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
	S0444	A. BUILDING: _____ B. WING _____	C 10/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STIRLINGSHIRE OF CORALVILLE AL	1140 KENNEDY PARKWAY CORALVILLE, IA 52241

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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: 52 Number of tenants with cognitive disorder: 5 Total census of Assisted Living Program: 57 The following regulatory insufficiencies were cited during the investigation of Complaint #121001-C:	A 000	The Plan of Correction is attached	
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 the policy and procedure related to personal emergency response pendants. This pertained to 3 of 4 tenants reviewed related to pendant history (Tenants #3, #4 and #6). It potentially affected all tenants (census of 57). Findings follow: 1. Review of Tenant #4's file on 10/21/24 revealed an Incident Report dated 4/9/24 at 10:15 a.m. indicating Tenant #4 called the front desk and reported she fell and her pendant was not working. Staff responded and found her on the floor. Staff attempted to get her up but she was in too much pain so they got the nurse. The nurse took vitals and Tenant #4 was sent to the hospital. It noted she fell out of bed and crawled to the	A 150		

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A 150	Continued From page 1 living room. A Progress Note dated 4/10/24 indicated on 4/9/24 Tenant #4 was found by staff on the floor. Tenant #4 had called a friend and the friend called the front desk. A nurse went to Tenant #4's apartment to assess her. Tenant #4 thought she rolled out of bed but was not sure. She pushed her pendant but it did not work. She said she "crawled/slid around the floor for a few hours trying to get to her phone." Tenant #4 said she passed out for awhile. Her oxygen was low, and she had complaints of hip and back pain. On 4/10/24 at 8:30 p.m. the nurse was made aware Tenant #4 had returned from the hospital and there were no significant injuries. The nurse checked on her that morning and she said there were no fractures. She complained of her head and hands being sore due to sliding/crawling on the floor. Her palms had dark pink/red areas and there was a dark pink (area) on the posterior head. The emergency department documentation indicated Tenant #4 was admitted and discharged on 4/9/24. The tenant presented after a fall with loss of consciousness and had symptoms of left shoulder, hip and neck pain. She reported she was sleeping when she woke up on the floor on her back. She did not think she lost consciousness. She fell off of her bed three to four feet off of the floor. When she woke up she crawled on the floor to call for help (EMS). The last thing she remembered was falling asleep in her bed. A Resident Event Report for Tenant #4 from 4/1/24 to 4/30/24 revealed the first pendant call for April was dated 4/9/24 at 12:54 p.m. (post fall and replacement of her pendant). There were no	A 150		

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A 150	Continued From page 2 pendant call entries when the fall occurred. A Work Order dated 4/9/24 at 10:37 a.m. indicated the battery was changed but it did not fix the pendant. It was requested Tenant #4 receive a new pendant. The work ordered indicated Tenant #4 received a new pendant on 4/9/24. 2. Review of Tenant #3's file on 10/22/24 revealed a Resident Event Report from 5/1/24 to 5/31/24 indicating the longest response time to pendants was 58 minutes, the shortest response time was 1 minute and the average response time was 8 minutes. The report indicated the pendant exceeded a 15 minutes response time on the following dates: 5/2/24 (16 minutes), 5/5/24 (20 minutes), 5/6/24 (58 minutes), 5/7/24 (21 minutes), 5/7/24 (22 minutes), 5/9/24 (17 minutes), 5/9/24 (18 minutes), 5/9/24 (17 minutes), 5/11/24 (27 minutes), 5/12/24 (16 minutes), 5/15/24 (17 minutes), 5/16/24 (18 minutes), 5/20/24 (24 minutes), 5/21/24 (16 minutes), 5/22/24 (21 minutes), 5/23/24 (18 minutes), 5/24/24 (20 minutes), 5/25/24 (16 minutes), 5/26/24 (17 minutes), 5/26/24 (22 minutes) and 5/26/24 (18 minutes). The Resident Event Report from 8/1/24 to 8/31/24 indicated the longest response time to the pendants was 31 minutes, the shortest response time was 1 minute and the average response time was 7 minutes. The report indicated the pendant exceeded a 15 minute response time on the following dates: 8/2/24 (18 minutes), 8/6/24 (31 minutes), 8/7/24 (21 minutes), 8/11/24 (18 minutes), 8/11/24 (22 minutes), 8/12/24 (22 minutes), 8/16/24 (19 minutes), 8/21/24 (18 minutes), 8/22/24 (16 minutes) and 8/22/24 (22 minutes).	A 150		

