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
	S0466	A. BUILDING: _____ B. WING _____	C 02/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
QUARTET SENIOR LIVING MC	3150 GLENBROOK CIRCLE SOUTH BETTENDORF, IA 52722

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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: 1 Number of tenants with cognitive impairment: 13 Total census: 14 The following regulatory insufficiencies were cited during the investigation of Complaint #118032-C and the revisit to the initial certification visit:	A 000		
A 130	481-67.2(1)e Program Policies and Procedures 67.2(1) The program's policies and procedures on incident reports, at a minimum, shall include the following: e. All accidents or unusual occurrences within the program's building or on the premises that affect tenants shall be reported as incidents. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to complete incident reports for all accidents or unusual occurrences. This pertained to 1 of 4 current tenants reviewed who was admitted more than six months ago (Tenant #4). Findings follow: 1. Review of Tenant #4's file on 2/13/24 and 2/14/24 revealed Progress Notes indicating on 1/5/24 she had been combative and wandering. She went to her apartment and told staff she was	A 130	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 130	Continued From page 1 tired and wanted to die. Staff was instructed to give as needed medication and call back if not effective. Staff was also to start 30 minute safety checks. No indicent report related to this event could be locared. 2. When interviewed on 2/21/24 at 3:05 p.m. the Clinical Director confirmed all incident reports for the tenants reviewed were provided.	A 130		
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 as prescribed for 1 of 2 discharged tenants reviewed (Tenant C1). Findings follow: 1. Review of Tenant C1's file on 2/14/24 revealed a Medication Incident Report dated 2/12/23 indicating medications were not administered for Tenant C1. The medication was Gabapentin 100 mg capsules and the times ordered were 8:00 a.m. and 2:00 p.m. Staff noted the 8:00 a.m. and	A 285		

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2:00 p.m. doses of Gabapentin were not given. No adverse reactions were noted. Tenant C1's family and primary care provider (PCP) were notified.

Progress notes dated 9/23/23 reflected Tenant C1's blood glucose was 56. The ordered dose of Lantus 20 units was held and the PCP was notified. A verbal order was given for one time only to give 10 units that morning. Review of the September 2023 medication administration record (MAR) reflected 56 for the blood glucose reading on 9/23/23 in the morning. The one time dose per verbal order of 10 units that morning was not documented as administered.

The October 2023 MAR reflected the blood glucose reading on 10/9/23 at 8:00 p.m. was 144. The MAR reflected the order for Lantus 100/ml 10 units subcutaneous every evening at 8:00 p.m. (hold if the blood glucose was less than 150). The medication on 10/9/23 was documented as administered despite the blood glucose reading of 144.

The November 2023 MARs reflected an order for Lantus 30 SQ every morning. It indicated to hold insulin if blood glucose readings were below 70 and contact the nurse and PCP. It was effective 11/22/23. On 11/27/23 at 8:00 a.m. Tenant C1's blood glucose reading was 67 and staff documented the administration of the insulin despite being outside of the ordered parameters. There was also no documentation regarding of notification of the PCP of the blood glucose reading of 67.

Progress Notes dated 11/21/23 reflected an order for Lantus 30 units once per day; to discontinue the Lantus 20 units in the morning and 10 units at

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A 285	Continued From page 3 bedtime; and to send weekly blood glucose readings. On 12/4/23 it was documented blood glucose checks from 11/1/23 to 12/4/23 were sent to the PCP office. On 12/12/23 it was documented a request from the PCP's office was received to fax blood glucose readings to the provider's office. Despite orders to fax weekly blood glucose readings it was not completed as ordered. 2. When interviewed on 2/21/24 at 3:05 p.m. the Clinical Director confirmed all MARs and orders were provided.	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 needed with significant change. This pertained to	A 145		

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A 145	Continued From page 4	A 145		

1 of 4 current tenants reviewed who had been in residence longer than six months (Tenant #4) and 2 of 2 discharged tenants reviewed (Tenant C1 and Tenant C2). Findings follow:

