

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0423	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/19/2024
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NAME OF PROVIDER OR SUPPLIER GRAND MEADOWS ASSISTED LIVING	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 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 impairment: 11 Number of tenants with cognitive impairment: 1 Total census: 12 No regulatory insufficiencies were cited during the investigation of Complaint #121605-C. The following regulatory insufficiencies were cited during the investigation of Complaints #119555-C.	A 000	<i>Please see attached,</i>	
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 policy and procedure regarding falls for 1 of 1 discharged tenants reviewed (Tenant C1). Findings follow: 1. A chart review on 8/12/24 revealed an admission date of 4/28/23 for Tenant C1 and a service plan dated 5/29/23. The plan documented Tenant C1 was independent with ambulation and most Activities of Daily Living (ADLs). An incident report for Tenant C1 documented a fall on 3/9/24. The tenant was sent to the emergency room (ER)	A 150		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

[Signature]

Administrator

10-7-2024

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A 150	Continued From page 1 for evaluation and treatment. The Emergency Room Treatment Report dated 3/9/24 documented a diagnosis of a left humerus fracture and subacute subdural hematoma (brain bleed). The physician's discharge orders from the ER indicated Tenant C1 required full assistance with tasks, use of an arm sling, and to follow-up with ortho. A review of nurse reviews dated 4/25/23, 5/29/23, 8/29/23 and 11/29/23 indicated Tenant C1 was a high fall risk and required fall assessments and interventions. 2. On 8/13/24, a review of the Program's policy titled "Policy and Procedure for Falls" directed the program to complete a Falls Assessment after any fall and for Care Delivery staff to implement interventions which are individualized according to the resident's needs based on the falls assessment. The Director of Nursing provided a blank Falls Assessment form for review on 8/14/24 at 1:16 pm. 3. On 8/13/24 at 12 pm, the Assisted Living Director stated she had believed nurse assessments were part of the incident report documentation instead of a separate form to be completed. The Assisted Living Director confirmed no Fall Risk Assessment form had been completed and no interventions had been implemented for Tenant C3 following the fall on 3/9/24 as per the program policy. 4. On 8/19/24 at 2:45 pm the Executive Director, Director of Nursing, and Assisted Living Director confirmed the above findings.	A 150			
A 145	481-69.22(3) Evaluation of Tenant 69.22(3) Evaluation annually and with significant	A 145			

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

GRAND MEADOWS ASSISTED LIVING

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

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A 145	Continued From page 2 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 complete an evaluation with significant change for 1 of 1 discharged tenants reviewed (Tenant C1). Findings follow: 1. A chart review on 8/12/24 revealed an admission date of 4/28/23 for Tenant C1 and a service plan dated 5/29/23. The plan documented Tenant C1 was independent with ambulation and most Activities of Daily Living (ADLs). An incident report for Tenant C1 documented a fall on 3/9/24. The tenant was sent to the emergency room (ER) for evaluation and treatment. The Emergency Room Treatment Report dated 3/9/24 documented a diagnosis of a left humerus fracture and subacute subdural hematoma (brain bleed). The physician's discharge orders from the ER indicated Tenant C1 required full assistance with tasks, use of an arm sling, and was to follow-up with ortho. Physician's orders were received on 3/10/24 and included new	A 145		

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A 145	Continued From page 3 medications of Keppra and Lorazepam in the event of seizures from the brain bleed. Tenant C1's record lacked completed functional, cognitive, and health evaluations after the hospital visit to determine whether the tenant's needs/cares had changed. 2. On 8/14/24 at 10:06am the Assisted Living Director confirmed she had last completed an assessment for Tenant C1 on 11/29/23 and no significant change assessment had been completed after the tenant's fall and return from the hospital on 3/9/24. 3. On 8/19/24 at 2:45 pm the Executive Director, Director of Nursing, and Assisted Living Director confirmed the above findings.	A 145		
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 a 90-day nurse review for 1 of 1 discharged tenants reviewed (Tenant	A 430		

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A 430	Continued From page 4 C1). Findings follow: 1. A chart review on 8/12/24 revealed an admission date of 4/28/23 for Tenant C1 with the following completed nurse reviews for the tenant: 4/25/23 admit, 5/29/23 30-day, 8/29/23 90-day and 11/29/23 90-day. No 90-day nurse review could be located for Tenant C1 in February of 2024. 2. On 8/14/24 at 10:06 am the Assisted Living Director confirmed the last assessment on file for Tenant C1 was the assessment dated 11/29/23 and no 90-day nurse review had been completed as required in February of 2024. 3. On 8/19/24 at 2:45 pm the Executive Director, Director of Nursing, and Assisted Living Director confirmed the above findings.	A 430		



ALP S0423 PLAN OF CORRECTION

This plan of correction is submitted as required by law. By submitting this plan of correction Luther Manor Grand Meadows does not admit that the citations listed on the CMS 2567 exist nor does it admit to any statement, finding, facts or conclusion that forms the basis of alleged citations

Please accept this as Grand Meadows' credible allegation of compliance for complaint #119555-C investigated between 8/12/2024 and 8/19/2024.

A150 – Program Policies and Procedures, 481.67.2(3)

Upon interview and record review, Tenant C1 and all similarly situated residents, the facility will ensure the facility's established policy and procedure regarding falls will be followed for all tenants. The Program will complete a Falls Evaluation after any fall. The Universal Worker staff will be instructed to implement interventions which are individualized according to the tenant's needs based on the falls evaluation. The facility will consider the tenant's ADL's and cognitive skills and their ability to self-perform cares when developing fall interventions.

The facility provided written and verbal instruction to all staff on following tenants' Service Plan and Fall Intervention. The care for each tenant is to be provided in a manner and in an environment of his or her quality of life, recognizing each resident's individuality. The facility also provided written and verbal instruction to all staff on the program's policy and procedure for Accidents and Interventions- Investigating and Reporting which requires a 2 hour reporting period.

The Assisted Living Director/designee reviewed a Falls Intervention form to confirm it is a satisfactory tool to assess tenants at risk for potential falls. The Assisted Living Director/designee will track falls on all tenants for predictability on time of day and place when tenants are at a higher risk for falls and report the results to the interdisciplinary team and the Medical Director at the Quality Assurance Performance and Improvement (QAPI) meeting.

The Assisted Living Director/designee will ensure staff are following tenants' Service Plan, and Fall Evaluations are being practiced consistently. After three months, if no issues are noted, random audits will be conducted to ensure compliance. The Assisted Living Director, Director of Nursing, and/or designee will report results of the audit to the interdisciplinary team, the consultant pharmacist, and the Medical Director at the quarterly QAPI meeting.

Completion Date: October 28, 2024

A145 – Evaluation of Tenant, 481.69.22(3);

A430 – Nurse Review, 481.69(1)c

Upon interview and record review, Tenant C1 and all similarly situated residents, the facility shall evaluate the 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 Assisted Living Director/designee and Director of Nursing reviewed all tenant's evaluations and noted there were no additional evaluations that required an evaluation, or due to a significant change.

The Assisted Living Director/designee will audit all tenant's evaluations and ensure they are completed within the required time frame. Significant changes will be noted and an evaluation completed. The Assisted Living Director, and/or designee will report results of the audit to the interdisciplinary team, the consultant pharmacist, and the Medical Director at the quarterly QAPI meeting.

Completion Date: October 28, 2024