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A 150	Continued From page 3 3. Review of Tenant #6's file on 10/22/24 revealed a Resident Event Report from 5/1/24 to 5/31/24 indicated the longest response time to pendants was 21 minutes, the shortest response time was 1 minute and the average response time was 6 minutes. The report indicated the pendant exceeded a 15 minute response time on the following dates: 5/14/24 (21 minutes), 5/20/24 (16 minutes), 5/28/24 (16 minutes) and 5/31/24 (17 minutes). 4. Review of a Detailed Event Report on 10/22/24 to review the pendant response times for the building revealed the pendant response exceeded 15 minutes for general population tenants 3 times on 9/1/24 (2 times for 16 minutes and 1 time for 22 minutes), and 1 time on 9/2/24 (26 minutes). Review of a Detailed Event Report to review the pendant response times for the building revealed the following dates the pendant response exceeded 15 minutes for general population tenants on 10/5/24 and 10/6/24: 10/5/24 (22 minutes), 10/6/24 (16 minutes), 10/6/24 (17 minutes x2), 10/6/24 (19 minutes x3), 10/6/24 (22 minutes), 10/6/24 (26 minutes), and 10/6/24 (31 minutes). 5. When interviewed on 10/8/24 at 1:00 p.m. Staff B said the average time to respond to a pendant varied. She had heard on overnight shift there had been pendants that had not been answered in a reasonable amount of time. When interviewed on 10/10/24 at approximately 9:50 a.m. Staff C said the system used to answer pendants was an on-going issue. A new system was needed in her opinion. The garden level and upstairs on second floor in certain rooms had issues.	A 150		

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A 150	Continued From page 4 On 10/24/24 at 11:10 a.m. the Director of Nursing said the expectation was that pendants be answered in less than 15 minutes with a goal of 5 minutes. She said excessive amounts over 15 minutes received exception reports. When interviewed on 10/23/24 at 1:07 p.m. and 10/24/24 at 4:12 p.m. the Executive Director said the average time of pendants fluctuated. The expectation was 15 minutes or less and 5 minutes was the goal. She said it was not a policy but an expectation. They were hoping to add a fourth staff at the first of the year due to increased occupancy. She there were no exception reports related to pendant response times found for Tenant #3 who had a response time of 58 minutes in May. There were also no exception reports found related to the pendants for the building for 10/5/24 and 10/6/24. 6. Review of the Program's Emergency Response policy and procedure indicated it was to provide "expedient" communication of emergency needs of the tenants. Each tenant would have access to an emergency response device that could be activated by one touch. It was monitored by staff 24 hours per day. Response times would be monitored by management and documentation would be kept as needed for quality assurance and improvement programs. In summary, the Program failed to follow its emergency response policy and procedure related to pendant response times for Tenants #3 and #6 that were not completed in an expedient manner as indicated the policy. Review of building pendants for two, two-day time periods,(9/1/24 - 9/2/24) and (10/5/24 - 10/6/24)	A 150		

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A 150	Continued From page 5 also revealed pendants were not answered in a expedient manner and multiple pendant calls exceeded 15 minutes. Additionally, Tenant #4 sustained a fall. She pushed her pendant, however her pendant did not function at the time of the incident. She crawled around her apartment until she was able to call for assistance via her phone. She did not have a functioning pendant as required by the policy.	A 150		
A 160	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 provide cares and services that were adequate and appropriate. This pertained to 6 of 7 tenants reviewed (Tenants #1, #2, #3, #5, #6 and #7). Findings follow: 1. When interviewed on 10/8/24 at 10:35 a.m. Staff A said people came into work and did always not check laundry and shower schedules. She believed not everyone did their job correctly, especially on second shift. Showers were not always getting done and at times staff charted they completed a shower when they did not actually do it. It had been reported to	A 160		

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A 160	Continued From page 6 management. When interviewed on 10/10/24 at approximately 9:50 a.m. Staff C said staff did not know the shower schedule and at times did not look at it until the end of their shift. 2. Review of Tenant #1's file on 10/7/24 revealed Tenant #1 received staff assistance with tasks. - the August 2024 Monthly Task Log reflected the task of dressing assistance (minimal) twice daily was charted as not completed over 20 times. The task of staff emptying the Foley catheter every shift and completing perineal care was charted as not completed on 8/7/24 and 8/9/24 on third shift. It also reflected assistance with laundry as task not completed on 8/28/24. - the September 2024 Monthly Task Log reflected the task of dressing assistance (minimal) twice daily was charted as not completed over 20 times. - the October 2024 Monthly Task Log reflected the task of dressing assistance (minimal) twice daily was charted as not completed twice between 10/1/24 and 10/6/24. 3. Review of Tenant #2's file on 10/21/24 revealed Tenant #2 received staff assistance with tasks. - the August 2024 Monthly Task Log reflected the task of dressing (extensive) twice daily was charted as not completed 15 times. - the September 2024 Monthly Task Log reflected the task of dressing (extensive) twice daily was charted as not completed over 15 times. - the October 2024 Monthly Task Log reflected task of dressing (extensive) twice daily it was charted as not completed 3 times between 10/1/24 and 10/10/24.	A 160		

