMC's RN provided initial, 30, 60 and 90-day assessments on the residents that reside at BCALAMC but failed to complete assessments or evaluate residents functional, cognitive and health status when "any" significant changes occurred.  2) BCALAMC will correct this by requiring a nurse update call anytime a significant change occurs which will be updated as a part of the newly revised medication policy.	

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A 145	<p>Continued From page 28</p> <p>Based on interview and record review the Program failed to complete evaluations as needed with significant change. This pertained to 2 of 3 current tenants reviewed (Tenants #2 and #3) and 2 of 2 discharged tenants reviewed (Tenants C1 and C2). Findings follow:</p> <p>1. Record review on 9-21-22 of Tenant #2's file revealed Medical Record documents indicated Tenant #2 was admitted to a hospital on 6-9-22 and was discharged on 6-17-22. The records provided a Safety Plan. Additional hospital records indicated she was admitted to a hospital again on 7-14-22 and discharged on 8-4-22 and new medication orders were received. A hospital record indicated on 7-13-22 Tenant #2 was brought to another hospital after being transferred from a local emergency department (ED). She had exhibited agitated behavior while at the Program. The staff at the Program indicated Tenant #2 fluctuated and was calm and friendly on days and is agitated and paranoid on others. The last week she climbed a door at the Program. There was a "visible contusion on her forehead above her left eye with a dark blue hematoma collected under the eye."</p> <p>Continued record review revealed a Medication Orders SNF document dated 8-29-22 indicated Tenant #2 was admitted to hospice and new medication orders were received.</p> <p>Further record review revealed evaluations were completed on 6-12-22 and 9-12-22. Evaluations were not completed as needed with Tenant #2's hospitalizations, new medications orders, decline and admission to hospice.</p> <p>2. Record review on 9-21-22 of Tenant #3's file revealed Physician Order Sheets, a Nursing</p>	A 145	<p>3) The delegating RN will assess orders and "all" nurses notes weekly as part of her weekly required duties to ensure staff/nursing staff are following correct steps of the policy requirements.</p> <p>4) Meeting is scheduled with delegating RN on December 18, 2022 at 3:00 p.m. to review the expectations moving forward and to update agreements. All agreements will be updated, developed and corrected by January 1, 2023. Another meeting is scheduled for January 11, 2023 at 2:00 p.m. for "all" staff allowing the nurse and program manager to provide an overview of all new and newly updated agreements and requirements expected going forward.</p>	

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A 145	<p>Continued From page 29</p> <p>Facility Visits document and After Visit Summary documents indicated the following:</p> <ul style="list-style-type: none"> <li>-An After Visit Summary document indicated Tenant #3 was hospitalized from 7-23-22 to 7-26-22 for weakness. Tenant #3 was prescribed cephalexin 500 milligram (mg), take one capsule, two times daily for two days, for an urinary tract infection (UTI).</li> <li>-A Physician's Order Sheet and Progress Note dated 7-29-22 reflected an order to monitor the hematoma to the right lower abdomen daily and to call with concerns.</li> <li>-An After Visit Summary dated 8-2-22 indicated Tenant #3 was seen in the ED for an abdominal wall hematoma and constipation.</li> <li>-A Nursing Facility Visit with the primary care provider (PCP) document dated 8-10-22 indicated it was routine 30 days visit. Tenant #3 was recently hospitalized for weakness and acute cystitis. "At the time of the hospital follow-up, patient was noted to have significant hematoma to the right lower abdomen, not previously noted/no concerns expressed at prior visits." Review of her chart indicated it had been there for several months and was noted on a computerized tomography (CT) in January and it was decreased in size with a CT completed on 7-23-22. At the visit on 8-10-22 Tenant #3 had increased discomfort to the area and reported a fever and chills. Exam revealed "an area concerning for developing abscess." A call was placed to see if Tenant #3 could get into general surgery for evaluation and there was only one provider available. Tenant #3 was started on doxycycline and "STAT labs ordered." Tenant #3 also reported chest tightness and shortness of</li> </ul>	A 145		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>S0455</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/28/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BIRDEE COTTAGE AL &amp; MC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2221 FAIRWAY LANE</b> <b>WATERLOO, IA 50701</b>
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A 145	<p>Continued From page 30</p> <p>breath (SOB) with exertion.</p> <p>-A Physician's Order Sheet and Progress note dated 8-10-22 reflected the following orders: a general surgery consult (diagnosis of abdominal wall abscess, doxycycline 100 mg, take twice daily for 7 days and "STAT" lab orders.</p> <p>-An After Visit Summary indicated Tenant #3 was hospitalized from 8-11-22 to 8-15-22 for an abdominal wall abscess. It indicated to follow up with the wound clinic to schedule an appointment in 3 to 5 days for a wound vac to the abdominal wound. New orders were received for the following: cefdinir 300 mg capsule, take one capsule, by mouth, twice daily for 7 days, to irrigate the wound with normal saline prior to repacking twice daily, apply Dakin's topically twice daily and cover with Kerlix twice daily. An order was also received to stop amlodipine 2.5 mg tablet.</p> <p>-A Physician's Order Sheet and Progress Note document dated 8-17-22 reflected an order to increase Tylenol to 1 gram (gm) three times daily and 1 gm daily as needed.</p> <p>-A Physician's Order Sheet and Progress Notes document indicated it was ordered to pack the right lower quadrant (RLQ) wound twice daily with 1/4 strength Dakin's dampened gauze and to "be sure to wick tract @ 3 o'clock with gauze-no need to pack tight." Cover with ABD and secure with paper tape. The dressing could be removed for a shower and to monitor for signs and symptoms of infections. A referral was made to home health for wound management.</p> <p>-An After Visit Summary dated 9-20-22 reflected Tenant #3 was seen in the ED for colitis and</p>	A 145		

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A 145	<p>Continued From page 31</p> <p>acute cystitis with hematuria. New orders for were received for metronidazole 500 mg, take one tablet, three times daily, for 7 days and ciprofloxacin 500 mg, take one tablet twice daily for 7 days.</p> <p>-A Physician's Order Sheet and Progress Notes document dated 9-21-22 indicated to to discontinue the Dakin's packing to RLQ wound, to irrigate with normal saline and "wick" with "nugauze" and not to "pack" tightly.</p> <p>-An After Visit Summary dated 9-28-22 indicated Tenant #3 was seen in the ED for nausea and vomiting and diarrhea. A new order was received for ondanestron 4 mg, take one tablet (distengrating tablet) every 8 hours, as needed, for nausea.</p> <p>Continued record review revealed evaluations were dated 5-1-22 and 8-1-22. Evaluations were not completed as needed with including for a hospitalization and treatment of a UTI, hospitalization related to a abdominal wall abscess, treatment of an abdominal wound, HH referral and on-going treatment of the wound and two ED visits for treatment including for a UTI, colitis, nausea, vomiting and diarrhea.</p> <p>3. Record review on 9-21-22 of Tenant C1's file revealed Tenant C1 was admitted on 7-4-22 and was discharged on 7-10-22.</p> <p>When interviewed on 9-21-22 Staff G said she was working and Tenant C1 had taken the extra set of keys and unlocked the door by salon and got outside. Staff G said the door alarm went off and she saw Tenant C1 on camera. Tenant C1 came to the front door and another tenant tried to get her to come back inside and she refused.</p>	A 145		

