DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0387	A. BUILDING: _____ B. WING _____	C 10/02/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNINGSTAR AT JORDAN CREEK AL	525 S 60TH STREET WEST DES MOINES, IA 50266

(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 are defined by the type of population served. The census numbers were provided by the Program at the time of the on-site. Number of tenants without cognitive disorder: 26 Number of tenants with cognitive disorder: 5 Total census of Assisted Living Program: 31 The following regulatory insufficiencies were cited during the investigation of Complaint #84589-C:	A 000		
A 013	481-67.3(2) Tenant Rights 481-67.3 Tenant rights. All tenants have the following rights: 67.3(2) To receive care, treatment and services which are adequate and appropriate. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure tenants received care, treatment and services as appropriate for 1 of 3 residents reviewed (Tenant #1). Finding follows: 1. Record review revealed the Program called 911 on the morning of 6/4/19 as Tenant #1 did not appear well. A form entitled Iowa's Physician Orders for Scope of Treatment indicated the tenant's preference was for Do Not Attempt	A 013	Plan of Correction is attached 10/28/19	

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

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A 013	Continued From page 1 Resuscitation (DNR). The form was signed and dated by the tenant on 9/12/18. The record revealed the tenant received hospice services. When interviewed on 9/18/17 at 1:00 p.m. the Program Nurse confirmed staff had called the ambulance for Tenant #1 on the morning of 6/4/19. When staff called her, she told them the tenant had a DNR order and they should not have called 911. The Program Nurse confirmed Tenant #1 was receiving hospice services and her preference was for DNR. The tenant refused to go to the hospital when the ambulance arrived. The tenant moved to a hospice house on 6/10/19. Observations on 9/11/19 revealed tenant files stored in a cabinet in the laundry area. The binders had stickers indicating do not resuscitate (DNR) status. On 9/18/19 at 1:00 p.m. the Executive Director and Program Nurse confirmed the the stickers were the only system in place to communicate DNR status to staff. They were working on a new system that would include posting information in tenants' apartments where all staff and/or emergency personnel would be able to see the status. 2. Review of Tenant #1's June 2019 medication administration record revealed staff documented on 6/8/19 the tenant's levothyroxine sodium had not been delivered from the pharmacy. When interviewed on 9/9/19 and 10/1/19 the tenant's family member expressed concern the Program could not locate the medication as it had been delivered by another family member and given to the Program Nurse. The family member stated	A 013		

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A 013	Continued From page 2 the Program had no type of acknowledgement form or receipt for when someone other then the Program's usual pharmacy delivered meds. Review of the Program's medication policy on 10/2/19 revealed no process was included for receiving and documenting medications delivered by a family member or outside pharmacy. When interviewed on 10/2/19 the Executive Director confirmed the policy lacked this information.	A 013		
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. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure functional, cognitive and health evaluations were completed within 30	A 037		

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A 037	Continued From page 3 days of occupancy for 1 of 3 tenants reviewed (Tenant #1). Finding follows: The Program admitted Tenant #1 on 3/29/19. The Program completed functional, cognitive and health evaluations on 3/13/19 (initial signed 3/29/19) and 5/24/19 (signed 5/31/19) which was more than 30 days after occupancy. During the exit on 9/19/19 at 2:30 p.m. the Program Nurse acknowledged evaluations had not been completed within 30 days of occupancy.	A 037		
A 085	481-69.26(3) Service Plans 481-69.26(231C) 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 interview and record review the Program failed to ensure service plans were updated within 30 days of occupancy for 1 of 3 tenants reviewed (Tenant #1). Finding follows: Record review on 9/12/19 revealed Tenant #1's initial service plan was developed on 3/29/19. According to documentation the Program updated Tenant #1's service plan on 5/24/19 (signed 5/31/19) which did not fall within 30 days of occupancy.	A 085		

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A 085	Continued From page 4 When interviewed on 9/18/19 at 12:45 p.m. the Program's nurse acknowledged the service plan should have been updated within 30 days of occupancy.	A 085		

10-28-19

Jordan Creek September 2019 Plan of Correction

A013:

-With respect to what the facility will do to correct the problem identified in the deficiency list:

1: Facility will ensure that each resident has a completed IPOST form both in their chart AND posted visibly in each residents' suite where staff and emergency personnel are able to quickly locate.

Part 2:

2: Tenant #1 no longer resides at the community.

-With respect to what the facility will do to prevent future occurrences:

1. All team members will be re-educated on code status, to include locating the IPOST form in each suite on or before October 25, 2019.

2. All residents' IPOST forms will be updated with each care conference or sooner if needed and a new copy placed in resident suite on or.

3. Facility will ensure that each resident being admitted to the facility has a completed IPOST form.

Part 2:

1. Wellness Director or designee will ensure that all medication administration staff have been educated on the process for receiving medication and the documentation of medications received from families or a pharmacy other than the program's preferred pharmacy. Training will occur on or before October 25, 2019.

2. Wellness Director or designee will review the medication receipt logs each month at the QA meeting.

3. Wellness Director will maintain the receipt logs as part of the QA process and archive them upon resident move-out.

A037

-With respect to what the facility will do to correct the problem identified in the deficiency list:

1. Tenant #1's service plan was updated to reflect current status and needs and the service plan was current at the time the resident moved out.

-With respect to what the facility will do to prevent future occurrences:

10/25/19

1. Facility will review all residents who have been admitted in the last 30 days. All residents who have been admitted in the last 30 days will have their service plans updated on or before day 30 of residency. This audit will be completed on or before October 25, 2019.

2. The WD or designee will check the Electronic Health Record Dashboard daily to ensure all upcoming assessments and service plan reviews are completed on or before their deadlines.

3. The wellness team has been re-educated on the service plan review timeline requirements (Move-In, 30 days, 3 months <Reflections>, 6 months <Assisted Living> or upon a change of condition).

A085

-With respect to what the facility will do to correct the problem identified in the deficiency list:

1. Tenant #1's service plan was updated to reflect current status and needs and the service plan was current at the time the resident moved out.

-With respect to what the facility will do to prevent future occurrences:

1. Facility will review all residents who have been admitted in the last 30 days. All residents who have been admitted in the last 30 days will have their service plans updated on or before day 30 of residency. This audit will be completed on or before October 25, 2019.

2. The WD or designee will check the Electronic Health Record Dashboard daily to ensure all upcoming assessments and service plan reviews are completed on or before their deadlines.

3. The wellness team has been re-educated on the service plan review timeline requirements (Move-In, 30 days, 3 months <Reflections>, 6 months <Assisted Living> or upon a change of condition).