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A 160	Continued From page 7 4. Review of Tenant #3's file on 10/21/24 revealed Tenant #3 received staff assistance with tasks. - the August 2024 Monthly Task Log reflected the task of dressing (minimal) twice daily was charted as not completed over 10 times. Laundry assistance once weekly was charted as not completed 2 times. A task of bed preparation (extensive) once daily was charted as not completed 9 times. - the September 2024 Monthly Task Log reflected the task of dressing (minimal) twice daily was charted as not completed over 10 times. Laundry assistance once weekly was charted as not completed 2 times. A task of bed preparation (extensive) once daily was charted as not completed 7 times. - the October 2024 Monthly Task Log reflected the task of dressing (minimal) twice daily was charted as not completed over 3 times between 10/1/24 and 10/14/24. A task of bed preparation (extensive) once daily and was charted not completed 4 times between 10/1/24 and 10/13/24. 5. Review of Tenant #5's file on 10/21/24 revealed Tenant #5 received staff assistance with tasks. - the August 2024 Monthly Task Log reflected bathing assistance twice per week was charted as task not completed twice. - the September 2024 Monthly Task Log reflected grooming assistance once daily was charted as task not completed three times. Bathing assistance twice per week was charted as not completed twice. - the October 2024 Monthly Task Log reflected grooming assistance once daily was charted as not completed twice between 10/1/24 and 10/20/24. Bathing assistance twice per week was charted as not completed one time between 10/1/24 and 10/20/24.	A 160		

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A 160	Continued From page 8 6. Review of Tenant #6's file on 10/21/24 revealed Tenant #6 received staff assistance with tasks. - the August 2024 Monthly Task Log reflected bathing assistance twice weekly was charted as task not completed twice. Dressing assistance (extensive) was charted as task not completed over 10 times. - the September 2024 Month Task Log reflected bathing assistance twice weekly was charted as not completed one time. Dressing assistance (extensive) was charted as task not completed over 15 times. 7. Record review on 10/22/24 of Tenant #7's file revealed Tenant #7 received staff assistance with tasks. - the August 2024 Monthly Task Log reflected dressing assistance twice daily was charted as not completed over 15 times. Bathing assistance twice weekly was charted as task not completed one time. - the September 2024 Monthly Task Log reflected dressing assistance twice daily was charted not completed over 15 times. Bathing assistance twice weekly was charted as not completed one time. - the October 2024 Monthly Task Log reflected dressing assistance twice daily was charted as not completed over 5 times between 10/1/24 and 10/21/24. 8. When interviewed on 10/24/24 at 11:10 a.m. the Director of Nursing confirmed all task records were provided for the tenants reviewed. She said staff should document tasks as they did the tasks and if not, by the end of the shift. She said first shift staff had reported laundry was not getting completed if it was left in the dryer.	A 160		

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A 285	Continued From page 9	A 285		
A 285	481-67.5(2)f(4) Medications 67.5(2) Each program shall follow its own written medication policy, which shall include the following: f. When medications are administered traditionally by the program: (4) Medications and treatments shall be administered as prescribed by the tenant's physician, advanced registered nurse practitioner or physician assistant. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to administer medications and complete treatments as ordered. This pertained to 5 of 6 tenants reviewed who received program administered medications (Tenants #1, #2, #3, #5 and #7). Findings follow: 1. Review of Tenant #1's file on 10/7/24 revealed staff administered her medications. The tenant's 2024 medication records (MARs) revealed the following: a. May - Alprazolam 0.5 milligram (mg), one tablet three times daily was not documented as administered on 5/6/24, 5/7/24, 5/9/24, 5/21/24, 5/24/24, 5/29/24 at 10:00 p.m. and 5/15/24 at 3:00 p.m. b. June - Alprazolam 0.5 mg, one tablet three times daily was not documented as administered on 6/11/24, 6/13/24, 6/22/24 and 6/23/24 at 10:00 p.m. c. July	A 285		