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A 145	<p>Continued From page 32</p> <p>Tenant C1's family was called and there was no answer. Staff G said she called 911 for assistance. Tenant C1 threatened physical violence towards Staff G. Tenant C1 was taken by ambulance to the hospital to be evaluated. She returned that day and Staff G did not recall any new orders for her. The next day one of Tenant C1's family members visited and she got upset when the family member left. She picked up the salt and pepper shakers and threatened to throw them and threatened to slap Staff G. First responders were called again and they were able to get Tenant C1 to go to the hospital. She did not return to the building.</p> <p>When interviewed on 9-28-22 at 8:00 a.m. the Director said Tenant C1 had behaviors at a prior facility and wanted to go home. She said when she was assessed it went fine because Tenant C1 thought she was going home. Tenant C1 had behaviors at the Program including throwing things, shaking her walker, acted like was going to bite staff and she said her behavior was "constant." There were three times she was sent out to the hospital and police were called. Notice was given to family regarding her behaviors and the concerns for the safety of others. She had also left the building on two occasions (with staff knowledge).</p> <p>Continued record review revealed an After Visit Summary dated 7-9-22 indicated she was seen in the ED for agitation due to dementia and new order was received for clonazepam, 0.5 mg, take one tablet as needed, daily, for anxiety.</p> <p>Further record review revealed a letter to the Tenant C1's family dated 7-11-22 indicated the Program could not retain Tenant C1 due to her behaviors. The letter indicated there was a</p>	A 145		

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A 145	<p>Continued From page 33</p> <p>potential harm to tenants and staff and the behaviors included: threatening staff and tenants, kicking doors and walls, throwing items and attempts to elope from the building.</p> <p>Continued record review revealed evaluations were completed on 7-1-22. The evaluations were not updated as needed with Tenant C1's behaviors, transfers to the ED with a new order and discharge from the Program.</p> <p>4. Record review on 9-21-22 of Tenant C2's file revealed Tenant C2 was admitted on 3-19-22 and discharged on 6-29-22. Evaluations were completed on 3-14-22 (initial) and 4-14-22 (within 30 days of taking occupancy). The evaluation dated 4-14-22 was the most current evaluation completed.</p> <p>Continued record review a Medication Orders SNF document indicated orders including to admit Tenant C2 to hospice dated 6-10-22. A hospice Physician Orders document was dated 6-16-22 and orders were received to discontinue to 15 tablet and capsule medications. New orders were also given to start morphine sulfate concentrate 20 mg/milliliters (ml), take 0.5 ml, twice daily for pain or SOB, start fentanyl 25 microgram (mcg)/hour transdermal patch, apply 1 patch to the skin over 3 days and to discontinue morphine sulfate concentrate take 0.25 ml by mouth twice daily, discontinue morphine concentrate 20 mg/ml, take 0.25 ml by mouth every two hours as needed and to start morphine sulfate concentrate 20 mg/ml take 0.5 ml, by mouth every one hour as needed for pain and SOB.</p> <p>Further record review revealed Residential Communication Form (hospice form) indicated</p>	A 145		

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A 145	<p>Continued From page 34</p> <p>the following:</p> <ul style="list-style-type: none"> <li>-On 6-17-22 Tenant C2 only ate bites that day.</li> <li>-On 6-19-22 staff reported Tenant C2 was not eating much, hadn't had a bowel movement since Monday and was not using the bathroom.</li> <li>-On 6-28-22 pain was noted cares were completed and pain was noted with movement.</li> <li>-On 6-29-22 Tenant C2 passed away during the hospice visit.</li> </ul> <p>Continued record review revealed evaluations were not completed as needed when Tenant C2 went on hospice services, had tablet and capsule medication discontinued, declined and had changes in activities of daily living.</p> <p>5. When interviewed on 9-28-22 at 8:00 a.m. the Program Director confirmed all evaluations were provided for the tenants listed above.</p>	A 145		
A 290	<p>481-69.25(1)i Tenant Documents</p> <p>69.25(1) Documentation for each tenant shall be maintained by the program and shall include:</p> <ul style="list-style-type: none"> <li>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</li> </ul> <p>This REQUIREMENT is not met as evidenced by:</p>	A 290	<p><b>A290 – Regarding 481-69.25(1)</b></p> <p>1) BCALAMC will have the nurse delegations completed for all treatments requiring extra training for the delegation. Also, BCALAMC will now be implementing the use of nurse's notes for situations like but not limited to behaviors/behavior changes, new or changed medication and treatment plan orders, significant changes to residents' health, both mentally and physically, placement to a hospital and hospital discharges, etc.</p>	

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A 290	<p>Continued From page 35</p> <p>Based on interview and record review the Program failed to document nurse's notes by exception. This pertained to 3 of 3 current tenants reviewed (Tenants #1, #2 and #3) and 2 of 2 discharged tenants reviewed (Tenants C1 and C2). Findings follow:</p> <p>1. Record review on 9-21-22 of Tenant #1's file revealed Tenant #1 moved in on 8-17-22. At the time of the onsite there were no nurse's notes in Tenant #1's file.</p> <p>Continued record review revealed a Physician's Order Sheet and Progress Notes dated 8-24-22 reflected an order for to request a psych evaluation and treatment and a new order for Seroquel 12.5 milligram (mg), by mouth, twice daily.</p> <p>There were no entries in nurse's notes related to Tenant #1's admission, 30 day evaluation or when new orders were received on 8-24-22.</p> <p>2. Record review on 9-21-22 of Tenant #2's file revealed at the time of the onsite there were no nurse's notes in Tenant #2's file. Medical Record documents indicated Tenant #2 was admitted to a hospital on 6-9-22 and was discharged on 6-17-22. The records provided a Safety Plan. Additional hospital records indicated she was admitted to a hospital again on 7-14-22 and discharged on 8-4-22 and new medication orders were received. A hospital record indicated on 7-13-22 Tenant #2 was brought to another hospital after being transferred from a local emergency department (ED) She had exhibited agitated behavior while at the Program. The staff at the Program indicated Tenant #2 fluctuated and was calm and friendly on days and is agitated and paranoid on others. The last week she climbed a door at the Program. There was a</p>	A 290	<p>2) All of the above will be implemented every time a new order is placed and reviewed to see if a required delegation and training is necessary. This will be a part of the newly revised medication policy to be completed January 1, 2023.</p> <p>3) When the RN receives the call that here has been a new order placed, the RN will review the order and decide if the new order requires a new training and signed delegation paper or if it's already been covered in a previously completed delegation. This too will be a step required in the newly revised medication policy.</p> <p>4) Meeting with the delegating RN is being held December 18, 2022 at 3:00 p.m. to get her input, revise agreements and to introduce/review new and old requirements of her job. All newly revised and developed agreements will be completed by January 1, 2023. A meeting will occur on January 11, 2023 at 2:00 p.m. to review all agreements and new requirements with "all" the BCALAMC staff.</p>	

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A 290	<p>Continued From page 36</p> <p>"visible contusion on her forehead above her left eye with a dark blue hematoma collected under the eye."</p> <p>Continued record review revealed a Medication Orders SNF document dated 8-29-22 indicated Tenant #2 was admitted to hospice and new medication orders were received.</p> <p>Further record review nurse's notes were not completed by exception when Tenant #2 was transferred to the hospital and returned (twice), with new medication orders, regarding an injury that occurred and when she went on hospice and had new orders.</p> <p>3. Record review on 9-21-22 of Tenant #3's file revealed at the time of the onsite there were no nurse's notes in Tenant #3's file. Tenant #3 was admitted on 1-2-22.</p> <p>Continued record review revealed Physician Order Sheets, a Nursing Facility Visits document and After Visit Summary documents indicated the following:</p> <p>-An After Visit Summary document indicated Tenant #3 was hospitalized from 7-23-22 to 7-26-22 for weakness. Tenant #3 was prescribed cephalexin 500 mg, take one capsule, two times daily for two days, for an urinary tract infection (UTI).</p> <p>-A Physician's Order Sheet and Progress Note dated 7-29-22 reflected an order to monitor the hematoma to the right lower abdomen daily and to call with concerns.</p> <p>-An After Visit Summary dated 8-2-22 indicated Tenant #3 was seen in the ED for an abdominal</p>	A 290		

