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
	S0398	A. BUILDING: _____ B. WING _____	C 01/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUMMIT POINTE SENIOR LIVING	3505 ENGLISH GLEN AVENUE MARION, IA 52302

(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: 96 Number of tenants with cognitive disorder: 3 Total census of Assisted Living Program: 99 The following regulatory insufficiencies were cited during investigation of Complaint #113997-C and the recertification visit conducted to determine compliance with certification for an Assisted Living Program:	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 follow established policies and procedures related to medication administration for 3 of 4 tenants observed during a medication pass (Tenants #1, #10 and #11). Findings follow: When observed on 1/18/24 at 4:01 p.m. Staff A administered medications to four tenants, Tenants #1, #4, #10 and #11. Staff A recorded Tenant #10's blood glucose reading from the continuous glucometer. Staff A then signed off the administration of the insulin before administering it. Hand hygiene was completed after Staff A left the apartment. She then assisted Tenant #11 with his medications, including recording his blood glucose reading from the	A 150	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 150	Continued From page 1 continuous glucometer. Staff A administered his insulin without donning gloves prior to the administration. Hand hygiene was completed after Staff A left the apartment. She assisted Tenant #1 with oral medications, eye drops, recorded her blood glucose reading from the continuous glucometer and administered her insulin. Staff A donned gloves prior to administering her insulin; however, touched various contaminated surfaces after donning gloves including her phone, computer and medication drawer without completing a glove change. Staff A then administered insulin to Tenant #1 wearing the contaminated gloves. Record review revealed the Program's training regarding Insulin Injection (bottle) indicated to wash hands using soap and water or sanitizer and to apply gloves prior to cleansing the area with alcohol and injecting the insulin. The Oral Medication Administration training indicated to observe the tenant take the medication and ensured they had swallowed the medication completely. Then to sign off the medication administered. When interviewed on 1/25/24 at 1:06 p.m. the Director of Nursing confirmed medications should be signed off after administration and gloves should be anytime staff was in contact with bodily fluids.	A 150		
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.	A 350		

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A 350	Continued From page 2 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 interview and record review the Program failed to update service plans as needed for 4 of 9 current tenants reviewed (Tenants #1, #2, #3, and #4) and 2 of 2 discharged tenants reviewed (Tenant C1 and C2). Findings follow: 1. On 1/22/24 review of Tenant #1's file revealed an Episode Summary Report indicating physical therapy (PT) was discontinued on 11/21/23. Continued record review revealed an order was dated 11/17/23 to apply lotion twice daily to Tenant #1's back and legs. Further clarification was sought regarding what kind of lotion and dose was ordered. The order was clarified on 11/29/23 and indicated Cetaphil cream/lotion to her back and legs twice daily. An order to keep Cetaphil lotion at bedside was received dated 1/16/24. The service plan did not reflect Tenant #1 kept the Cetaphil at bedside and administered it independently. The service plan was updated to remove therapy services; however, Tenant #1 was discharged from PT on 11/21/23 and the service plan was not updated until 1/5/24. 2. On 1/23/24 review of Tenant #2's file revealed Progress Notes indicating the following: a. On 9/20/23 Tenant #2's spouse informed the nurse Tenant #2 had a very large untreated	A 350		

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A 350	Continued From page 3	A 350		

pressure wound on her buttocks. The nurse looked at the wound and felt it needed medical attention and treatment. Tenant #2 was sent to the emergency department.

b. On 9/21/23 Tenant #2 returned from the ED yesterday. She had a urinary tract infection (UTI) and returned with an antibiotic. An appointment was set up for mid October for the wound clinic.

c. On 10/17/23 a nurse review was completed related to Tenant #2's visit at the wound clinic.

A Nurse Review dated 10/17/23 reflected Tenant #2 had a history of wounds to the buttocks and her spouse managed the treatment. Wound clinic discussed keeping the wound clean, dry and using topical creams as ordered, cushions, repositioning reduced friction, a well balanced diet and a multivitamin. Tenant #2 and her spouse managed it at that time.