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A 285	Continued From page 10 - Alprazolam 0.5 mg, one tablet three times daily was not documented as administered on 7/19/24 at 10:00 p.m. d. August - Acetaminophen 500 tablet, two tablets three times daily was not documented as administered on 8/2/24 at 2:00 p.m. and 8/6/24 at 8:00 a.m. - Alprazolam 0.5 mg, one tablet three times daily was not documented as administered on 9/9/24, 9/11/24 and 9/13/24 at 10:00 p.m. e. September - Acetaminophen 500 tablet, two tablets three times daily was not documented as administered on 9/13/24 at 8:00 p.m. -Alprazolam 0.5 mg, one tablet three times daily was not documented as administered on 8/6/24, 8/14/24, 8/15/24, 8/16/24 and 8/28/24 at 10:00 p.m. 2. Review of Tenant #2's file on 10/21/24 revealed staff administered his medications. The tenant's 2024 MARs revealed the following: a. July - Tubigrip stockings twice daily (apply and remove) were not documented as completed on 7/5/24, 7/14/24, 7/19/24 at 8:00 a.m. and on 7/2/24, 7/4/24, 7/5/24, 7/6/24, 7/8/24, 7/10/24, 7/14/24, 7/17/24, 7/19/24, 7/20/24, 7/22/24, 7/24/24, 7/27/24 at 8:00 p.m. b. August - Escitalopram 20 mg tablet, one daily was not documented as administered on 8/22/24. - Tubigrip stockings twice daily (apply and remove) were not documented as completed on 8/22/24 and 8/30/24 at 8:00 a.m. and 8/2/24 8/5/24, 8/18/24, 8/19/24 and 8/30/24 at 8:00 p.m. c. September - Tubigrip stockings twice daily (apply and remove) were not documented as completed on 9/7/24, 9/10/24, 9/16/24, 9/18/24, 9/19/24,	A 285		

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A 285	Continued From page 11 9/21/24, 9/22/24 at 8:00 a.m. and 9/5/24, 9/8/24, 9/19/24, 9/22/24, 9/23/24, 9/27/24 and 9/30/24 at 8:00 p.m. 3. Review of Tenant #3's file on 10/21/24 revealed staff administered her medications. The tenant's 2024 MARs revealed the following: a. August - Doxepin HCL capsule 25 mg, two at bedtime was not documented as administered on 8/14/24, 8/15/24 and 8/28/24. - Gabapentin 100 mg capsule, two at bedtime was not documented as administered on 8/14/24, 8/15/24 and 8/30/24. - Memantine 10 mg tablet, one twice daily was not documented as administered on 8/2/24 at 2:00 p.m. and 8/24/24 at 2:00 p.m. It was charted as drug not given (DNG) on 8/6/24 at 2:00 p.m. - Metoprolol tartrate 25 mg, 1/2 tablet twice daily was not documented as administered on 8/2/24 and 8/24/24 at 2:00 p.m. It was charted as DNG on 8/6/24 at 2:00 p.m. b. September - Doxepin HCL capsule 25 mg, two at bedtime was not documented as administered on 9/9/24 and 9/17/24. - Gabapentin capsule 100 mg, two at bedtime was not documented as administered on 9/8/24 and 9/17/24. - Memantine 10 mg tablet, one twice daily was documented as drug not available (DNA) on 9/5/24 at 2:00 p.m. c. October - Duloxetine capsule 60 mg, one twice daily was documented as DNG on 10/10/24 at 5:00 p.m. - Methenamine Hippurate 1 GM, one tablet twice daily was documented as DNG on 10/10/24 at 8:00 p.m.	A 285		

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A 285	Continued From page 12 - Metoprolol tartrate 25 mg, 1/2 tablet twice daily was not documented as administered on 9/11/24 at 2:00 p.m. - Clotrimazole mouth/throat troche 10 mg allow troche to dissolve in the mouth five times a day was not documented as administered on 10/13/24 at 12:30 p.m. and was documented as DNG on 10/10/24 at 3:30 p.m. and 6:30 p.m. 4. Review of Tenant #5's file on 10/21/24 revealed staff administered her medications. The tenant's 2024 MARs revealed the following: a. August - Acetaminophen 325 mg tablet, two tablets three times was documented as not administered 8/15/24 at 8:00 p.m. and 8/24/24 at 2:00 p.m. - Blood pressure/pulse daily was not documented as completed on 8/20/24, 8/24/24, 8/25/24, 8/27/24 and 8/30/24. - Prafo boots (have bilateral Prafo boots on when in bed) once daily at 10:00 p.m. was not documented as completed on 8/2/24, 8/4/24, 8/5/24, 8/10/24, 8/11/24, 8/14/24, 8/15/24, 8/16/24, 8/18/24, 8/22/24, 8/23/24, 8/25/24, 8/27/24 and 8/30/24. - Tubigrips (apply at 8:00 a.m. and remove at bedtime) was not documented as completed on 8/6/24, 8/8/24, 8/16/24, 8/20/24, 8/22/24, 8/24/24, 8/27/24 at 8:00 a.m. and 8/1/24, 8/2/24, 8/5/24, 8/16/24, 8/18/24, 8/19/24, 8/26/24, 8/27/24, 8/29/24 and 8/30/24 at 8:00 p.m. b. September - Acetaminophen 325 mg tablet, two tablets three times daily was not documented as administered on 9/10/24, 9/18/24, 9/22/24 at 2:00 p.m. It was also documented as DNG on 9/13/24 at 2:00 p.m. It was documented as not administered on 9/10/24 at 8:00 p.m. - Blood pressure/pulse daily was not documented as completed on 9/3/24, 9/7/24,	A 285		