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A 290	<p>Continued From page 37</p> <p>wall hematoma and constipation.</p> <p>-A Nursing Facility Visit with the PCP document dated 8-10-22 indicated it was routine 30 days visit. Tenant #3 was recently hospitalized for weakness and acute cystitis. "At the time of the hospital follow-up, patient was noted to have significant hematoma to the right lower abdomen, not previously noted/no concerns expressed at prior visits." Review of her chart indicated it had been there for several months and was noted on a computerized tomography (CT) in January and it was decreased in size with a CT completed on 7-23-22. At the visit on 8-10-22 Tenant #3 had increased discomfort to the area and reported a fever and chills. Exam revealed "an area concerning for developing abscess." A call was placed to see if Tenant #3 could get into general surgery for evaluation and there was only one provider available. Tenant #3 was started on doxycycline and "STAT labs ordered." Tenant #3 also reported chest tightness and shortness of breath (SOB) with exertion.</p> <p>-A Physician's Order Sheet and Progress note dated 8-10-22 reflected the following orders: a general surgery consult (diagnosis of abdominal wall abscess, doxycycline 100 mg, take twice daily for 7 days and "STAT" lab orders.</p> <p>-An After Visit Summary indicated Tenant #3 was hospitalized from 8-11-22 to 8-15-22 for an abdominal wall abscess. It indicated to follow up with the wound clinic to schedule an appointment in 3 to 5 days for a wound vac to the abdominal wound. New orders were received including the following: cefdinir 300 mg capsule, take one capsule, by mouth, twice daily for 7 days, to irrigate the wound with normal saline prior to repacking twice daily, apply Dakin's topically twice</p>	A 290		

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A 290	<p>Continued From page 38</p> <p>daily and cover with Kerlix twice daily. An order was also received to stop amlodipine 2.5 mg tablet.</p> <p>-A Physician's Order Sheet and Progress Note document dated 8-17-22 reflected an order to increase Tylenol to 1 gram (gm) three times daily and 1 gm daily as needed.</p> <p>-A Physician's Order Sheet and Progress Notes document it was ordered to pack the right lower quadrant (RLQ) wound twice daily with 1/4 strength Dakin's dampened gauze and to "be sure to wick tract @ 3 o'clock with gauze-no need to pack tight." Cover with ABD and secure with paper tape. The dressing could be removed for a shower and to monitor for signs and symptoms of infections. A referral was made to home health for wound management.</p> <p>-An After Visit Summary dated 9-20-22 reflected Tenant #3 was seen in the ED for colitis and acute cystitis with hematuria. New orders for were received for metronidazole 500 mg, take one tablet, three times daily, for 7 days and ciprofloxacin 500 mg, take one tablet twice daily, for 7 days.</p> <p>-A Physician's Order Sheet and Progress Notes document dated 9-21-22 indicated to to discontinue the Dakin's packing to RLQ wound, to irrigate with normal saline and "wick" with "nugauze" and not to "pack" tightly.</p> <p>-An After Visit Summary dated 9-28-22 indicated Tenant #3 was seen in the ED for nausea and vomiting and diarrhea. A new order was received for ondanestron 4 mg, take one tablet (distengrating tablet) every 8 hours as needed, for nausea.</p>	A 290		

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A 290	<p>Continued From page 39</p> <p>Further record review revealed nurse's notes were not completed by exception for Tenant #3 related to when Tenant #3 was transferred to the hospital and returned (twice) including for a abdominal wall abscess, new medication and treatment orders and wound care, or when Tenant #3 went to the ED and returned with new diagnoses and orders.</p> <p>4. Record review on 9-21-22 of Tenant C1's file revealed Tenant C1 was admitted on 7-4-22 and was discharged on 7-10-22. At the time of the onsite there were no nurse's notes for Tenant C1.</p> <p>When interviewed on 9-21-22 Staff G said she was working and Tenant C1 had taken the extra set of keys and unlocked the door by salon and got outside. Staff G said the door alarm went off and she saw Tenant C1 on camera. Tenant C1 came to the front door and another tenant tried to get her to come back inside and she refused. Tenant C1's family was called and there was no answer. Staff G said she called 911 for assistance. Tenant C1 threatened physical violence towards Staff G. Tenant C1 was taken by ambulance to the hospital to be evaluated. She returned that day and Staff G did not recall any new orders for her. The next day one of Tenant C1's family members visited and she got upset when the family member left. She picked up the salt and pepper shakers and threatened to throw them and threatened to slap Staff G. First responders were called again and they were able to get Tenant C1 to go to the hospital. She did not returned to the building.</p> <p>When interviewed on 9-28-22 at 8:00 a.m. the Director said Tenant C1 had behaviors at a prior facility and wanted to go home. She said when</p>	A 290		

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>S0455</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/28/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BIRDEE COTTAGE AL &amp; MC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2221 FAIRWAY LANE</b> <b>WATERLOO, IA 50701</b>
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(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 290	<p>Continued From page 40</p> <p>she was assessed it went fine because Tenant C1 thought she was going home. Tenant C1 had behaviors at the Program including throwing things, shaking her walker, acted like was going to bite staff and she said her behavior was "constant." There were three times she was sent out to the hospital and police were called. Notice was given to family regarding her behaviors and the concerns for the safety of others. She had also left the building on two occasions (with staff knowledge).</p> <p>Continued record review revealed an After Visit Summary dated 7-9-22 indicated she was seen in the ED for agitation due to dementia and new order was received for clonazepam, 0.5 mg, take one tablet daily as needed for anxiety.</p> <p>Further record review revealed a letter to the Tenant C1's family dated 7-11-22 indicated the Program could not retain Tenant C1 due to her behaviors. The letter indicated there was a potential harm to tenants and staff and the behaviors included: threatening staff and tenants, kicking doors and walls, throwing items and attempts to elope from the building.</p> <p>Continued record review revealed nurse's notes were not completed by exception for Tenant C1 related to Tenant C1's admission, behaviors as noted above, transfer to the ED with new orders and discharge from the Program.</p> <p>5. Record review on 9-21-22 of Tenant C2's file revealed Tenant C2 was admitted on 3-19-22 and discharged on 6-29-22. At the time of the onsite there were no nurse's notes in Tenant C2's file.</p> <p>Continued record review a Medication Orders SNF document indicated orders including to</p>	A 290		

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A 290	<p>Continued From page 41</p> <p>admit Tenant C2 to hospice dated 6-10-22. A hospice Physician Orders document was dated 6-16-22 and orders were received to discontinue to 15 tablet and capsule medications. New orders were also given to start morphine sulfate concentrate 20 mg/milliliters (ml), take 0.5 ml, twice daily for pain SOB, start fentanyl 25 microgram (mcg)/hour transdermal patch, apply 1 patch to the skin over 3 days and to discontinue morphine sulfate concentrate take 0.25 ml by mouth twice daily, discontinue morphine concentrate 20 mg/ml, take 0.25 ml by mouth every two hours as needed and to start morphine sulfate concentrate 20 mg/ml take 0.5 ml, by mouth every one hour as needed for pain and SOB.</p> <p>Further record review revealed Residential Communication Form (hospice form) indicated the following:</p> <ul style="list-style-type: none"> <li>-On 6-17-22 Tenant C2 only ate bites that day.</li> <li>-On 6-19-22 staff reported Tenant C2 was not eating much, hadn't had a bowel movement since Monday and was not using the bathroom.</li> <li>-On 6-27-22 Tenant C2's decline was noted.</li> <li>-On 6-28-22 pain was noted cares were completed and pain was noted with movement.</li> <li>-On 6-29-22 Tenant C2 passed away during the hospice visit.</li> </ul> <p>Continued record review revealed nurse's notes were not completed by exception related to Tenant C2's admission, when new physician orders were received, with Tenant C2's decline and admission to hospice and with her</p>	A 290		

