

DEPARTMENT OF INSPECTIONS AND APPEALS

ok

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 04/05/2023
---	---	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

GRAND MEADOWS MC

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

(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 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. Number of tenants without cognitive impairment: 4 Number of tenants with cognitive impairment: 8 Total census: 12 The following regulatory insufficiencies were cited during the investigation of Complaint # 110384-C and the recertification visit conducted to determine compliance with certification of an Assisted Living Program for People with Dementia.	A 000	See Attached POC 6/14/23	
A 140	481-69.22(2) Evaluation of Tenant 69.22(2) Evaluation within 30 days of occupancy. A program shall evaluate each tenant's functional, cognitive and health status within 30 days of occupancy. The evaluation shall be conducted by a health care professional, a human service professional, or a licensed practical nurse via nurse delegation when the tenant has not exhibited a significant change. This REQUIREMENT is not met as evidenced by: Based on interviews and record reviews, the Program failed to update the service plan within 30 days of the tenant's occupancy for 3 out of 4 tenants reviewed (Tenant #1, Tenant #2 and Tenant C1). Findings include:	A 140		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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 04/05/2023
NAME OF PROVIDER OR SUPPLIER GRAND MEADOWS MC		STREET ADDRESS, CITY, STATE, ZIP CODE 5300 GRAND MEADOW DRIVE ASBURY, IA 52002		
(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 140	Continued From page 1 1. On 4/4/23, a review of Tenant #1's record revealed an admission date of 11/5/20. The record for Tenant #1 showed an initial service plan was implemented on 10/19/20. The record further revealed the 30-day service plan was updated 40 days after admission. On 4/4/23 at 12:10 pm, the Assisted Living Director confirmed the review of the initial service plan did not occur within 30 days of occupancy. 2. On 4/4/23, a review of Tenant #2's record revealed an admission date of 12/27/22. Tenant #2's initial service plan was dated 12/19/22. A 30-day service plan could not be located in Tenant #2's record. The Program developed a 90-day service plan on 3/16/23. On 4/4/23 at 2:35 p.m. the Assisted Living Director confirmed she could not locate a 30-day service plan for Tenant #2. The Assisted Living Director stated she started her position in mid-February 2023. 3. On 4/4/23, a review of Tenant C1's record revealed an admission date of 10/3/22. Tenant C1's initial service plan was developed on 10/2/22. His 30-day service plan was dated 12/05/22, which was two months after his admission. On 4/5/23 at 9:40 a.m. the Assisted Living Director confirmed Tenant C1's 30-day service plan was updated two months after his admission.	A 140		
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	A 355		

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 04/05/2023
NAME OF PROVIDER OR SUPPLIER GRAND MEADOWS MC		STREET ADDRESS, CITY, STATE, ZIP CODE 5300 GRAND MEADOW DRIVE ASBURY, IA 52002		
(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 355	Continued From page 2 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 obtain signatures for all persons who contributed to the initial service plan. This affected 2 of 4 of tenants reviewed (Tenant #2 and Tenant C1). Findings follow: 1. Record review on 4/4/23 revealed Tenant #2's initial service plan, dated 12/20/22. The service plan did not indicate who participated in developing the plan. The signature form for the service plan was signed by Tenant #2's responsible party and the Marketing Director, with the date of 12/27/22. On 4/04/23 at 3:30 p.m. the Director of Nursing confirmed Tenant #2's initial service plan was not signed by the RN (Registered Nurse) or health care professional. 2. Record review on 4/4/23 revealed Tenant C1's initial service plan, dated 10/2/22. The service plan did not indicate who participated in developing the plan. The signature form for the service plan was signed by Tenant C1 and his Power of Attorney, with no other signatures. On 4/05/23 at 9:40 a.m. the Assisted Living Coordinator confirmed the RN should have developed and signed Tenant C1's initial service plan.	A 355		