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A 285	Continued From page 13	A 285		

9/8/24, 9/9/24/ 9/10/24, 9/18/24, 9/22/24, 9/23/24
- Prafo boots (have bilateral Prafo boots on when in bed) once daily at 10:00 p.m. was not documented as completed on 9/2/24, 9/5/24, 9/6/24, 9/7/24, 9/10/24, 9/16/24, 9/17/24, 9/21/24, 9/22/24 and 9/23/24.
- Tubigrips (apply at 8:00 a.m. and remove at bedtime) was not documented as completed on 9/3/24, 9/7/24, 9/8/24, 9/10/24, 9/16/24, 9/18/24, 9/22/24, 9/23/24, 9/24/24 at 8:00 a.m. and 9/2/24, 9/5/24, 9/6/24, 9/7/24, 9/8/24, 9/10/24, 9/16/24, 9/17/24, 9/21/24, 9/22/24, 9/23/24, 9/26/24, 9/27/24, 9/28/24 and 9/30.24 at 8:00 p.m.

5. Review of Tenant #7's file on10/22/24 revealed staff administered her medications.

A Medication/Treatment Error Report dated 10/17/24 indicated an error was identified on 10/16/24. Tenant #7's ibuprofen 200 mg three times daily at 8:00 a.m., 2:00 p.m. and 8:00 p.m. were administered in error. The MAR reflected to give three tablets three times daily. It was noted the type of error was wrong dose. The investigation indicated the pharmacy was called regarding what had been sent since receipt of the order in April. Additional doses were requested on 10/1/24. No additional doses were requested prior to then. Tenant #7's physician was notified.

Continued record review revealed a pharmacy packaging slip indicated on 10/2/24, 24 additional tablets of ibuprofen 200 mg tablet were delivered for Tenant #7.

Review of the April to September 2024 MARs revealed an order for ibuprofen 200 mg tablet, one tablet by mouth three times daily with a start date of 4/5/24. The quantity listed on the left side of the MAR reflected three tablets at 8:00 a.m.,

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A 285	Continued From page 14 three tablets at 2:00 p.m. and three tablets at 8:00 p.m. despite the order for one tablet three times daily. The October MAR reflected the order was corrected on 10/17/24. The October MAR from 10/1/24 to 10/17/24 (8:00 a.m.) dose reflected the quantity of three, three times daily instead of the correct dose, which was one tablet three times daily. 6. When interviewed on 10/24/24 at 11:10 a.m. the Director of Nursing said it was discovered the order for the Ibuprofen had been incorrect since 4/25/24. She confirmed all MARs and orders were provided for the tenants reviewed.	A 285		
A 145	481-69.22(3) Evaluation of Tenant 69.22(3) Evaluation annually and with significant 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 evaluations as	A 145		

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A 145	Continued From page 15	A 145		

needed with significant change. This pertained to 3 of 7 tenants reviewed (Tenants #2, #3 and #5). Findings follow:

1. Review of Tenant #2's file on 10/21/24 revealed Progress Notes indicating the following:
- On 7/15/24 it was noted Tenant #2 was becoming more of a two person assist more frequently and at times required the assistance of a third person for transfer assist. A transfer study would be completed for seven days.
- On 7/30/24 it was documented a transfer study was started on 7/16/24 and ended on 7/29/24. There were 64 transfers documented and 11 transfers required the assistance of two people.
- On 9/25/24 staff reported he was refusing medications at that point. He said he wished to die. Tenant #2 thought if he stopped taking his medications he would die faster. Hospice was informed.
- On 9/30/24 new orders were received for medications. Medications were discontinued including lisinopril, metformin and tamsulosin. His carbidopa-levodopa dosage had changed.