1. On 2/13/24 and 2/14/24 review of Tenant #4's file revealed Progress Notes indicating the following:
a. On 11/17/23 Tenant #4 was walking in the hallway wearing one shoe. A nurse observed discoloration to her right foot between the second and third toe. Tenant #4 refused a full assessment of the area.
b. On 11/21/23 a telephone call was placed to the primary care provider's (PCP) office to obtain orders for an open area to the right foot. There was an open area to the bottom of the second toe and a small friction area noted to her right inner ankle.
c. On 11/30/23 Tenant #4 was supposed to be going to an appointment with family. She refused to come out of her apartment, pushed staff and said she did not want to go.
d. On 12/22/23 it was requested Tenant #4's family take her urgent care to be seen.
e. On 12/24/23 Tenant #4 refused to let a nurse assess her feet. Her family had not returned a call about taking her to urgent care to be seen for a sore on her foot.
f. On 12/27/23 the PCP office indicated to have family schedule an appointment.
g. On 12/29/23 it was noted Tenant #4's family would be managing the sore on her right foot.
h. On 1/5/24 Tenant #4 had been combative and wandering. She went to her apartment and told staff she was tired and wanted to die. Staff was instructed to give an as needed medication and call back if not effective. Staff was also to start 30 minute safety checks.
i. On 1/23/24 a signed order sheet indicated to

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crush medications and put the medications in applesauce or yogurt.
j. On 2/2/24 it was noted the PCP wanted Tenant #4's family to make an appointment for her to see her feet.
k. On 2/13/24 the PCP was made aware of medication refusals for December and January.

Continued record review revealed evaluations were not completed as needed with significant change including the discoloration and sore on her feet, family management of the sore, behaviors including when she said she wanted to die, orders to crush her medications and routine medication refusals.

2. Review of Tenant C1's file on 2/14/24 revealed Progress Notes indicating the following:
a. On 8/7/23 a request was sent to the physician requesting orders for open areas to he buttocks and groin area.
b. On 8/11/23 orders were received for Allevyn patches and barrier cream to the open areas on his buttocks every three days as needed and for a barrier cream to the groin as needed daily.
c. On 8/11/23 verbal orders were received including for Lantus 20 units twice daily.
d. On 9/4/23 it was noted Tenant C1 recently started taking insulin.

A Services Received document indicated Tenant C1 refused bathing frequently.

Further record review revealed evaluations were not completed as needed when Tenant C1 had open areas on his buttocks with a prescribed treatment and when he starting taking insulin. Evaluations were also not completed with routine bathing refusals.

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A 145	Continued From page 6 3. Review of Tenant C2's file from 2/13/24 to 2/15/24 revealed Progress Notes indicating the following: a. On 12/4/23 Tenant C2's right hand had non-pitting edema and a small red area noted over the first joint of the pointer finger. A fax was sent to the PCP and family was notified. b. On 12/8/23 staff were concerned Tenant C2 had increased anxiety and had hallucinations and delusions. Tenant C2 reported seeing sparkles on the patterned floor and was provided a toy vacuum. It was occasionally successful with redirecting Tenant C2 but not as of late. c. On 12/12/23 orders were received to check Tenant C2's blood pressure and heart rate three times per week, to check orthostatic blood pressure, laying, sitting and standing for one week and to encourage an increase in fluids. d. On 12/27/23 Tenant C2 was found sitting on the floor and he had a skin tear on this left arm. In the assessment Tenant C2 expressed pain on the back of his head. e. On 1/1/24 Tenant C2 was found during rounds laying between his bathroom and bedroom. He had a skin tear on his right arm. f. On 1/2/24 new orders were received including for wound care. g. On 1/4/24 Tenant C2 was found on the floor on his right side wedged between the bed and nightstand. There were two pillows on the floor with him. He did not respond to voice or movement. Staff called medics to transport him for evaluation. Continued record review revealed evaluations were not completed as needed with changes including edema in his right hand, increased anxiety with hallucinations and delusions, orders for blood pressure monitoring and repeated falls including falls with injuries.	A 145		