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A 290	Continued From page 42 death/discharge from the Program.  6. When interviewed on 9-28-22 at 8:00 a.m. the Program Director confirmed there were no nurse's notes for the tenants listed above.	A 290	<b>A350 – Regarding 481-69.25(1)</b> <b>A355 – Regarding 481-69.26(2)</b> <b>A350 – Regarding 481-69.26(1)</b> <b>A385 – Regarding 481-69.26(1)</b>	
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 and failed to have the service plans reflect the service needs of the tenants. This pertained to 2 of 3 current tenants reviewed (Tenants #2 and #3) and 2 of 2 discharged tenants reviewed (Tenants C1 and C2). Findings follow:  1. When observed on 9-21-22 during the medication pass Tenant #2 was observed in a recliner and had eaten lunch the apartment. Her hands were soiled and it appeared that she had eaten her meals with her hands. When observed on 9-20-22 and 9-21-22 there was a hospital bed in Tenant #2's apartment.  Record review on 9-21-22 of Tenant #2's file revealed Medical Record documents indicated	A 350	1) Along with A290 regarding 481-69.25(1) BCALAMC will also make changes to service plans based on assessments done by nursing staff regarding changes in the resident's health/mental status that would require a change to the service plan to better assist the resident with their daily needs.  2) Preliminary service plans will/can be completed and signed by the person completing the preliminary service plan and the resident's legal guardian/POA before any occupancy agreement can be signed. Service plans need to be signed every time it is changed by the person(s) completing the service plan and resident's legal guardian/POA. Each service plan moving forward will be completed in the order of a preliminary service plan, a 30-day review service plan and a service plan change anytime there is a change that requires an assessment or change to the resident's care.	

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A 350	<p>Continued From page 43</p> <p>Tenant #2 was admitted to a hospital on 6-9-22 and was discharged on 6-17-22. The records provided a Safety Plan. Additional hospital records indicated she was admitted to a hospital again on 7-14-22 and discharged on 8-4-22 and new medication orders were received. A hospital record indicated on 7-13-22 Tenant #2 was brought to the another hospital after being transferred from a local emergency department (ED). She had exhibited agitated behavior while at the Program. The staff at the Program indicated Tenant #2 fluctuated and was calm and friendly on days and is agitated and paranoid on others. The last week she climbed a door at the Program. There was a "visible contusion on her forehead above her left eye with a dark blue hematoma collected under the eye."</p> <p>Continued record review revealed a Medication Orders SNF document dated 8-29-22 indicated Tenant #2 was admitted to hospice and new medication orders were received.</p> <p>Further record review the service plan was dated 5-12-22, 8-14-22 and 9-9-22. The service plan indicated Tenant #2 did not need help with meals and did not reflect the hospital bed. The service plan was not updated and did not reflect hospice services or Tenant #2's behavior related to the hospitalizations.</p> <p>2. Record review on 9-21-22 of Tenant #3's file revealed Physician Order Sheets, a Nursing Facility Visits document and After Visit Summary documents indicated the following:</p> <p>-An After Visit Summary document indicated Tenant #3 was hospitalized from 7-23-22 to 7-26-22 for weakness. Tenant #3 was prescribed cephalexin 500 mg, take one capsule,</p>	A 350	<p>3) BCALAMC will ensure better communication and reviews of residents medical and mental health status changes by requiring more communication between the program manager and delegating RN and their communication with the staff. This will be a required part of the new medication section in the Policies and Procedures agreement.</p> <p>4) Meeting to discuss changes to all program agreements will take place December 18, 2022 at 3:00 p.m. All changes will be completed by January 1, 2023 with an overview meeting will "all" staff on January 11, 2023 at 2:00 p.m.</p>	

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A 350	<p>Continued From page 44</p> <p>two times daily for two days, for an urinary tract infection (UTI).</p> <p>-A Physician's Order Sheet and Progress Note dated 7-29-22 reflected an order to monitor the hematoma to the right lower abdomen daily and to call with concerns.</p> <p>-An After Visit Summary dated 8-2-22 indicated Tenant #3 was seen in the emergency department (ED) for an abdominal wall hematoma and constipation.</p> <p>-A Nursing Facility Visit with the primary care provider (PCP) document dated 8-10-22 indicated it was routine 30 days visit. Tenant #3 was recently hospitalized for weakness and acute cystitis. "At the time of the hospital follow-up, patient was noted to have significant hematoma to the right lower abdomen, not previously noted/no concerns expressed at prior visits." Review of her chart indicated it had been there for several months and was noted on a computerized tomography (CT) in January and it was decreased in size with a CT completed on 7-23-22. At the visit on 8-10-22 Tenant #3 had increased discomfort to the area and reported a fever and chills. Exam revealed "an area concerning for developing abscess." A call was placed to see if Tenant #3 could get into general surgery for evaluation and there was only one provider available. Tenant #3 was started on doxycycline and "STAT labs ordered." Tenant #3 also reported chest tightness and shortness of breath (SOB) with exertion.</p> <p>-A Physician's Order Sheet and Progress note dated 8-10-22 reflected the following orders: a general surgery consult (diagnosis of abdominal wall abscess, doxycycline 100 mg, take twice daily</p>	A 350		

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A 350	<p>Continued From page 45</p> <p>for 7 days and "STAT" lab orders.</p> <p>-An After Visit Summary indicated Tenant #3 was hospitalized from 8-11-22 to 8-15-22 for an abdominal wall abscess. It indicated to follow up with the wound clinic to schedule an appointment in 3 to 5 days for a wound vac to the abdominal wound. New orders were received including for: cefdinir 300 mg capsule, take one capsule, by mouth, twice daily, for 7 days, to irrigate the wound with normal saline prior to repacking twice daily, apply Dakin's topically twice daily and cover with Kerlix twice daily. An order was also received to stop amlodipine 2.5 mg tablet.</p> <p>-A Physician's Order Sheet and Progress Note document dated 8-17-22 reflected an order to increase Tylenol to 1 gram (gm) three times daily and 1 gm daily as needed.</p> <p>-A Physician's Order Sheet and Progress Notes document it was ordered to pack the right lower quadrant (RLQ) wound twice daily with 1/4 strength Dakin's dampened gauze and to "be sure to wick tract @ 3 o'clock with gauze-no need to pack tight." Cover with ABD and secure with paper tape. The dressing could be removed for a shower and to monitor for signs and symptoms of infections. A referral was made to home health for wound management.</p> <p>-An After Visit Summary dated 9-20-22 reflected Tenant #3 was seen in the ED for colitis and acute cystitis with hematuria. New orders for were received for metronidazole 500 mg, take one tablet, three times daily, for 7 days and Ciprofloxacin 500 mg, take one tablet twice daily, for 7 days.</p> <p>-A Physician's Order Sheet and Progress Notes</p>	A 350		

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A 350	<p>Continued From page 46</p> <p>document dated 9-21-22 indicated to to discontinue the Dakin's packing to RLQ wound, to irrigate with normal saline and "wick" with "nugauze" and not to "pack" tightly.</p> <p>-An After Visit Summary dated 9-28-22 indicated Tenant #3 was seen in the ED for nausea and vomiting and diarrhea. A new order was received for ondanestron 4 mg, take one tablet (distengrating tablet) every 8 hours as needed, for nausea.</p> <p>Continued record review revealed the service plans were 5-1-22 and 8-1-22. The service plan was not updated as needed and did not reflect the service needs of Tenant #3 including a hospitalization and treatment of a UTI, hospitalization related to a abdominal wall abscess, treatment of an abdominal wound, HH referral and on-going treatment of the wound and ED visits for treatment including for a UTI, colitis, nausea, vomiting and diarrhea.</p> <p>3. Record review on 9-21-22 of Tenant C1's file revealed Tenant C1 was admitted on 7-4-22 and was discharged on 7-10-22.</p> <p>When interviewed on 9-21-22 Staff G said she was working and Tenant C1 had taken the extra set of keys and unlocked the door by salon and got outside. Staff G said the door alarm went off and she saw Tenant C1 on camera. Tenant C1 came to the front door and another tenant tried to get her to come back inside and she refused. Tenant C1's family was called and there was no answer. Staff G said she called 911 for assistance. Tenant C1 threatened physical violence towards Staff G. Tenant C1 was taken by ambulance to the hospital to be evaluated. She returned that day and Staff G did not recall</p>	A 350		