Hospital records dated 11/29/23 indicated Tenant #2 had a stage III wound on her left buttock. The orders included to complete wound care twice daily and after each incontinence episode. The wound was to be cleansed and patted dry. A thin layer of zinc ointment was to be applied to the perineal area/gluteal crease, buttock. In addition, due to foot wounds, her heels were to be suspended off of all surfaces using a pillow under the lower legs or use a waffle mattress at the foot of the bed. A pillow was to be used between the feet to keep them from touching. the tenant was to repositioned every two hours and to stay off of her back as much as possible. Orders were provided for bilateral lower extremities and foot cares daily.

Tenant #2's service plan reflected a history of skin breakdown to the groin and coccyx. Staff was to report any redness, discoloration, open areas or

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A 350	Continued From page 4	A 350		

drainage to the nurse. It also indicated Tenant #2's spouse managed her buttock treatments. Tenant #2 had a cushion for her recliner but often refused. She slept in her recliner. The service plan did not reflect information related to Tenant #2's buttocks wound, wounds to her feet, or orders listed above related to repositioning and suspending her heels.

3. Review of Tenant #3's file on 1/22/24 and 1/23/24 reflected a nurse review dated 1/23/24 indicating Tenant #3 was discharged from therapy services on 12/7/23. The service plan was updated to reflect the discharge from therapy; however, it as not completed until 1/23/24.

4. On 1/22/24 review of Tenant #4's file revealed the January 2024 medication administration record (MAR) reflected Tenant #4 had blood glucose monitoring before meals and bedtime. The MARs also indicated Tenant #4 had a continuous blood glucose monitor and staff administered insulin and provided treatment of a wound to the left and right arm. The treatment included to apply Mepilex AG External Pad to the left and right arm one time per day on Friday or when 75% saturated and as needed if the Mepilex fell off. The tenant's service plan reflected staff administered Tenant #4's medications; however, it did not reflect the continuous glucometer, staff administration of insulin or the wound treatment.

5. Review of Tenant C1's file on 1/23/24 revealed a Progress Note dated 7/11/23 indicating a nurse practitioner from an outside agency stopped to see Tenant C1. She said they had a meeting that morning and were concerned about Tenant C1's false accusations towards their staff regarding items stolen during the visit. Tenant C1's service

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A 350	Continued From page 5 plan did not reflect the outside agency or the history of false accusations regarding theft. 6. On 1/23/24 review of Tenant C2's file revealed a medical clinic record dated 6/1/23 indicating Tenant C2 had a urinary catheter. He had a recent hospitalization that was complicated by an upper gastrointestinal (GI) bleed. The service plan did not reflect the urinary catheter or the history of the GI bleed. 7. When interviewed on 1/25/24 at 11:27 a.m. the Executive Director confirmed all service plans were provided for the tenants reviewed.	A 350		
A 430	481-69.27(1)c 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: c. To assess and document the health status of each tenant, to make recommendations and referrals as appropriate, and to monitor progress relating to previous recommendations at least every 90 days and whenever there are changes in the tenant's health status; This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to complete nurse reviews as needed for 2 of 9 current tenants reviewed (Tenant #2 and Tenant #7). Findings follow: 1. On 1/23/24 review of Tenant #2's file revealed	A 430		

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A 430	Continued From page 6	A 430		

Progress Notes indicated the following:
a. On 9/20/23 Tenant #2's spouse informed the nurse Tenant #2 had a very large untreated pressure wound on her buttocks. The nurse looked at the wound and felt it needed medical attention and treatment. Tenant #2 was sent to the emergency department.
b. On 9/21/23 Tenant #2 returned from the ED yesterday. She had a urinary tract infection (UTI) and returned with an antibiotic. An appointment was set up for mid October for the wound clinic.
c. On 10/17/23 a nurse review was completed related to Tenant #2's visit at the wound clinic.

A Nurse Review dated 10/17/23 reflected Tenant #2 had a history of wounds to the buttocks and her spouse managed the treatment. Wound clinic discussed keeping the wound clean, dry and using topical creams as ordered, cushions, repositioning reduced friction, a well balanced diet and a multivitamin. Tenant #2 and her spouse managed it at that time.