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A 145	Continued From page 7 4. When interviewed on 2/21/24 at 3:05 p.m. the Clinical Director confirmed all evaluations were provided for the tenants reviewed.	A 145		
A 290	481-69.25(1)i Tenant Documents 69.25(1) Documentation for each tenant shall be maintained by the program and shall include: i. When any personal or health-related care is delegated to the program, the medical information sheet; documentation of health professionals' orders, such as those for treatment, therapy, and medication; and nurses' notes written by exception This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to document nurse's notes by exception for 4 of 4 current tenants reviewed who had been at the program greater than six months (Tenants #3, #4, #5 and #6). Findings follow: 1. Review of Tenant #3's file on 2/13/24 and 2/14/24 revealed Progress Notes indicating the following: a. On 12/16/23 Tenant #3 was seated at the dining room table. She got up and said she did not feel well. She went to bathroom and had a small emesis and then went to the living room. At 6:00 p.m. Tenant #3 said she felt better and requested ice cream. Staff provided her vegetable soup. b. On 1/6/24 Tenant #3 was tested for COVID-19 and was negative. c. On 1/6/24 at 9:33 p.m. Tenant #3 started to	A 290		

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have come COVID-19 symptoms and was congested. A test was completed and Tenant #3 tested positive. Tenant #3's family and primary care provider (PCP) were notified of the positive COVID-19 result.

Continued record review revealed nurse's notes were not documented by exception including to follow up after Tenant #3 had a small emesis on 12/16/23 and after her symptoms resolved from testing positive for COVID-19.

2. On 2/13/24 and 2/14/24 review of Tenant #4's file revealed Progress Notes indicating the following:
a. On 1/5/24 Tenant #4 had been combative and wandering. She went to her apartment and told staff she was tired and wanted to die. Staff was instructed to give as needed medication and call back if not effective. Staff was also to start 30 minute safety checks.
b. On 1/7/24 Tenant #4 had a temperature of 100.4. Staff administered loratadine 10 milligram for runny nose and congestion. Seroquel as needed was also administered due to her refusals of all scheduled medications and she had behavioral issues.

Continued record review revealed nurse's notes were not documented by exception including when the safety checks were discontinued and to follow up on the elevated temperature and administration of as needed medication.

3. Review of Tenant #5's file on 2/13/24 revealed Progress Notes indicating the following:
a. On 1/5/24 Tenant #5 was not feeling well. She had a headache, cough, sore throat and fatigue. A COVID-19 was administered and she tested positive. Her family and PCP were made

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A 290	Continued From page 9 aware. b. On 2/2/24 it was noted a response was not received from Tenant #5's PCP. Tenant #5 had since recovered from COVID-19. Continued record review revealed nurse's notes were not documented by exception including to monitor Tenant #5's symptoms and when the symptoms resolved. 4. Record review on 2/13/24 of Tenant #6's file revealed Progress Notes indicated the following: a. On 1/6/24 it was noted an antigen test was completed and Tenant #6 was positive for COVID-19. She had increased fatigue and aches throughout her body. Her family and PCP were notified. b. On 1/8/24 it was noted the PCP acknowledged the fax and no new orders were provided. c. On 2/10/24 Tenant #6 complained she was not feeling well. She had a hoarse voice and drank some water. She had COVID-19 a month ago. Staff was instructed to encourage fluids. Continued record review revealed nurse's notes were not documented by exception including to monitor for any symptoms while COVID-19 positive and when symptoms resolved. 5. When interviewed on 2/21/24 at 3:05 p.m. the Clinical Director confirmed all nurses notes were provided for the tenants reviewed.	A 290		
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	A 350		

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A 350	Continued From page 10 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 for 2 of 4 tenants reviewed in residence longer than six months (Tenant #3 and Tenant #4) and 2 of 2 discharged tenants reviewed (Tenant C1 and Tenant C2). Findings follow: 1. On 2/13/24 and 2/14/24 review of Tenant #4's file revealed Progress Notes indicating the following: a. On 11/17/23 Tenant #4 was walking in the hallway wearing one shoe. A nurse observed discoloration to her right foot between the second and third toe. Tenant #4 refused a full assessment of the area. b. On 11/21/23 a telephone call was placed to the primary care provider's (PCP) office to obtain orders for an open area to the right foot. There was an open area to the bottom of the second toe and a small friction area noted to her right inner ankle. c. On 11/30/23 Tenant #4 was supposed to be going to an appointment with family. She refused to come out of her apartment, pushed staff and said she did not want to go. d. On 12/22/23 it was requested Tenant #4's family take her urgent care to be seen. e. On 12/24/23 Tenant #4 refused to let a nurse assess her feet. Her family had not returned a	A 350		