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A 350	<p>Continued From page 47</p> <p>any new orders for her. The next day one of Tenant C1's family members visited and she got upset when the family member left. She picked up the salt and pepper shakers and threatened to throw them and threatened to slap Staff G. First responders were called again and they were able to get Tenant C1 to go to the hospital. She did not returned to the building.</p> <p>When interviewed on 9-28-22 at 8:00 a.m. the Director said Tenant C1 had behaviors at a prior facility and wanted to go home. She said when she was assessed it went fine because Tenant C1 thought she was going home. Tenant C1 had behaviors at the Program including throwing things, shaking her walker, acted like was going to bite staff and she said her behavior was "constant." There were three times she was sent out to the hospital and police were called. Notice was given to family regarding her behaviors and the concerns for the safety of others. She had also left the building on two occasions (with staff knowledge).</p> <p>Continued record review revealed an After Visit Summary dated 7-9-22 indicated she was seen in the ED for agitation due to dementia and new order was received for clonazepam, 0.5 mg, take one tablet daily as needed for anxiety.</p> <p>Further record review revealed a letter to the Tenant C1's family dated 7-11-22 indicated the Program could not retain Tenant C 1 due to her behaviors. The letter indicated there was a potential harm to tenants and staff and the behaviors included: threatening staff and tenants, kicking doors and walls, throwing items and attempts to elope from the building.</p> <p>Continued record review revealed the service</p>	A 350		

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A 350	<p>Continued From page 48</p> <p>plan was dated 7-1-22 (signed on 5-28-22). The service plan indicated her "mental status is ok at this time." The service plan was not updated as needed with Tenant C1's behaviors, transfers to the ED and a new order and discharge from the Program.</p> <p>4. Record review on 9-21-22 of Tenant C2's file revealed Tenant C2 was admitted on 3-19-22 and discharged on 6-29-22.</p> <p>Continued record review a Medication Orders SNF document indicated orders including to admit Tenant C2 to hospice dated 6-10-22. A hospice Physician Orders document was dated 6-16-22 and orders were received to discontinue to 15 tablet and capsule medications. New orders were also given to start morphine sulfate concentrate 20 mg/milliter (ml), take 0.5 ml, twice daily for pain or SOB, start fentanyl 25 microgram/hour transdermal patch, apply 1 patch to the skin over 3 days and to discontinue morphine sulfate concentrate take 0.25 ml by mouth twice daily, discontinue morphine concentrate 20 mg/ml, take 0.25 ml by mouth every two hours as needed and to start morphine sulfate concentrate 20 mg/ml take 0.5 ml, by mouth every one hour as needed for pain and SOB.</p> <p>Further record review revealed Residential Communication Form (hospice form) indicated the following:</p> <p>-On 6-17-22 Tenant C2 only ate bites that day.</p> <p>-On 6-19-22 staff reported Tenant C2 was not eating much, hadn't had a bowel movement since Monday and was not using the bathroom.</p>	A 350		

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A 350	<p>Continued From page 49</p> <p>-On 6-27-22 Tenant C2's decline was noted.</p> <p>-On 6-28-22 pain was noted cares were completed and pain was noted with movement.</p> <p>-On 6-29-22 Tenant C2 passed away during the hospice visit.</p> <p>Continued record review revealed the service plan (dated 4-14-22) was not updated as needed and did not reflect the service needs of Tenant C2 including when Tenant C2 went on hospice services, declined, had tablet and capsule medication discontinued and had changes with activities of daily living.</p> <p>5. When interviewed on 9-28-22 at 8:00 a.m. the Director confirmed all service plans were provided for the tenants listed above.</p>	A 350	<p><b>A350 – Regarding 481-69.25(1)</b></p> <p><b>A355 – Regarding 481-69.26(2)</b></p> <p><b>A350 – Regarding 481-69.26(1)</b></p> <p><b>A385 – Regarding 481-69.26(1)</b></p> <p>1) Along with A290 regarding 481-69.25(1)i; BCALAMC will also make changes to service plans based on assessments done by nursing staff regarding changes in the resident's health/mental status that would require a change to the service plan to better assist the resident with their daily needs.</p> <p>2) Preliminary service plans will/can be completed and signed by the person completing the preliminary service plan and the resident's legal guardian/POA before any occupancy agreement can be signed. Service plans need to be signed every time it is changed by the person(s) completing the service plan and resident's legal guardian/POA. Each service plan moving forward will be completed in the order of a preliminary service plan, a 30-day review service plan and a service plan change anytime there is a change that requires an assessment or change to the resident's care.</p>	
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 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 obtain signed service plans</p>	A 355		

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A 355	<p>Continued From page 50</p> <p>prior to signing the occupancy agreement and taking occupancy of a dwelling unit. This pertained 1 of 2 discharged tenants reviewed (Tenant C2). Findings follow:</p> <p>1. Record review on 9-21-22 of Tenant C2's file revealed Tenant C2 was admitted on 3-19-22 and was discharged on 6-29-22. An Individualized Service Plan document was dated 3-17-22 and was signed by the Nurse and Director. The Occupancy Agreement was signed by Tenant C2's legal representative and the Director dated 3-19-22. The service plan was not signed by Tenant C2 or Tenant C2's legal representative prior to signing the occupancy agreement and taking occupancy.</p> <p>2. When interviewed on 9-28-22 at 8:00 a.m. the Director confirmed all service plans were provided for tenant listed above.</p>	A 355	<p>3) BCALAMC will ensure better communication and reviews of residents medical and mental health status changes by requiring more communication between the program manager and delegating RN and their communication with the staff. This will be a required part of the new medication section in the Policies and Procedures agreement.</p> <p>4) Meeting to discuss changes to all program agreements will take place December 18, 2022 at 3:00 p.m. All changes will be completed by January 1, 2023 with an overview meeting will "all" staff on January 11, 2023 at 2:00 p.m.</p>	
A 385	<p>481-69.26(3)d Service Plans</p> <p>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.</p> <p>d. The service plan updated within 30 days of the tenant's occupancy shall be signed and dated by all parties.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to develop service plans within 30 days of taking occupancy and failed to have the</p>	A 385		

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A 385	<p>Continued From page 51</p> <p>service plans signed by the tenant or tenant's legal representative. This pertained to 1 of 1 current tenants reviewed admitted in the last three months (Tenant #1) and 1 of 1 discharged tenant due for a 30 day review (Tenant C2). Findings follow:</p> <ol style="list-style-type: none"> <li>Record review on 9-21-22 of Tenant #1's file revealed Tenant #1 moved in on 8-17-22. The most recent signed service plan was dated 8-12-22 (prior to taking occupancy). A service plan was not developed within 30 days of taking occupancy.</li> <li>Record review on 9-21-22 of Tenant C2's file revealed Tenant C2 was admitted on 3-19-22 and was discharged on 6-29-22. An Individualized Service Plan document was dated 3-17-22 and was signed by the Nurse and Director. The document was dated 4-14-22 and signed by the Nurse and Director. The service plan updated within 30 days of taking occupancy was not signed by Tenant C2 or Tenant C2's legal representative.</li> <li>When interviewed on 9-28-22 at 8:00 a.m. the Director confirmed all service plans were provided for the tenants listed above.</li> </ol>	A 385	<p><b>A425 – Regarding 481-69.27(1)B</b></p> <ol style="list-style-type: none"> <li>Nurse reviews done by BCALAMC's delegating nurse on all papers pertaining to her job will be signed, noted with date and time going forward.</li> <li>Being a 1<sup>st</sup> time delegating nurse, the owner, director and delegating nurse will have a meeting together to go over the expectation and clarify delegating nurse's job tasks moving forward to refresh the expectations of a delegating RN.</li> </ol>	
A 425	<p>481-69.27(1)b Nurse Review</p> <p>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:</p> <p>b. To ensure that health care professionals'</p>	A 425	<ol style="list-style-type: none"> <li>A meeting with the BCALAMC program manager, one owner and delegating RN to discuss team expectations as a whole.</li> <li>This meeting will take place December 18, 2022 at 3:00 p.m. All agreements will be revised and newly developed by January 1, 2023.</li> </ol>	

