

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>S0469</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/25/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MEADOWVIEW OF DAVENPORT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5330 BELLE AVENUE DAVENPORT, IA 52807</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 000	<p>Initial Comments</p> <p>Assisted Living Programs are defined by the type of population served. The census numbers were provided by the Program at the time of the on-site.</p> <p>Number of tenants without cognitive disorder: 18 Number of tenants with cognitive disorder: 0 Total census of Assisted Living Program: 18</p> <p>No regulatory insufficiencies were cited during the investigation into Incident #114197-I and Complaint #116032-C. The following regulatory insufficiencies were cited during the initial certification visit conducted to determine compliance with certification for an Assisted Living Program.</p>	A 000		
A 140	<p>481-69.22(2) Evaluation of Tenant</p> <p>69.22(2) Evaluation within 30 days of occupancy. A program shall evaluate each tenant's functional, cognitive and health status within 30 days of occupancy. The evaluation shall be conducted by a health care professional, a human service professional, or a licensed practical nurse via nurse delegation when the tenant has not exhibited a significant change.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to complete functional, cognitive and health evaluations within 30 days of occupancy for 1 of 4 tenants reviewed (Tenant #3). Finding follows:</p> <p>Record review on 1/23/24 revealed Tenant #3</p>	A 140	The Plan of Correction is attached.	

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

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A 140	Continued From page 1  moved to the program on 11/17/23. The initial evaluations were completed for Tenant #3 on 9/12/23. No additional evaluations were available in Tenant #3's record.  The Corporate RN confirmed this finding on 1/25/24 at 1:30 PM.	A 140		
A 145	481-69.22(3) Evaluation of Tenant  69.22(3) Evaluation annually and with significant change. A program shall evaluate each tenant's functional, cognitive and health status as needed 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: Based on interview and record review, the program failed to evaluate 1 of 4 tenants reviewed when she experienced significant changes in her health (Tenant #1). Findings follow:  Record review on 1/23/24 revealed Tenant #1's progress notes included an entry dated 9/14/23 documenting a caregiver notified the former	A 145		

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A 145	<p>Continued From page 2</p> <p>Director of Health Services (DHS) the tenant's blood glucose numbers were running in the 300's at night. The DHS noted Tenant #1 was tired which could have been related to sleep apnea. The DHS reported the elevated blood glucose numbers could be related to an infection or a need for an adjusted insulin dose. Tenant #1's husband was going to contact the primary care provider (PCP). On 9/15/23, the DHS saw Tenant #1 and her husband. The husband had not heard from the PCP. Tenant #1's most recent blood glucose number was over 450.</p> <p>Continued review of progress notes revealed on 11/26/23, the Executive Director and RN walked in the hallway around lunch time when another tenant stopped to say she had eaten lunch with Tenant #1 and her husband. Tenant #1 was very argumentative towards her husband. Tenant #1 used an ethnic slur to refer to people she hallucinated she saw outside of the window. The tenant also reported seeing straw dogs which were not actually there and made sexual comments to her husband. The note identified Tenant #1 received a cast on her arm and fell after she had the cast on her arm. The Executive Director contacted the corporate nurse on 11/28/23 to determine if Tenant #1 was appropriate for the assisted living program. On 11/28/23, the Corporate RN met with Tenant #1 and her husband. Tenant #1 experienced two falls, one resulting in a wrist fracture. Tenant #1 was alert and oriented during the visit. The Corporate RN noted Tenant #1 and her husband speak strongly and at times inappropriately to each other. The Corporate RN noted there was no change in condition.</p> <p>The program failed to evaluate Tenant #1's health, functional and cognitive status when she</p>	A 145		

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A 145	Continued From page 3  experienced unusually high blood glucose numbers, a fractured wrist and a change in her cognitive status.  The Corporate Nurse confirmed this finding on 1/25/24 at 1:30 PM.	A 145		
A 355	481-69.26(2) Service Plans  69.26(2) Prior to the tenant's signing the occupancy agreement and taking occupancy of a dwelling unit, a preliminary service plan shall be developed by a health care professional or human service professional in consultation with the tenant and, at the tenant's request, with other individuals identified by the tenant, and, if applicable, with the tenant's legal representative. All persons who develop the plan and the tenant or the tenant's legal representative shall sign the plan.  This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to complete an initial service plan prior to having 2 of 4 tenants sign the occupancy agreement (Tenant #2 and Tenant #4). Findings follow:  1. Record review on 1/23/24 revealed Tenant #2's legal representative signed the occupancy agreement on 11/30/23. An initial service plan was not developed and signed until 12/5/23.  2. Record review on 1/23/24 revealed Tenant #4 signed the occupancy agreement on 3/23/23. Tenant #4 signed an initial service plan on 4/13/23.	A 355		

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A 355	Continued From page 4  The Corporate Nurse confirmed these findings on 1/25/24 at 1:30 PM.	A 355		
A 360	<p>481-69.26(3) 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>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to complete a service plan for 1 of 4 tenants within 30 days of occupancy (Tenant #2). Findings follow:</p> <p>Record review on 1/23/24 revealed a face sheet for Tenant #2 identifying she moved to the program on 12/1/23. The program developed an initial service plan for Tenant #2 dated 12/5/23. No additional service plans could be located in Tenant #2's record.</p> <p>The Corporate Nurse confirmed this finding on 1/25/24 at 1:30 PM.</p>	A 360		

