

✓ 12/14/17 OK 12/11/17

PRINTED: 12/11/2017
FORM APPROVED

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0365	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 11/02/2017
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NAME OF PROVIDER OR SUPPLIER GRAND MEADOWS	STREET ADDRESS, CITY, STATE, ZIP CODE 5300 GRAND MEADOW DRIVE ASBURY, IA 52002
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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	Initial Comments General Population Program Number of tenants without cognitive disorder: 6 Number of tenants with cognitive disorder: 0 Total Population of Program at time of on-site: 6 Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 2 Number of tenants with cognitive disorder: 8 Total Population of Program at time of on-site: 10 TOTAL census of Assisted Living Program: 16 The following regulatory insufficiencies were cited during the initial certification conducted to determine compliance with certification for an Assisted Living Program for People with Dementia (ALP/D) and the investigation of Incident # 70950-I:	A 000	See attached POC 11/2/17	
A 037	481-69.22(2) Evaluation of Tenant 481-69.22(231C) Evaluation of tenant. 69.22(2) Evaluation within 30 days of occupancy and with significant change. A program shall evaluate each tenant's functional, cognitive and health status within 30 days of occupancy. A program shall also 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 or human service professional. A licensed practical nurse may complete the evaluation via nurse delegation when the tenant has not exhibited a significant change.	A 037		

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

STREET ADDRESS, CITY, STATE, ZIP CODE

GRAND MEADOWS

**5300 GRAND MEADOW DRIVE
ASBURY, IA 52002**

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A 037	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on interviews and record reviews, the Program failed to ensure 1 out of 5 tenants reviewed were evaluated as needed with a significant change (Tenant #1). Findings follow: 1. Tenant #1 was admitted to the Program on 6/29/17 with a diagnosis of dementia, hypertension, hyperlipidemia, osteoporosis, cerebrovascular disease and a Global Deterioration Score (GDS) of 5. Tenant #1's interdisciplinary notes revealed the following related incidents: a. On 10/13/17 Tenant #1 approached a staff member escorting Tenant #5 into the unit and quickly kissed Tenant #5 on the lips. b. On 10/20/17 Tenant #1 tried to convince Tenant #5 to go into his/her apartment. c. On 10/27/17 Tenant #1 attempted to sit next to Tenant #5 instead of at the table with women. Tenant #1's attention and focus on Tenant #5 was a new significant change that required increased staff awareness of Tenant #1's actions and whereabouts. 2. Tenant #1's interdisciplinary notes also revealed the following related incidents: a. On 8/31/17 Tenant #1 lunged at a staff member's throat.	A 037		

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A 037	Continued From page 2 b. On 9/23/17 Tenant #1 attempted to hit staff. c. On 10/4/17 Tenant #1 Attempted to hit staff. d. On 10/19/17 Tenant #1 attempted to slap a nurse on the face. e. On 10/20/17 Tenant # 1 aggressed toward staff members. Tenant #1's aggressions were a new significant change that required increased staff awareness and possibly increased supervision and/or a review of the tenant's health or medication regimen. Continued record review revealed Tenant #1 was not evaluated for these significant changes using cognitive, functional, and health evaluations. On 11/1/17 at 2:15 PM, the Director confirmed the lack of evaluations completed on Tenant #1's two separate significant changes.	A 037			
A 083	481-69.26(1) Service Plans 481-69.26(231C) 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.	A 083			

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A 083	Continued From page 3 This REQUIREMENT is not met as evidenced by: Based on interviews and record reviews, the Program failed to ensure identified needs for 2 of 5 tenants reviewed were addressed within the service plan (Tenant #1, Tenant #2). Findings follow: 1. Tenant #1 was admitted to the Program on 6/29/17 with a diagnosis of dementia, hypertension, hyperlipidemia, osteoporosis, cerebrovascular disease and a Global Deterioration Score (GDS) of 5. Continued record review revealed Tenant #1's interdisciplinary notes revealed the following related incidents: a. On 8/31/17 Tenant #1 lunged at a staff member's throat. b. On 9/23/17 Tenant #1 attempted to hit staff. c. On 10/4/17 Tenant #1 attempted to hit staff. d. On 10/19/17 Tenant #1 attempted to slap a nurse on the face. e. On 10/20/17 Tenant # 1 aggressed toward staff members. Tenant #1's aggressions were a new significant change that required increased staff awareness and possibly increased supervision and/or a review of the tenant's health or medication regimen. Tenant #1's service plan was not amended to include this new behavior and staff intervention. 2. Tenant #2 was admitted to the Program on	A 083		

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A 083	Continued From page 4 9/29/17 with a diagnosis of memory loss, osteoarthritis, cataracts, hypertension, glaucoma, diverticulosis, elopement behaviors and a Global Deterioration Score (GDS) of 4. On 11/1/17 at 2:30 p.m., the Director stated Tenant #2 was admitted to the Program due to his/her elopement history. Record review revealed Tenant #2's initial service plan, dated 9/27/17, indicated Tenant #2 was likely to wander, required regular monitoring and intervention to avert episodes. Continued record review revealed interdisciplinary notes revealed the following incidents: a. On 10/2/17 Tenant #2 tried to exit the building several times including moving the den area couch away from the window and trying to push out the window screen to crawl through. b. On 10/11/17 Tenant #2 exited the unit using the emergency door with staff in sight. Additional record review revealed Tenant #2's most recent, 30 day service plan lacked any information on Tenant #2's elopement history or exit seeking behaviors. When interviewed on 11/1/17 at 2:18 p.m. and 2:30 p.m., the Director confirmed Tenant #1 and Tenant #2's service plans failed to address all identified needs.	A 083			

✓ 12/11/17

OK
12/11/17

HILLCREST CAMPUS
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ASBURY CAMPUS
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DEPARTMENT OF INSPECTIONS AND APPEALS PLAN OF CORRECTION

Please accept this as Grand Meadows – Assisted Living credible allegation of compliance.

A 037 – 481-69.22(2) EVALUATION OF TENANT

Table A in Chapter 69 is now utilized to ensure the proper evaluation is made for any change in a tenant's condition. This will allow the nurse to determine if a Nurse Review, Evaluation, or Service Plan is necessary. Significant change assessments will be completed at the time a significant change is noted. Education was provided to the assisted living nurses to follow the guidelines on Table A to ensure significant changes are being classified appropriately.

Completion: November 2, 2017

A 083 – 481-69.26(231C) SERVICE PLANS

For tenant one failed to amend service plan for behavior. For tenant two failed to carry over wandering behavior from previous service plan.

All service plans are individualized and new additions and changes are included. The standardized service plan from the electronic health system is no longer utilized and each plan is created for the specific tenant. Service plans are reviewed after each assessment to ensure appropriate updates are included. All service plans are reviewed by the Registered Nurse. Service plans continue to be updated within the first 30 days of occupancy, every day 90 days thereafter, annually, and with any significant change. Updated service plans continued to be signed by tenant and/or authorized family member and the nurse.

Completion: November 2, 2017