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A 425	<p>Continued From page 52</p> <p>orders are current for tenants who receive health care professional-directed care from the program</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure health care professionals' orders were current. This pertained to 3 of 3 of current tenants reviewed (Tenant #1, #2 and #3) and 2 of 2 discharged tenants reviewed (Tenant C1 and C2). Findings follow:</p> <p>1. Record review on 9-21-22 of Tenant #1's file a Physician's Order Sheet and Progress Notes document dated 8-24-22 indicated orders were received for a request for psych evaluation and treatment and to start Seroquel 12.5 milligram (mg), by mouth, twice daily. The orders were noted with the Nurse's name; however, were not noted with date and time. The August medication administration records (MARs) did not reflect the transcription of the order on the MAR. A physician's order was received dated 8-31-22 to increase Seroquel to 12.5 mg in the morning and midday and 25 mg at bedtime. The order was noted with the Nurse's name; however, was not noted with date and time. The September MARs reflected an order for Seroquel 25 mg tablet, take half a tablet in in the morning and noon and a full tablet in the evening. The MARs reflected under "HOUR" a.m., noon and p.m. The medication was prescribed for morning, midday and bedtime.</p> <p>2. Record review on 9-21-22 of Tenant #2's file revealed Medical Record documents indicated Tenant #2 was admitted to a hospital on 6-9-22 and was discharged on 6-17-22. The Orders were noted with the Nurse's signature but not date and time. Additional hospital records</p>	A 425		

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A 425	<p>Continued From page 53</p> <p>indicated she was admitted again on 7-14-22 and discharged on 8-4-22 and new orders were received. The orders were noted with the Nurse's signature but not date and time.</p> <p>Continued record review revealed a Progress Notes from a Nursing Facility Visit with the primary care provider (PCP) dated 8-10-22 was noted with the Nurse's signature but not date and time. A Physician's Order Sheet and Progress Notes document indicated a new order was received to increase tramadol to 50 mg, by mouth, twice daily as needed. The order was noted with the Nurse's signature but not date and time.</p> <p>Further record review revealed a Medication Orders SNF document dated 8-29-22 indicated Tenant #2 was admitted to hospice and new medication orders were received. The orders were not noted with time, date and signature.</p> <p>3. Record review on 9-21-22 of Tenant #3's file revealed Physician Order Sheets, a Nursing Facility Visits document and After Visit Summary documents indicated the following:</p> <p>-An After Visit Summary document indicated Tenant #3 was hospitalized from 7-23-22 to 7-26-22 for weakness. Tenant #3 was prescribed cephalexin 500 mg, take one capsule, two times daily for two days, for an urinary tract infection (UTI). The orders were noted with the Nurse's signature but not date and time.</p> <p>-A Physician's Order Sheet and Progress Note dated 7-29-22 reflected an order to monitor the hematoma to the right lower abdomen daily and to call with concerns. The order was not noted with signature, date and time.</p>	A 425		

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A 425	<p>Continued From page 54</p> <p>-An After Visit Summary dated 8-2-22 indicated Tenant #3 was seen in the emergency department (ED) for an abdominal wall hematoma and constipation. The orders were noted with the Nurse's signature but not date and time.</p> <p>-A Nursing Facility Visit with the PCP document dated 8-10-22 indicated it was routine 30 days visit. Tenant #3 was recently hospitalized for weakness and acute cystitis. "At the time of the hospital follow-up, patient was noted to have significant hematoma to the right lower abdomen, not previously noted/no concerns expressed at prior visits." Review of her chart indicated it had been there for several months and was noted on a computerized tomography (CT) in January and it was decreased in size with a CT completed on 7-23-22. At the visit on 8-10-22 Tenant #3 had increased discomfort to the area and reported a fever and chills. Exam revealed "an area concerning for developing abscess." A call was placed to see if Tenant #3 could get into general surgery for evaluation and there was only one provider available. Tenant #3 was started on doxycycline and "STAT labs ordered." Tenant #3 also reported chest tightness and shortness of breath (SOB) with exertion. The orders were noted with the Nurse's signature but not date and time.</p> <p>-A Physician's Order Sheet and Progress note dated 8-10-22 reflected the following orders: a general surgery consult (diagnosis of abdominal wall abscess, doxycycline 100 mg, take twice daily for 7 days and "STAT" lab orders. The orders were noted with the Nurse's signature but not date and time.</p>	A 425		

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A 425	<p>Continued From page 55</p> <p>-An After Visit Summary indicated Tenant #3 was hospitalized from 8-11-22 to 8-15-22 for an abdominal wall abscess. It indicated to follow up with the wound clinic to schedule an appointment in 3 to 5 days for a wound vac to the abdominal wound. New orders were received including for: cefdinir 300 mg capsule, take one capsule, by mouth, twice daily, for 7 days, to irrigate the wound with normal saline prior to repacking twice daily, apply Dakin's topically twice daily and cover with Kerlix twice daily. An order was also received to stop amlodipine 2.5 mg tablet. The orders were noted with the Nurse's signature but not date and time. The wound care orders were not reflected on the August MARs.</p> <p>-A Physician's Order Sheet and Progress Note document dated 8-17-22 reflected an order to increase Tylenol to 1 gram (gm) three times daily and 1 gm daily as needed. The orders were noted with the Nurse's signature but not date and time.</p> <p>-A Physician's Order Sheet and Progress Notes document it was ordered to pack the right lower quadrant (RLQ) wound twice daily with 1/4 strength Dakin's dampened gauze and to "be sure to wick tract @ 3 o'clock with gauze-no need to pack tight." Cover with ABD and secure with paper tape. The dressing could be removed for a shower and to monitor for signs and symptoms of infections. A referral was made to home health for wound management. The orders were noted with the Nurse's signature but not date and time. The wound care orders were not reflected on the August MARs.</p> <p>-An After Visit Summary dated 9-20-22 reflected Tenant #3 was seen in the ED for colitis and acute cystitis with hematuria. New orders for</p>	A 425		

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A 425	<p>Continued From page 56</p> <p>were received for metronidazole 500 mg, take one tablet, three times daily, for 7 days and Ciprofloxacin 500 mg, take one tablet, twice daily, for 7 days. The orders were noted with the Nurse's signature but not date and time.</p> <p>-A Physician's Order Sheet and Progress Notes document dated 9-21-22 indicated to to discontinue the Dakin's packing to RLQ wound, to irrigate with normal saline and "wick" with "nugauze" and not to "pack" tightly. The orders were noted with the Nurse's signature but not date and time. The updated wound care orders were not reflected on the September MARs.</p> <p>-An After Visit Summary dated 9-28-22 indicated Tenant #3 was seen in the ED for nausea and vomiting and diarrhea. A new order was received for ondanestron 4 mg, take one tablet (distengrating tablet) every 8 hours, as needed, for nausea. The orders were not noted with signature, date and time.</p> <p>4. Record review on 9-21-22 of Tenant C1's file revealed an admission date of 7-4-22. Tenant C1 moved out of the building on 7-10-22 and her belongings were moved out on 7-15-22.</p> <p>Continued record review revealed An Order Summary Report from her prior placement dated 6-28-22 was provided; however, was not noted with time, date and signature. An Assisted Living Facility Admission Visit with PCP dated 7-6-22 was not noted with time, date and signature. An After Visit Summary dated 7-9-22 indicated she was seen in the ED for agitation due to dementia and a new order was received for clonazepam, 0.5 mg, take one tablet, daily as needed, for anxiety. The After Visit Summary, with a new order, was not noted with time, date and</p>	A 425		