Tenant #2's most recent evaluations were completed on 7/17/24; however, the evaluation indicated he required the assistance of one person for transfers and at times was independent. This evaluation was completed after it was noted Tenant #4 had been requiring more assistance with transfers. Additionally, evaluations were not completed when Tenant #2 began refusing his medications and said he wished to die. Evaluations were not completed as needed with significant change.

2. Review of Tenant #3's file on 10/21/24 revealed Progress Notes indicating the following:
- On 8/5/24 staff reported Tenant #3 had two

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A 145	Continued From page 16	A 145		

open sores on her buttocks near the gluteal fold. They were approximately 4 centimeters (cm). Tenant #3's family said she was getting some cream for it and the nurse made a referral to a home health nurse to evaluate and provide a treatment for healing.
- On 8/7/24 the home health nurse assessed the wounds and reported the sore on the right buttock was 2.3 x 2.1 x 0.1 cm. The sore on the left buttock was 3.1 x 3.6 x 0.1 cm. Orders would be sent for treatment.
- On 10/3/24 Tenant #3 was started on clotrimazole for a fungal infection in her mouth. She would take one troche, five times per day for 14 days.

Continued review revealed evaluations not be located for Tenant #3 related to the two open sores on her buttock and home health assessment of the wounds and treatment. Evaluations were also not completed related to the fungal infection in her mouth and treatment ordered.

3. Review of Tenant #5's file on 10/21/24 revealed Progress Notes indicating the following:
- On 2/20/24 staff reported Tenant #5 had decreased appetite and difficulty swallowing. enant #5's spouse said it happened on and off.
- On 2/26/24 Tenant #5 was seen in the emergency department (ED) for a fall. An order was received for Tylenol 650 milligram (mg), two tablets 3 times per day. An order was also received for physical therapy (PT).
- On 3/3/24 Tenant #5 was taken to urgent care by staff due to heel pain. She had redness and soreness of her heel. She was diagnoses with cellulitis of the heel. Tenant #5 was to stop taking amoxicillin and start taking cephalexin 500 mg three times daily.

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A 145	Continued From page 17 - On 3/22/24 Tenant #5 returned from an appointment with her physician. New orders were received to use two layers of Tubigrips. - On 4/5/24 Tenant #5 returned from a visit to physician/wound center. No new orders were received. - On 4/11/24 Tenant #5's family stopped to discuss her appointment at the wound clinic and reported Tenant #5 had a wound dressing on her buttocks. The tenant would shower on Tuesday and the family member would do the wound care at that time. Tenant #5's family did not want the Program to do her wound care at that time. - On 5/10/24 staff reported Tenant #5 had difficulty swallowing and coughed a lot while drinking fluids. Family was made aware of risk for aspiration pneumonia. A Physician Order Details document indicated the date of service was 4/4/24 and diagnoses included a diabetic wound/pressure ulcer of the right heel (unstageable) acquired on 2/16/24. Two gluteus wounds, one located on each buttock, were both stage 3 and acquired on 3/1/24. The document contained treatment orders and the tenant was to return in a week. A Physician Order Details document dated 4/11/24 specified new treatment orders. Continued record review revealed evaluations were completed on 11/20/23, a 90 day nurse review was completed on 2/5/24 and evaluations were completed on 5/7/24. Evaluations were not completed as needed when Tenant #5 developed a heel wound and bilateral buttocks wounds and was seen at the wound clinic. Evaluations were not also not completed with noted difficulties with swallowing and risk for aspiration pneumonia.	A 145		

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A 145	Continued From page 18 4. When interviewed on 10/24/24 at 11:10 a.m. the DON confirmed all evaluations were provided for the tenants requested.	A 145		
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. 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. This pertained to 5 of 7 tenants reviewed (Tenants #1, #2, #3, #5 and #7). Findings follow: 1. Review of Tenant #1's file on 10/7/24 revealed an order for Narcan spray as needed. The service plan reflected staff administered her medications and were to follow the Narcan delegation and the care of the tenant in an emergency situation if she was unresponsive despite stimulation. The service plan did not reflect where the Narcan nasal spray was stored. 2. Review of Tenant #2's file on 10/21/24 revealed Progress Notes indicating the following: - On 6/5/24 the hospice Advanced Registered	A 350		