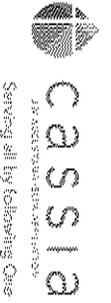
**Assisted Living Provider Plan of Correction**

**Meadowview of Davenport Licensing Survey & Complaint Survey**

**Survey Entrance 1/22/2024      Survey Exit 1/25/2024**

Tag	Deficiency	Plan of Correction	Date Completed	Attachments
A 140	69.22 (2) Evaluation of Tenant  A program shall evaluate each tenant's functional, cognitive and health status within 30 days of occupancy. The evaluation shall be conducted by a health care professional, a human service professional or a licensed practical nurse via nurse delegation when the tenant has not exhibited a significant change.	<ol style="list-style-type: none"> <li>1. Corrective Action               <ol style="list-style-type: none"> <li>a. GK is up-to-date on assessments</li> <li>2. Identify other tenants with issue                   <ol style="list-style-type: none"> <li>a. DHS completed assessments on all current residents to verify assessments and service plan are accurate</li> </ol> </li> <li>3. Systemic Changes                   <ol style="list-style-type: none"> <li>a. DHS will run an Assessments Due Report weekly to ensure all assessments are completed timely.</li> </ol> </li> <li>4. Monitoring for Compliance                   <ol style="list-style-type: none"> <li>a. Regional nurse will complete random quarterly audits to review</li> <li>b. DHS reviews at community quarterly QAPI meeting</li> </ol> </li> </ol> </li> </ol>	<p>1/26/24</p> <p>3/25/24</p> <p>2/19/24</p> <p>4/1/24</p>	<p>Attachments do not get submitted with POC.</p>
A 145	69.22 (3) Evaluation of Tenant  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	<ol style="list-style-type: none"> <li>1. Corrective Action               <ol style="list-style-type: none"> <li>a. No CJC re: cognitive changes noted during the 90 day assessment – CB</li> <li>b. CS no longer a tenant</li> </ol> </li> <li>2. Identify other tenants with issue               <ol style="list-style-type: none"> <li>a. DHS completed assessments on all current residents to verify assessments and service plan are accurate</li> </ol> </li> <li>3. Systemic Changes</li> </ol>	<p>1/26/24</p> <p>3/15/24</p> <p>2/9/24</p>	

	<p>changes to services needed. The evaluation shall be conducted by a health care professional, a human service professional, or a licensed practical nurse via nurse delegation when the tenant has not exhibited a significant change. A licensed practical nurse shall not complete the evaluation when the tenant has exhibited a significant change.</p>	<ul style="list-style-type: none"> <li>a. Communication book reviewed weekday mornings and needed follow up including CIC will be addressed</li> <li>b. Staff educated to verbally report potential or noticed changes to appropriate nursing staff which is the DHS or the on-call nurse after hours</li> <li>4. Monitoring for Compliance             <ul style="list-style-type: none"> <li>a. Regional nurse will do random quarterly audits to review</li> </ul> </li> </ul>	2/2/24	
A 355	<p>69.26(2) Service Plans</p> <p>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>	<ul style="list-style-type: none"> <li>1. Corrective Action             <ul style="list-style-type: none"> <li>a. N/A due to documents are already signed</li> <li>b. Re-educated the sales director and ED with requirement to have service plan signed prior to occupancy agreement</li> </ul> </li> <li>2. Identify other tenants with issue             <ul style="list-style-type: none"> <li>a. N/A since the docs would already be signed</li> </ul> </li> <li>3. Systemic Changes             <ul style="list-style-type: none"> <li>a. Sales Director, ED &amp; DHS will preschedule the service plan signing with the DHS prior to the occupancy signing.</li> <li>b. The DHS will send service plan via esign when able to obtain a signature asap</li> </ul> </li> <li>4. Monitoring for compliance             <ul style="list-style-type: none"> <li>a. Regional nurse will do random quarterly audits to review</li> <li>b. DHS, ED and/or Sales Director will bring to QAPI meetings if current plan is not working</li> </ul> </li> </ul>	1/25/24	
A 360	<p>69.26 (3) Service Plans</p> <p>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</p>	<ul style="list-style-type: none"> <li>1. Corrective Action             <ul style="list-style-type: none"> <li>a. Tenant has an updated assessment and current signed service agreement</li> </ul> </li> <li>2. Identify other tenants with issue</li> </ul>	2/8/24	
			3/15/24	



<p>needed with significant change, but not less than annually.</p>	<ul style="list-style-type: none"> <li>a. DHS completed assessments on all current residents to verify assessments and service plans are appropriate and accurate</li> <li>3. Systemic Changes                         <ul style="list-style-type: none"> <li>a. On all 30 day assessments, a note will be added that indicates service plan is up to date and no changes to the service plan are needed at this time. This was added to the template for 30 day assessments nurse notes.</li> </ul> </li> <li>4. Monitoring for Compliance                         <ul style="list-style-type: none"> <li>a. DHS will run an Assessments Due report weekly to ensure all assessments are completed</li> <li>b. DHS reviews at community quarterly QAPI meeting</li> </ul> </li> </ul>	<p>4/1/24</p> <p>4/1/24</p>	
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