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A 425	<p>Continued From page 57</p> <p>signature. The July 2022 MAR reflected clonazepam 0.5 mg, by mouth daily dated 7-9-22. It was not transcribed to the MAR per order as it transcribed once daily and not once daily as needed.</p> <p>5. Record review on 9-21-22 of Tenant C2's file revealed Tenant C2 was admitted on 3-19-22 and was discharged on 6-29-22. A Physician Admission Form signed by the PCP dated 3-21-22 and a list of Outpatient Medications was noted with signature by the Nurse but not date and time.</p> <p>Continued record review revealed Renewal Response documents reflected new orders for trazodone HCL 50 mg tablet three times daily as needed, Seroquel 50 mg tablet, take one tablet, by mouth twice daily and Seroquel 25 mg tablet, take one tablet daily at noon. Only the order for trazodone was noted with signature; however, not with date and time. The other two orders were not noted with signature, date and time.</p> <p>Further record review a Medication Orders SNF document indicated orders including to admit Tenant C2 to hospice dated 6-10-22. A hospice Physician Orders document was dated 6-16-22 and orders were received to discontinue to 15 tablet and capsule medications. New orders were also given to start morphine sulfate concentrate 20 mg/milliters (ml), take 0.5 ml, twice daily for pain or SOB, start fentanyl 25 microgram (mcg)/hour transdermal patch, apply 1 patch to the skin over 3 days and to discontinue morphine sulfate concentrate take 0.25 ml by mouth twice daily, discontinue morphine concentrate 20 mg/ml, take 0.25 ml by mouth every two hours as needed and to start morphine sulfate concentrate 20 mg/ml take 0.5 ml, by</p>	A 425		

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A 425	Continued From page 58  mouth every one hour as needed for pain and SOB.. None of the hospice orders were noted with signature, date or time. The Hospice Certification and Plan of Care was noted with the Nurse's signature; however, not with date and time.  6. When interviewed on 9-28-22 at 8:00 a.m. the Program Director confirmed the above finding.	A 425		
A 455	481-69.28(3) Food Service  69.28(3) Menus shall be planned to provide the following percentage of the daily recommended dietary allowances as established by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences based on the number of meals provided by the program:  a. A minimum of 33? percent if the program provides one meal per day; b. A minimum of 66? percent if the program provides two meals per day; and c. One hundred percent if the program provides three meals per day.  This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the Program failed to ensure planned menus met the recommendation daily allowances (RDA) for meals. This potentially affect all tenants (census of 11). Findings follow:  1. When interviewed on 9-21-22 at 12:22 p.m. Staff A (Cook Manager) said menus were planned weekly for a two weeks. Groceries were purchased from local grocery stores. They did	A 455	<b>A455 – Regarding 69.28(3) and</b>  <b>A465 – Regarding 481-69.28(5)</b>  1) BCALAMC hired the company Grove Menu as of December 8, 2022. Grove Menu has a program and employs nutritionists who specialize in producing menus to meet the standards required for providing the daily recommended dietary allowances, based on the number of meals provided by the program. The orientation required for sanitation and safe food handling will be on our new hire checklist sheet to assure all training and pre-hire expectations are completed before starting.	

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A 455	<p>Continued From page 59</p> <p>not have any special diets currently. Staff A said she planned the menus and used an application and typed in the product. It provided the intake and carbohydrates. She said the Program did not work with a dietician. She thought the meals met the RDA. For breakfast the tenants had whatever they wanted and she said it was usually raisin toast. She asked the tenants everyday about the menus and received feedback from them.</p> <p>2. Record review on 9-21-22 indicated menus were provided that included the noon and evening meal; however, did not include the breakfast meal.</p> <p>3. When observed on 9-21-22 the lunch meal had items listed on the planned menu, which included barbeque chicken and mashed potatoes.</p> <p>4. Record review revealed the food items for all three meals 9-21-22 were put into the system used by the Program to plan menus and was provided to the monitor. The items were entered for breakfast, lunch and dinner and the total for the daily calories was 1,222, the daily carbohydrates were 151 grams (g), the daily fat was 34 (g), the daily protein was 23 (g), the daily sodium was 1,361 (mg) and the daily sugar was 54 (g).</p> <p>5. When interviewed on 9-28-22 at 8:00 a.m. the Program Director said three meals were provided and Staff A and the Owner planned the menus and they used a website to help the plan the menus.</p>	A 455	<p>2) BCALAMC will work together with Grove Menu to implement a desirable, nutritious and state compliant menu for our residents. A meeting was held on December 13 at 1:00 p.m. with one of our owners, our food manager and a member of the Grove Menu team. BCALAMC staff was taught how to use the platform and Grove Menu made adjustments to accommodate how we would like menus to be implemented.</p> <p>a. The Food Safety and Sanitation Certificate of Completion for all staff was completed, but not done by the correct date required before starting at BCALAMC.</p> <p>3) BCALAMC will continue to work with Grove Menu, or in some capacity, have a menu that meets the State of Iowa daily caloric recommendations for the age range of our residents.</p> <p>a. BCALAMC will also produce a new hire checklist that ensures the orientation on Food Safety and Sanitation is completed within the correct time frame.</p>	
A 465	481-69.28(5) Food Service	A 465		

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A 465	<p>Continued From page 60</p> <p>69.28(5) Personnel who are employed by or contract with the program and who are responsible for food preparation or service, or both food preparation and service, shall have an orientation on sanitation and safe food handling prior to handling food and shall have annual in-service training on food protection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to provide an orientation on safe food handling prior to handling food. This pertained to 2 of 4 staff reviewed due for food safety training (Staff B and E). Findings follow:</p> <p>1. Record review on 9-21-22 of Staff B's file revealed a hire date of 11-16-21. A Certificate of Completion for Food Safety &amp; Sanitation was dated 1-11-22. The training was completed; however, it was completed nearly two months after Staff B's employment.</p> <p>2. Record review on 9-21-22 of Staff E's file revealed a hire date of 4-5-22. A Certificate of Completion for Food Safety &amp; Sanitation was dated 6-7-22. The training was completed, however, it was completed two months after Staff E's employment.</p> <p>3. When interviewed on 9-28-22 at 8:00 a.m. the Director confirmed both staff listed above served food and all of the food safety training was provided.</p>	A 465	<p>4) The BCALAMC new hire checklist will be developed at a meeting taking place December 18, 2022 at 3:00 p.m. The new hire checklist will be completed by January 1, 2023.</p>	
A 545	<p>481-69.30(1) Dementia Specific Education for Personnel</p> <p>69.30(1) All personnel employed by or contracting</p>	A 545		