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call about taking her to urgent care to be seen for a sore on her foot.
f. On 12/27/23 the PCP office indicated to have family schedule an appointment.
g. On 12/29/23 it was noted Tenant #4's family would be managing the sore on her right foot.
h. On 1/5/24 Tenant #4 had been combative and wandering. She went to her apartment and told staff she was tired and wanted to die. Staff was instructed to give an as needed medication and call back if not effective. Staff was also to start 30 minute safety checks.
i. On 1/23/24 a signed order sheet indicated to crush medications and put the medications in applesauce or yogurt.
j. On 2/2/24 it was noted the PCP wanted Tenant #4's family to make an appointment for her to see her feet.
k.On 2/13/24 the PCP was made aware of medication refusals for December and January.

Continued record review revealed the service plan was not updated as needed with significant changes and did not reflect the service needs including the discoloration and sore on her feet, family management of the sore, behavior including when she said she wanted to die, orders to crush her medications and routine medication refusals.

2. Review of Tenant #3's file on 2/13/24 and 2/14/24 revealed a Services Received document reflecting six entries of bathing refusals in December and January. The tenant's service plan did not reflect Tenant #3's bathing refusals and interventions related to the refusals.

3. Review of Tenant C1's file on 2/14/24 revealed Progress Notes indicating the following:
a. On 8/7/23 a request was sent to the physician

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requesting orders for open areas to he buttocks and groin area.
b. On 8/11/23 orders were received for Allevyn patches and barrier cream to the open areas on his buttocks every three days as needed and for a barrier cream to the groin as needed daily.
c. On 8/11/23 verbal orders were received including for Lantus 20 units twice daily.
d. On 9/4/23 it was noted Tenant C1 recently started taking insulin.
e. On 12/14/23 an order was received for a B12 complex vitamin daily. It was also indicated Tenant C1 needed more water intake.

A Services Received document indicated Tenant C1 refused bathing frequently.

When interviewed on 2/21/24 at 3:05 p.m. the Clinical Director revealed Tenant C1 had a camera that was placed by family in his apartment.

Tenant C1's service plan was not updated as needed to reflect open areas on his buttocks with a prescribed treatment as well as the use of insulin. The service plan was also not updated to reflect routine bathing refusals or to increase his water intake. The service plan also did not reflect the use of a camera in Tenant C1's apartment.

4. Review of Tenant C2's file from 2/13/24 to 2/15/24 revealed Progress Notes indicating the following:
a. On 12/4/23 Tenant C2's right hand had non-pitting edema and a small red area noted over the first joint of the pointer finger. A fax was sent to the PCP and family was notified.
b. On 12/8/23 staff were concerned Tenant C2 had increased anxiety and had hallucinations and delusions. Tenant C2 reported seeing sparkles on

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0466	A. BUILDING: _____ B. WING _____	C 02/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
QUARTET SENIOR LIVING MC	3150 GLENBROOK CIRCLE SOUTH BETTENDORF, IA 52722

(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 350	Continued From page 13 the patterned floor and was provided a toy vacuum. It was occasionally successful with redirecting Tenant C2 but not as of late. c. On 12/12/23 orders were received to check Tenant C2's blood pressure and heart rate three times per week, to check orthostatic blood pressure, laying, sitting and standing for one week and to encourage an increase in fluids. d. On 12/27/23 Tenant C2 was found sitting on the floor and he had a skin tear on this left arm. In the assessment Tenant C2 expressed pain on the back of his head. e. On 1/1/24 Tenant C2 was found during rounds laying between his bathroom and bedroom. He had a skin tear on his right arm. f. On 1/2/24 new orders were received including for wound care. g. On 1/4/24 Tenant C2 was found on the floor on his right side wedged between the bed and nightstand. There were two pillows on the floor with him. He did not respond to voice or movement. Staff called medics to transport him for evaluation. Continued record review revealed the service plan was not updated as needed with including edema in his right hand, increased anxiety with hallucinations and delusions, orders for blood pressure monitoring and repeated falls including falls with injuries. 5. When interviewed on 2/21/24 at 3:05 p.m. the Clinical Director confirmed all service plans were provided for the tenants reviewed.	A 350		
A 385	481-69.26(3)d Service Plans 69.26(3) When a tenant needs personal care or health-related care, the service plan shall be	A 385		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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QUARTET SENIOR LIVING MC	3150 GLENBROOK CIRCLE SOUTH BETTENDORF, IA 52722