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A 350	Continued From page 19 Nurse Practitioner (ARNP) emailed a note to the Director of Nursing (DON) regarding a discussion with the tenant and his family about his risk for aspiration and choking due to disease progression. It was his wish that if he choked and the obstruction was unable to be cleared that no ambulance be called. The Heimlich maneuver could be attempted but no other life saving measures. He wanted morphine on hand for comfort. - On 7/15/24 it was noted Tenant #2 was becoming more of a two person assist more frequently and at times required the assistance of a third person for transfer assist. A transfer study would be completed for seven days. - On 7/30/24 it was documented a transfer study was started on 7/16/24 and ended on 7/29/24. There were 64 transfers documented and 11 transfers required the assistance of two people. - On 9/25/24 staff reported he was refusing medications at that point. He said he wished to die. Tenant #2 thought if he stopped taking his medications he would die faster. Hospice was informed. - On 9/30/24 new orders were received for medications. Medications were discontinued including lisinopril, metformin and tamsulosin. His carbidopa-levodopa dosage had changed Tenant #2's most recent service plan was updated on 7/17/24; however, the service plan reflected he required the assistance of one person for ambulation and transfers. The service plan did not reflect Tenant #2 required the assistance of two people for transfers at times. Additionally, the service plan was not updated when Tenant #4 began refusing his medications and said he wished to die. The service plan did not reflect Tenant #2's risk for aspiration pneumonia and his wishes regarding	A 350		

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A 350	Continued From page 20 interventions if he were to start choking. 3. Review of Tenant #3's file on 10/21/24 revealed Progress Notes indicating the following: - On 8/5/24 staff reported Tenant #3 had two open sores on her buttocks near the gluteal fold. They were approximately 4 centimeters (cm). Tenant #3's family said she was getting some cream for it and the nurse made a referral to a home health nurse to evaluate and provide a treatment for healing. - On 8/7/24 the home health nurse assessed the wounds and reported the sore on the right buttock was 2.3 x 2.1 x 0.1 cm. The sore on the left buttock was 3.1 x 3.6 x 0.1 cm. Orders would be sent for treatment. - On 10/3/24 Tenant #3 was started on clotrimazole for a fungal infection in her mouth. She would take one troche, five times per day for 14 days. - On 10/11/24 home health discharge dates were provided: occupational therapy (OT) discharged 7/6/24, physical therapy (PT) discharged on 10/3/24 and skilled nursing (SN) discharged on 10/1/24. Tenant #3's most recent service plan was updated on 6/25/24. It was not updated as needed with the two open sores on Tenant #3's buttock and home health assessment of the wounds and treatment. The service plan was also not updated to reflect the fungal infection in her mouth and treatment ordered or discontinuation with outside therapies. 4. Review of Tenant #5's file on 10/21/24 revealed Progress Notes indicating the following: - On 2/20/24 staff reported Tenant #5 had decreased appetite and difficulty swallowing. Tenant #5's spouse said it happened on and off.	A 350		

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A 350	Continued From page 21 - On 2/26/24 Tenant #5 was seen in the emergency department (ED) for a fall. An order was received for Tylenol 650 milligram (mg), two tablets 3 times per day. An order was also received for physical therapy (PT). - On 3/3/24 Tenant #5 was taken to urgent care by staff due to heel pain. She had redness and soreness of her heel. She was diagnoses with cellulitis of the heel. Tenant #5 was to stop taking amoxicillin and start taking cephalexin 500 mg three times daily. - On 3/22/24 Tenant #5 returned from an appointment with her physician. New orders were received to use two layers of Tubigrips. - On 4/5/24 Tenant #5 returned from a visit to physician/wound center. No new orders were received. - On 4/11/24 Tenant #5's family stopped to discuss her appointment at the wound clinic and reported Tenant #5 had a wound dressing on her buttocks. The tenant would shower on Tuesday and the family member would do the wound care at that time. Tenant #5's family did not want the Program to do her wound care at that time. - On 5/10/24 staff reported Tenant #5 had difficulty swallowing and coughed a lot while drinking fluids. Family was made aware of risk for aspiration pneumonia. A Physician Order Details document indicated the date of service was 4/4/24 and diagnoses included a diabetic wound/pressure ulcer of the right heel (unstageable) acquired on 2/16/24. Two gluteus wounds, one located on each buttock, were both stage 3 and acquired on 3/1/24. The document contained treatment orders and the tenant was to return in a week. A Physician Order Details document dated 4/11/24 specified new treatment orders.	A 350		

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A 350	Continued From page 22 Further record review revealed Tenant #5's service plan was updated on 11/20/23 and 5/7/24. The service plan was not updated as needed in April 2024 when she developed a heel wound and bilateral buttocks wounds and was seen at the wound clinic. The service plan dated 5/7/24 reflected the Tubigrips, Prafo boots, and a history of a wound on her right heel. However, the service plan did not note Tenant #5's difficulties with swallowing (which was noted back in Feb 2024) and risk for aspiration pneumonia. 5. Review of Tenant #7's file on 10/22/24 revealed Monthly Task Logs from August to October reflected frequent refusals of dressing and bathing assistance. The service plan dated 7/2/24 reflected Tenant #7 received bathing and dressing assistance; however, the service plan did not reflect the refusals of those tasks or any needed interventions. 6. When interviewed on 10/24/24 at 11:10 a.m. the Director of Nursing confirmed all service plans were provided for the tenants requested.	A 350		

Plan of Correction for Stirlingshire of Coralville

In response to

Investigation #121001-C, Complaint #121001-C, and Stirlingshire of Coralville AL Revisit FC #10313

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 deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of state law.