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 04/05/2023
NAME OF PROVIDER OR SUPPLIER GRAND MEADOWS MC		STREET ADDRESS, CITY, STATE, ZIP CODE 5300 GRAND MEADOW DRIVE ASBURY, IA 52002		
(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 360	Continued From page 3	A 360		
A 360	481-69.26(3) Service Plans 69.26(3) When a tenant needs personal care or health-related care, the service plan shall be updated within 30 days of the tenant's occupancy and as needed with significant change, but not less than annually. This REQUIREMENT is not met as evidenced by: Based on interviews and record reviews, the Program failed to update the service plan within 30 days of the tenant's occupancy for 3 out of 4 tenants reviewed (Tenant #1, Tenant #2 and Tenant C1). Findings include: 1. On 4/4/23, a review of Tenant #1's record revealed an admission date of 11/5/20. A service plan updated within 30 days of admission could not be located. On 4/4/23 at 12:10 pm, the Assisted Living Director confirmed the review of the initial service plan did not occur within 30 days of occupancy. 2. On 4/4/23, a review of Tenant #2's record revealed an admission date of 12/27/22. A service plan updated within 30 days of admission could not be located. On 4/4/23 at 2:35 p.m. the Assisted Living Director confirmed she could not locate a 30-day service plan for Tenant #2. 3. On 4/4/23, a review of Tenant C1's record revealed an admission date of 10/3/22. A service plan updated within 30 days of admission could not be located. On 4/5/23 at 9:40 a.m. the Assisted Living	A 360		

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 04/05/2023
NAME OF PROVIDER OR SUPPLIER GRAND MEADOWS MC		STREET ADDRESS, CITY, STATE, ZIP CODE 5300 GRAND MEADOW DRIVE ASBURY, IA 52002		
(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 360	Continued From page 4 Director confirmed Tenant C1's 30-day service plan was updated two months after his admission. She indicated she was unable to locate a signature form for the meeting, which would have noted who attended the meeting and whether the POA agreed with the plan.	A 360		
A 395	481-69.26(4)a Service Plans 69.26(4) The service plan shall be individualized and shall indicate, at a minimum: a. The tenant's identified needs and preferences for assistance This REQUIREMENT is not met as evidenced by: Based on interviews and record reviews, the Program failed to update service plans to include the identified needs and preferences for assistance for 1 out of 4 tenants reviewed (Tenant #1) Findings include: 1. On 4/4/23, a review of Tenant #1's record revealed an admission date of 11/5/20 and noted diagnoses of hypertension, hyperlipidemia, and disorientation. Continued review of his service plan dated 3/10/23 noted he required assistance for shower preparation but could wash and dress himself independently 2. On 4/3/23 at 3:45 pm, Staff H stated Tenant #1 often refused showers and to change his clothes and became upset when staff suggested to assist him with showering due to him having an odor or dandruff. Staff called Tenant #1's daughter in the past to come in for assistance but it would not always work. Staff H reported the daughter	A 395		

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 04/05/2023
NAME OF PROVIDER OR SUPPLIER GRAND MEADOWS MC		STREET ADDRESS, CITY, STATE, ZIP CODE 5300 GRAND MEADOW DRIVE ASBURY, IA 52002		
(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 395	Continued From page 5 eventually discovered Tenant #1 occasionally took off his dirty underwear and socks and replaced them with clean, but placed the dirty items back into the drawer of clean folded laundry. 3. On 4/4/23 at 11 am, Staff C stated Tenant #1 believed he knew to handle himself when it came to hygiene but would not shower on his own even when prompted. Staff C stated they sometimes called his daughter in for assistance to get him to shower. Staff C reported Tenant #1 had a musty odor off and on in the past. He would become angry and as he did not want staff to see him nude. Staff C said they tried to get him to change on his laundry day but he often refused. Staff C stated he wore the same outfit throughout the week and usually had dandruff on his shoulders. 4. On 4/4/23 at 12:10 pm, the Assisted Living Director confirmed Tenant #1's service plan was not specific to his assessed needs in the programming of showering and changing his clothes for proper hygiene.	A 395		
A 420	481-69.27(1)a Nurse Review 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: a. To monitor, at least every 90 days, or after a significant change in the tenant's condition, any tenant who receives program-administered prescription medications for adverse reactions to the medications and to make appropriate	A 420		