Hospital records with an admission date of 11/29/23 indicated Tenant #2 had a stage III wound on her left buttock (7/21/23 to present). The orders included to complete wound care twice daily and after each incontinence episode. The wound was to be cleansed and patted dry. A thin layer of zinc ointment was to be applied to the perineal area/gluteal crease, buttock. In addition, due to foot wounds, her heels were to be suspended off of all surfaces using a pillow under the lower legs or use a waffle mattress at the foot of the bed. A pillow was to be used between the feet to keep them from touching. the tenant was to repositioned every two hours and to stay off of her back as much as possible. Orders were provided for bilateral lower extremities and foot cares daily, including to wash with soap and

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A 430	Continued From page 7	A 430		

water using a washcloth, apply Sween (protectant) ointment to the intact skin but do not apply between the toes.

A Nurse Review was completed on 12/4/23 regarding the hospital visit. The visit was primarily for issues with the tenant's catheter. The nurse review centered around that issue. There was no specific review of the tenant's skin integrity issues even though discharge instructions included wound treatments orders for the left buttock and the bilateral lower extremities and feet.

2. Review of Tenant #7's file on 1/23/24 revealed the following Progress Notes:
a. On 10/1/23 staff completed rounds and found Tenant #7 laying on the floor. Staff called emergency medical services due to the position his arm. Tenant #7 was transported to the hospital.
b. On 10/5/23 it was noted Tenant #7's spouse reported she was still hospitalized. It was planned to send Tenant #7 to a skilled nursing facility (SNF) after the hospital before returning. It was reported she would likely need increased services upon her return.
c. On 10/11/23 it was noted Tenant #7 returned to the Program.

Continued record review revealed a nurse review was not completed as needed upon Tenant #7's return to the Program and to determine if there were changes in her health status post hospitalization and SNF stay.

3. When interviewed on 1/25/24 at 11:27 a.m. the Executive Director confirmed all nurse reviews were provided for tenants listed above.

On behalf of Summit Pointe Senior Living Assisted Living I respectfully submit our Plan of Correction for your approval. Our response is specific to the onsite recertification survey dated 01/10/2024 and complaint. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of insufficiencies. The plan of correction is prepared and/or executed solely because it is required by the provision of state law.

ALP-Complaint #113997-C (unsubstantiated)
Policy and Procedures 481-67 .2(3)
Service Plans 481-69.26 (1)
Nurse Review 481-69.27 (1)c

Policy and Procedures

1. Elements detailing how the Program will correct each regulatory insufficiency:
    - Retrain all employees on the Incident Report Policy
    - Update Delegation regarding gloving requirement when Administration Insulin via a Insulin Pen
    - Retrain all Medication Aides on gloving policy and procedures related to using Insulin Pen-delegations.
2. Measures taken to ensure the problem does not recur:
    - All staff will be required to complete retraining and proof placed in their employee file.
3. How the Program plans to monitor performance to ensure compliance:
    - Ongoing internal audits of employee files will be completed at least every six months to ensure compliance with staff education requirements.
4. The date by which the regulatory insufficiency will be corrected
    - The regulatory insufficiency will be corrected by February 16, 2024

Service Plans

1. Elements detailing how the Program will correct each regulatory insufficiency
    - Retrain the Director of Nursing and RN Case Manager of State Regulations and policy and procedures for Service plan updates to be completed in a timely manner and contain enough information related to the tenant condition(s).
2. Measures taken to ensure the problem does not recur
    - Employees completing service plans will be provided retraining.
3. How the Program plans to monitor performance to ensure compliance
    - Ongoing internal audits of tenant charts will be completed at least quarterly to ensure compliance of tenant evaluations and service plans-through a 3rd party consulting company.
4. The date by which the regulatory insufficiency will be corrected
    - The regulatory insufficiency will be corrected by February 16, 2024.

Nurse Reviews

1. Elements detailing how the Program will correct each regulatory insufficiency
    - Review of requirements for as needed and discretionary nurse reviews for condition changes of tenants.
2. Measures taken to ensure the problem does not recur
    - The Director of Nursing and Rn Case Manager will be re-educated on regulatory requirements regarding timing of completion of assessments.
3. How the Program plans to monitor performance to ensure compliance
    - Ongoing internal audits of tenant charts will be completed at least quarterly to ensure compliance of tenant evaluations and service plans-through a 3rd party consulting company.
4. The date by which the regulatory insufficiency will be corrected
    - The regulatory insufficiency will be corrected by February 16, 2024.

✓ 6/27/24