Regulatory Insufficiency: 481-67.2(3) Program Policies and Procedures
67.2(3) The program shall follow the policies and procedures established by the program

- **Elements detailing how the program will correct the insufficiency.**
  - All nursing team members will be re-educated on the Emergency Response Policy.
- **What measures will be taken to ensure the problem does not recur.**
  - The DON/ADON or designee will routinely review pendant response times to ensure compliance with regulations and program policy.
- **How the program plans to monitor performance to ensure compliance.**
  - The Regional Nurse and/or designee will periodically audit supporting documentation for completion during visits to community.
- **The date by which the regulatory insufficiency will be corrected.**
  - This regulatory insufficiency will be corrected by 2/14/2025.

Regulatory Insufficiency: Tenant Rights 481-67.3(2)
481-67.3(2) All tenants have the following rights: To receive care, treatment and services which are adequate and appropriate.

- **Elements detailing how the program will correct the insufficiency.**
  - All nursing team members will be re-educated ADL's and tasks needing to be completed on their shift and on documentation of tenant ADL's and tasks.
- **What measures will be taken to ensure the problem does not recur.**
  - The DON/ADON or designee will routinely review resident ADL's and tasks to ensure they are documented appropriately.
- **How the program plans to monitor performance to ensure compliance.**
  - The Regional Nurse and/or designee will periodically audit supporting documentation for completion during visits to community.
- **The date by which the regulatory insufficiency will be corrected.**
  - This regulatory insufficiency will be corrected by 2/14/2025.

Regulatory Insufficiency: Medications 481-67.5(2) f(4)
67.5(2)f(4) Each program shall follow its own written medication policy, which shall include the following: When medications are administered traditionally by the program: Medications and treatments shall be administered as prescribed by the tenant's physician, advanced registered nurse practitioner or physician assistant.

- **Elements detailing how the program will correct the insufficiency.**

    - Certified Medication Aides will be re-education on Medication Administration Policy, Medication Administration Record Policy, and Medication Error Policy.
- **What measures will be taken to ensure the problem does not recur.**
    - The DON, ADON, and/or designee will routinely review resident medication administration records to ensure compliance.
- **How the program plans to monitor performance to ensure compliance.**
    - The Regional Nurse and/or designee will periodically audit supporting documentation for completion during visits to community.
- **The date by which the regulatory insufficiency will be corrected.**
    - This regulatory insufficiency will be corrected by 2/14/2025.

Regulatory Insufficiency: 481-69.22(3) Evaluation of Tenant
69.22(3) Evaluation annually and with significant 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.

- **Elements detailing how the program will correct the insufficiency.**
    - Tenant's #2, #3, and #5 service plan to be reviewed and updated as needed to accurately reflect tenant status and needs.
- **What measures will be taken to ensure the problem does not recur.**
    - DON and ADON will be educated on Resident Assessments Policy and triggers for a change in condition assessment.
- **How the program plans to monitor performance to ensure compliance.**
    - The DON, Regional Nurse, and/or designee will complete random audits of resident chart notes, assessments, and service plans to ensure accuracy and compliance.
- **The date by which the regulatory insufficiency will be corrected.**
    - This regulatory insufficiency will be corrected by 2/14/2025.

Regulatory Insufficiency: 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. The service plan shall subsequently be updated at least annually and whenever changes are needed.

- **Elements detailing how the program will correct the insufficiency.**
    - Tenant's #1, #2, #3, #5 and #7 service plans to be updated adequately to reflect specific care needs.
- **What measures will be taken to ensure the problem does not recur.**
    - Assessments and Service Plans will be created and kept updated to adequately reflect each tenants individualized care needs.
- **How the program plans to monitor performance to ensure compliance.**

    - The DON, Regional Nurse and/or designee will complete random audits of resident chart notes, assessments, and service plans to ensure accuracy and compliance.
- **The date by which the regulatory insufficiency will be corrected.**
    - This regulatory insufficiency will be corrected by 2/14/2025.