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 04/05/2023
NAME OF PROVIDER OR SUPPLIER GRAND MEADOWS MC			STREET ADDRESS, CITY, STATE, ZIP CODE 5300 GRAND MEADOW DRIVE ASBURY, IA 52002		
(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 420	Continued From page 6 interventions or referrals, and to ensure that the prescription medication orders are current and that the prescription medications are administered consistent with such orders This REQUIREMENT is not met as evidenced by: Based on interview and record review, the Program nurse failed to monitor the health and medical condition every 90 days for 1 out of 4 tenants reviewed (Tenant #1) Findings include: 1. On 4/4/23, a review of Tenant #1's record revealed an admission date of 11/5/20. During a review of 90-day nurse reviews between the dates of 12/15/20 and 4/4/23, the following months had not had a 90-day nurse review completed: September of 2021, September of 2022, and December of 2022. Nurse reviews were completed on 3/5/21, 6/3/21, 12/30/21, 3/31/22, 6/28/22, and 3/10/23. 2. On 4/4/23 a review of the Program's policy titled: "Policy for Medication Needs/Nurse Review" was completed. The policy indicated that if a tenant received personal or health-related cares/services a Registered Nurse (RN) would monitor the tenant every 90 days by completing a nurse review. 3. On 4/4/23 at 12:10 pm, the Assisted Living Director confirmed these findings.	A 420			



LUTHERMANOR
COMMUNITIES

HILLCREST CAMPUS

Care Center:

3131 Hillcrest Road, Dubuque, IA 52001
p: 563.588.1413 | F: 563.588.3875

Apartments:

3129 Hillcrest Road, Dubuque, IA 52001
p: 563.588.1413 | F: 563.588.3875

ASBURY CAMPUS

Assisted Living & Care Center:

5300 Grand Meadow Drive, Asbury, IA 52002
p: 563.690.7150 | F: 563.690.9348

The Residences:

5284 Grand Meadow Drive, Asbury, IA 52002
p: 563.557.7662 | F: 563.690.9348

LUTHER MANOR COMMUNITIES PLAN OF CORRECTION

Please accept this Plan of Correction for Luther Manor Communities Grand Meadows, Asbury, IA 52002, as credible allegation of compliance.

A140 Evaluation of Tenant

1. Elements detailing how the Program will correct regulatory insufficiency; including at the system level.
 - a. An evaluation will be completed for each tenant within 30 days upon occupancy of assisted living by the Assisted Living Director and/or designee and it will be entered into the tenant's medical record in MartixCare. The evaluation will include the tenant's functional, cognitive and health status within 30 days of occupancy.
2. Measures taken to ensure the problem does not recur.
 - a. The Assisted Living Director and/or designee will audit the evaluation of tenants within 30 days of occupancy to ensure that the evaluation was completed and attached to the tenant's medical record in MartixCare.
3. How the Program plans to monitor performance to ensure compliance.
 - a. A QAPI Monitor Audit Tool will be completed monthly, for three months by the Assisted Living Director and/or designee to ensure the evaluation of the tenant within 30 days of occupancy was completed and attached to the tenant's medical record in MartixCare. The results will be reported to the QAPI Committee of Luther Manor Communities Grand Meadows.
4. Completion Date: 14 June 2023

A355 Service Plans

1. Elements detailing how the Program will correct regulatory insufficiency; including at the system level.
 - a. The Assisted Living Director and/or designees will develop a preliminary service plan with the tenant and other individuals identified by the tenant, and if applicable, the tenant's legal representative prior to the tenant signing the occupancy agreement and taking occupancy of a

dwelling unit. All parties involved in developing the service plan will sign the plan.