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NAME OF PROVIDER OR SUPPLIER  <b>BIRDEE COTTAGE AL &amp; MC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2221 FAIRWAY LANE</b> <b>WATERLOO, IA 50701</b>
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A 545	<p>Continued From page 61</p> <p>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 staff completed eight hours of dementia specific education within 30 days of employment. This pertained to 2 of 5 staff reviewed employed greater than 30 days (Staff B and E). Findings follow:</p> <ol style="list-style-type: none"> <li>1. Record review on 9-21-22 of Staff B's file revealed a hire date of 11-16-21. Staff B did not complete eight hours of dementia specific education within 30 days of employment.</li> <li>2. Record review on 9-21-22 of Staff E's file revealed a hire date of 4-5-22. Staff E did not complete eight hours of dementia specific education within 30 days of employment.</li> <li>3. Continued record review revealed the Program was certified as a Dementia Specific Assisted Living Program. The ALP Monitoring Entrance Form indicated the Program had 11 tenants, including 7 tenants with with a Global Deterioration Scale of 4 or greater.</li> <li>4. When interviewed on 9-28-22 at 8:00 a.m. the Director confirmed all of the dementia training for the staff listed above was provided.</li> </ol>	A 545	<p><b>A545 – Regarding 481-69.30(1) and A565 – Regarding 69.30(5)</b></p> <ol style="list-style-type: none"> <li>1) All dementia trainings that are required for BCALAMC staff, whether it's online, hands on, or training with the delegating RN will be completed in the correct time frames going forward using the new hire checklist to fill out when training, etc. are completed.</li> <li>2) The hands-on dementia training will also be added to the nurse delegation checklist that is to be completed before the new hire start date.</li> <li>3) A meeting will be held with the program manager, delegating RN and one owner to create the new hire checklist and to update the delegation checklist to ensure this problem does not occur in the future.</li> <li>4) The meeting will be held December 18, 2022 at 3:00 p.m. to correct the delegation checklist and to develop the new hire checklist. These checklists will be completed and/or corrected by January 1, 2023.</li> </ol>	
A 565	481-69.30(5) Dementia Specific Education for Personnel	A 565		

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A 565	<p>Continued From page 62</p> <p>69.30(5) Dementia-specific training shall include hands-on training and may include any of the following: classroom instruction, Web-based training, and case studies of tenants in the program</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure dementia-specific education for staff included hands-on training. This pertained to 3 of 3 staff that had eight hours of dementia-specific education completed within 30 days of employment (Staff A, C and D). Findings follow:</p> <ol style="list-style-type: none"> <li>1. Record review on 9-21-22 of Staff A's file revealed a hire date of 12-23-21. Staff A had eight hours of dementia-specific training; however, the training did not include hands-on dementia training.</li> <li>2. Record review on 9-21-22 of Staff C's file revealed a hire date of 8-3-22. Staff C had eight hours of dementia-specific training; however, the training did not include hands-on dementia training.</li> <li>2. Record review on 9-21-22 of Staff D's file revealed a hire date of 8-3-22. Staff D had eight hours of dementia-specific training; however, the training did not include hands-on dementia training.</li> <li>3. When interviewed on 9-28-22 at 8:00 a.m. Director confirmed the above finding.</li> </ol>	A 565		

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A 635	Continued From page 63	A 635	<b>A635 – Regarding 481-69.32(2)</b>	
A 635	<p>481-69.32(2) Life Safety - Emergency Policies / Structure</p> <p>69.32(2) An operating alarm system shall be connected to each exit door in a dementia-specific program.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the Program failed to have an operating door alarm at all times. This potentially affected all tenants (census of 11). Findings follow:</p> <ol style="list-style-type: none"> <li>1. When observed on 9-20-22 at approximately 1:14 p.m. when the monitor arrived the front door was open as staff carried in groceries. At approximately 2:55 p.m. when the monitor left the building, staff said the monitor could walk out as the alarm had been shut off to the front door. When the monitor exited the building an alarm did not sound. On 9-20-22 at approximately 3:50 p.m. a staff arrived to work and entered the building via the office door and no alarm sounded. At approximately 4:35 p.m. the monitor left the building and went out the office door. The monitor asked if it would alarm and the Director she said she had shut if off.</li> <li>2. Record review revealed a Provisional Assisted Living Program Certificate for an Assisted Living Program for People with Dementia issued from the Department.</li> <li>3. Continued record review of the ALP Entrance Form identified the Program was a dementia specific assisted living program and had a current census of 11 tenants, including 7 tenants that had a Global Deterioration Scale of 4 or greater.</li> </ol>	A 635	<ol style="list-style-type: none"> <li>1) BCALAMC assures moving forward that we will keep all doors alarmed at all times required to keep our resident life safety – Emergency Policies/Structure in compliance. If any doors need to be held open for deliveries, etc. staff will be expected to stand at the doorway, a provision we will update in our policy and procedures manual and implemented from this time forward.</li> <li>2) Employees will be required to check all doors at the beginning of each shift to ensure all doors are locked and alarmed.</li> <li>3) These provisions will be acclimated into the newly revised Policies and Procedures agreement that will be discussed during our meeting to update agreements for the program.</li> <li>4) The meeting will be held December 18, 2022 at 3:00 p.m. to review and develop current and new program agreements. Completion of agreements will be January 1, 2023. An “all” staff meeting will be held to review all changes on January 11, 2023 at 2:00 p.m.</li> </ol>	

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A 635	Continued From page 64  4. Further review of the Program's security policy indicated the following: "All side doors will be secured at all times, although, if side door fenced it will be unsecured during designated time. During designated time the front door will be unsecured. When door is secured visitors should use the front door and push doorbell for assistance."  5. When interviewed on 9-28-22 at 8:00 a.m. the Director said the Program had no elopements.	A 635		
A 820	481-69.38(1) ID of Veteran's Benefit Eligibility  69.38(1) Within 30 days of a tenant's admission to an assisted living program that receives reimbursement through the medical assistance program under Iowa Code chapter 249A, the program shall ask the tenant or the tenant ' s personal representative whether the tenant is a veteran or whether the tenant is the spouse, widow, or dependent of a veteran and shall document the response.  This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ask if a tenant was a veteran and document the response within 30 days of the tenants' admission. This pertained to 2 of 2 tenants reviewed who were veterans (Tenants #1 and #2). Findings follow:  1. Record review of the ALP Monitoring Entrance Form indicated the Program had one tenant or spouse of a veteran who received veterans benefits.	A 820	<b>A820 – Regarding 481-69.38(1)</b>  1) BCALAMC will within 30 days of a resident’s admission ask the resident(s) legal representative/POA whether the resident is a veteran or whether the resident is the spouse, widow or dependent of a veteran and shall document the response.  2) BCALAMC will ensure this is completed by including the question on the initial admission assessment that is completed by the RN prior to move in date.  3) With this being added to the admissions assessment it will provide continuing compliance assuring it will be completed.  4) A meeting will be held December 18, 2022 at 3:00 p.m. to make clear corrections to the programs paper work and agreements. All of the corrections made will be completed by January 1, 2023.	

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A 820	<p>Continued From page 65</p> <p>2. Record review on 9-21-22 of Tenant #1's file revealed Tenant #1 was admitted on 8-17-22. Continued record review revealed an Office Visit document indicated Tenant #1 was seen by this primary care provider on 1-5-22 (prior to admission). The visit notes indicated Tenant #1 was seen for a follow up and written diagnosis of parkinsonism "for veteran papers/benefits." The document indicated Tenant #1 was a veteran. Review of Tenant #1's file lacked any written documentation from the Program regarding Tenant #1's status as a veteran within 30 days of admission.</p> <p>3. Record review on 9-21-22 of Tenant #2's file revealed Tenant #2 was admitted on 2-15-22. Continued record review revealed Medical Record documents indicated Tenant #2 was admitted to the Veterans Affairs Medical Center (VAMC) in Iowa City on 6-9-22 and was discharged on 6-17-22. Additional hospital records indicated she was admitted again to the VAMC on 7-14-22 and discharged on 8-4-22. The documents indicated she was a veteran. Review of Tenant #2's file lacked any written documentation from the Program regarding Tenant #2's status as a veteran within 30 days of admission.</p> <p>4. When interviewed on 9-28-22 at 8:00 a.m. the Director confirmed the above finding.</p>	A 820		