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A 385	Continued From page 14 updated within 30 days of the tenant's occupancy and as needed with significant change, but not less than annually. d. The service plan updated within 30 days of the tenant's occupancy shall be signed and dated by all parties. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure service plans were updated and signed within 30 days of taking occupancy for 1 of 2 tenants reviewed admitted since Sept 2023 (Tenant #2). Findings follow: On 2/13/24 review of Tenant #2's file revealed an admission date of 10/30/23. Service plans were signed on 10/23/23 and 10/30/23; however, no updated service plan completed within 30 days of taking occupancy could be located. When interviewed on 2/21/24 at 3:05 p.m. the Clinical Director confirmed all service plans were provided for the tenants reviewed.	A 385		
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	A 430		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0466	A. BUILDING: _____ B. WING _____	C 02/21/2024

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QUARTET SENIOR LIVING MC	3150 GLENBROOK CIRCLE SOUTH BETTENDORF, IA 52722

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A 430	Continued From page 15	A 430		

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 with a change in health status for 1 of 2 discharged tenants reviewed (Tenant C1). Findings follow:

1. On 2/14/24 review of Tenant C1's file revealed a Progress Notes indicated on 11/30/23 a nurse was called to Tenant C1's apartment due to hallucinations. He was pale and could barely open his eyes. When asked to sit up he could not fully grip the nurse's hands. Tenant C1 said he did not feel right and was dizzy. Staff ordered him food but he could not sit up to eat it. Tenant C1 was confused related to orientation to person and place. A nurse called emergency medical services (EMS) and he was transferred to the hospital for evaluation. Tenant C1's blood glucose was 99.

The ED Physician Notes from the hospital indicated Tenant C1 was seen on 11/30/23. He was brought in because staff had thought his blood glucose levels were low. It was a 99 when checked. Tenant C1 reported his blood glucose was a little low that morning, but he ate something and felt a little better. He had a blood glucose level of around 70 for EMS. A nurse at the hospital gave Tenant C1 some food and juice. He was discharged and it was recommended he follow up with his primary care provider. The paperwork from the hospital was not noted and had not been received until it was faxed on 2/15/24.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 430	Continued From page 16 A nurse review could not be located related to the incident on 11/30/23, subsequent transfer to the emergency department and return back to the Program. 2. When interviewed on 2/21/24 at 3:05 p.m. the Clinical Director confirmed all nurse reviews were provided for the tenants reviewed.	A 430		

Plan of Correction: MC

1. 481-67.2(1)e Program Policies and Procedures 67.2(1)
The program's policies and procedures on incident reports, at a minimum, shall include the following: e. All accidents or unusual occurrences within the program's building or on the premises that affect tenants shall be reported as incidents.

Elements detailing how the Program will correct each regulatory insufficiency, including at the system level.
All incident reports have been reviewed and entered accordingly.

Measures taken to ensure the problem does not recur/ How the Program plans to monitor performance to ensure compliance.
Licensed Nurses will complete a daily review of incidents and document per policy. Clinical Director educated licensed nurses on 5/31/2024 and Resident Assistants on or before 6/30/2024 with the incident report policy and the RN Notification Guideline.

The date by which the regulatory insufficiency will be corrected.
6/30/2024

2. 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.

Elements detailing how the Program will correct each regulatory insufficiency, including at the system level.

The record review on 9/23/23 was prior to our initial survey findings. Tenant has since discharged.

Measures taken to ensure the problem does not recur/ How the Program plans to monitor performance to ensure compliance.