2. Measures taken to ensure the problem does not recur.
 - a. The Assisted Living Director and/or designee will audit the service plan that is developed to ensure that it was signed by the tenant or tenant's legal representative prior to the tenant signing the occupancy agreement and taking occupancy of a dwelling unit. The Assisted Living Director and/or designee will also audit to ensure all parties involved in developing the plan, signed the signature sheet.
3. How the Program plans to monitor performance to ensure compliance.
 - a. A QAPI Monitor Audit Tool will be completed monthly, for three months by the Assisted Living Director and/or designee to ensure that the service plan was signed by the tenant or tenant's legal representative prior to the tenant signing the occupancy agreement and taking occupancy of a dwelling unit. It will also ensure all parties involved in developing the plan, signed the signature sheet. The results will be reported to the QAPI Committee of Luther Manor Communities Grand Meadows.
4. Completion Date: 14 June 2023

A360 Service Plans

1. Elements detailing how the Program will correct regulatory insufficiency; including at the system level.
 - a. The service plan for each tenant that receives personal or health related care will be updated within 30 days of occupancy and as needed with significant change, but not less than annually by the Assisted Living Director and/or designee.
2. Measures taken to ensure the problem does not recur.
 - a. The Assisted Living Director and/or designee will audit the service plans for each tenant within 30 days of occupancy to ensure that the service plan was updated when a tenant receives personal or health related care.
3. How the Program plans to monitor performance to ensure compliance.
 - a. A QAPI Monitor Audit Tool will be completed monthly, for three months by the Assisted Living Director and/or designee to ensure the service plans were updated within 30 days of occupancy for tenants who require physical or health related care. The results will be reported to the QAPI Committee of Luther Manor Communities Grand Meadows.
4. Completion Date: 14 June 2023

A395 Service Plans

1. Elements detailing how the Program will correct regulatory insufficiency; including at the system level.

- a. The Assisted Living Director and/or designee will individualize and indicate, at a minimum, the tenant's identified needs and preferences for assistance in the tenant's service plan at least every 90 days or after a significant change in the tenant's condition.
2. Measures taken to ensure the problem does not recur.
 - a. The Assisted Living Director and/or designee will audit the service plans for each tenant to ensure that each service plan is individualized for the tenant and indicates, at a minimum, their identified needs and preferences for assistance at least every 90 days or after a significant change in the tenant's condition.
3. How the Program plans to monitor performance to ensure compliance.
 - a. A QAPI Monitor Audit Tool will be completed monthly, for three months by the Assisted Living Director and/or designee to ensure the service plans are individualized for each tenant and indicates at a minimum, their identified needs and preferences for assistance at least every 90 days or after a significant change in the tenant's condition. The results will be reported to the QAPI Committee of Luther Manor Communities Grand Meadows.
4. Completion Date: 14 June 2023

A420 Nurse Review

1. Elements detailing how the Program will correct regulatory insufficiency; including at the system level.
 - a. The Assisted Living Director and/or designee will complete a nurse review at least every 90 days, or after a significant change in the tenant's condition for any tenant who receives program administered prescription medications.
2. Measures taken to ensure the problem does not recur.
 - a. The Assisted Living Director and/or designee will audit the nurse reviews to ensure that they are completed at least every 90 days, or after a significant change in the tenant's condition for any tenant who receives program administered prescription medications.
3. How the Program plans to monitor performance to ensure compliance.
 - a. A QAPI Monitor Audit Tool will be completed monthly, for three months by the Assisted Living Director and/or designee to ensure the nurse reviews are completed at least every 90 days, or after a significant change in the tenant's condition for any tenant who receives program administered prescription medications. The results will be reported to the QAPI Committee of Luther Manor Communities Grand Meadows.
4. Completion Date: 14 June 2023