A daily medication dashboard audit was initiated 11/2/2023 and will continue daily x2 weeks and every other day ongoing (business hours). QAPI meetings will determine ongoing plan. On 11/2/2023 and 5/31/2024 educated all licensed nurses to complete orders timely and treatment orders will be entered in MAR and services. Initiated a daily end of the day audit to ensure orders are entered and supplies are available. Audit will continue daily x2 weeks and every other day ongoing (business hours). QAPI meetings will determine ongoing plan. ACD or designee is responsible for audits. Audit conducted on or before 6/30/2024 to review ongoing monitoring and evaluate compliance for additional monitoring. Service plan to reflect ongoing monitoring.

The date by which the regulatory insufficiency will be corrected.
6/30/2024

3. 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 each regulatory insufficiency, including at the system level.
Tenant C1 and C2 are discharged. New assessment completed on 5/18/2024 with Tenant #4. Services updated to reflect current needs and or monitoring.

Measures taken to ensure the problem does not recur/ How the Program plans to monitor performance to ensure compliance.
Licensed nurses will meet on a regular basis to discuss current resident needs and change of condition to meet the current needs and ensure service plans are updated on a regular basis. Will use State of Iowa change of condition chart table, page 20, Ch 69. Licensed nurses will initiate a shared spreadsheet of any acute issues that require a service change and delegate as appropriate.

The date by which the regulatory insufficiency will be corrected.
6/30/2024

4. 481-69.25(1)i Tenant Documents

69.25(1) Documentation for each tenant shall be maintained by the program and shall include: i. When any personal or health-related care is delegated to the program, the medical information sheet; documentation of health professionals' orders, such as those for treatment, therapy, and medication; and nurses' notes written by exception

Elements detailing how the Program will correct each regulatory insufficiency, including at the system level.
Assessment completed on tenant #3 on 5/9/2024, #4 on 5/18/2024, #5 on 4/8/2024, and #6 on 5/14/2024 and reviewed services to ensure they are meeting their current needs.

Measures taken to ensure the problem does not recur/ How the Program plans to monitor performance to ensure compliance.
Licensed nurses will meet on a regular basis to discuss current resident needs and change of condition to meet the current needs and ensure service plans are updated on a regular basis. Will use State of Iowa change of condition chart table, page 20, Ch 69. Licensed nurses will initiate a shared spreadsheet of any acute issues that require a service change and delegate as appropriate.

The date by which the regulatory insufficiency will be corrected.
6/30/2024

5. 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 each regulatory insufficiency, including at the system level.
Assessment completed on 5/18/2024 with Tenant #4 and on 5/9/2024 with Tenant #3. Services updated to meet current needs. Tenant C1 and C2 have been discharged.

Measures taken to ensure the problem does not recur/ How the Program plans to monitor performance to ensure compliance.
Licensed nurses will meet on a regular basis to discuss current resident needs and change of condition to meet the current needs and ensure service plans are updated on a regular basis. Will use State of Iowa change of condition chart table, page 20, Ch 69. Licensed nurses will initiate a shared spreadsheet of any acute issues that require a service change and delegate as appropriate.

The date by which the regulatory insufficiency will be corrected.
6/30/2024

6. 481-69.26(3)d 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. d. The service plan updated within 30 days of the tenant's occupancy shall be signed and dated by all parties.

Elements detailing how the Program will correct each regulatory insufficiency, including at the system level.
Licensed Nurse conducted audit on all recent admissions to ensure service plan review and signature.

Measures taken to ensure the problem does not recur/ How the Program plans to monitor performance to ensure compliance.
Licensed Nurse conducted audit on all recent admissions to ensure service plan review and signature.

The date by which the regulatory insufficiency will be corrected.
6/30/2024

7. 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:

Elements detailing how the Program will correct each regulatory insufficiency, including at the system level.
Tenant C1 has been discharged.

Measures taken to ensure the problem does not recur/ How the Program plans to monitor performance to ensure compliance.
Licensed nurses will meet on a regular basis to discuss current resident needs and change of condition to meet the current needs and ensure service plans are updated on a regular basis. Will use State of Iowa change of condition chart table, page 20, Ch 69. Licensed nurses will initiate a shared spreadsheet of any acute issues that require a service change and delegate as appropriate.

The date by which the regulatory insufficiency will be corrected.
6/30/2024