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 |
|---|---|---|---|
| | S0163 | A. BUILDING: _____ B. WING _____ | C 12/05/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| **LEGACY GARDENS** | **15 SILVERCREST PLACE IOWA CITY, IA 52240** |

| (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 |
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| A 000 | Initial Comments<br><br>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.<br><br>Number of tenants without cognitive disorder: 4<br>Number of tenants with cognitive disorder: 25<br><br>TOTAL Census of Assisted Living Program for People with Dementia: 29<br><br>The following regulatory insufficiencies were cited during the investigation of Complaints #103745-C, #107372-C and investigation #107645-M and the revisit to the recertification, complaints and incident investigations completed on 1/6/22:<br><br>235B.3 Dependent adult abuse reports.<br>3. a. If a staff member or employee is required to report pursuant to this section, the person shall immediately notify the department and shall also immediately notify the person in charge or the person's designated agent.<br><br>This Requirement is not met as evidenced by:<br><br>Based on interview and record review the Program failed to report an allegation of dependent adult abuse to the Department in a timely manner. This pertained to 1 of 1 current tenant reviewed related to an allegation of abuse (Tenant #1). Findings follow:<br><br>1. Record review of an Tenant/Resident Incident Report indicated on 8/30/22 at 6:30 a.m. staff | A 000 | | |

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observed Tenant #1 being restrained in the dining room. Tenant #1 was "cold/saturated/scared." The Former Director of Nursing (DON) was verbally notified. The primary care provider and family were notified. A staff witness statement completed by Staff #1 indicated she walked through the west side of the building to punch in for work and observed Tenant #1 seated in a chair in the dining room, in the dark, in the corner with several other chairs around her blocking her in. Tenant #1 was calling out for help. Staff A moved chairs to help get her out. Tenant #1 was "cold, scared, and saturated." Staff A took Tenant #1 took her apartment and helped her get cleaned up. She asked the third shift staff what had occurred and the third shift staff said Tenant #1 "was aggressive and she was not dealing with it anymore." Staff A told the third shift staff she could leave and reported it to the Former DON when she arrived. The incident report and witness statement was dated 9/1/22.

2. Continued record review of the Program's document indicated a Timeline of Events indicated on 8/30/22 at 6:30 a.m. the original incident occurred. On 8/30/22 at approximatley 10:00 a.m. Staff A reported it to the Former DON. On 9/1/22 at approximatley 9:00 a.m. the Executive Director received an email from the Former DON asking if the incident was reportable. It was reported to the Department of Inspections and Appeals (DIA) on 9/1/22 at 4:48 p.m.

3. Record reivew of the Program's policy and procedure related to dependent adult abuse indicated all allegations of abuse would be immediately reported to the charge nurse. The charge nurse was responsible to report the allegations to the DON, administrator or

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designated person. A person of the management staff would be selected to complete an investigation of the allegation. The administrator would provide the tenant abuse investigation form and any other required documents to the person responsible for investigating the allegation. If the staff was required to make a report, staff would immediately notify the person in charge or the designated person, who would notify DIA within 24 hours.

4. When interviewed on 10/24/22 and 10/27/22 at 3:56 p.m. the Executive Director said she was informed by the Assistant Executive Director on 8/31/22 that there was a potential incident with Tenant #1 and it could potentially be reportable. The Assistant Executive Director did not have a lot of information. The Former DON was told to get the incident report turned in. Nothing was received that day (8/31/22). In the morning on 9/1/22 and an email was found from the Former DON sent late on 8/31/22. The incident report was not attached but it was synopsis of the alleged incident and asking if it was reportable. On 9/1/22 the Former DON was asked to send the incident report. The incident report was sent; however, the nursing portion was not completed. The Former DON was asked to complete the nursing portion of the incident report. On 9/1/22 at 7:30 p.m. or 8:00 p.m. she received a message that the Former DON's last day was 9/1/22 (she had previously given resignation notice for later in September) and the incident report was completed. Staff interviews were completed, the Regional team (corporate) was contacted and it was reported to DIA. She said verbal re-education was provided to Staff A and Former DON regarding reporting requirements.

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| A 150 | 481-67.2(3) Program Policies and Procedures<br><br>67.2(3) The program shall follow the policies and procedures established by the program.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on interview and record review the Program failed to consistently implement established policy and procedure related to falls, completion of the 48 hour head injury reports and completion incident reports. This pertained to 4 of 7 tenants reviewed (Tenants #1, #4, #5 and #6) and 1 of 2 discharged tenants reviewed (Tenant C1). Findings follow:<br><br>1. Record review on 10/19/22 of Tenant C1's file revealed Progress Notes dated 7/5/21 indicated Tenant C1 had two falls, occurring 7/2/21 and one on 7/4/21. On 7/4/21 Tenant C1 was found on the floor and sustained a laceration to the right lower extremity (RLE). Tenant C1 was transferred to the hospital, the wound was closed with staples and Tenant C1 returned to the Program.<br><br>Continued record review revealed Discharge Instructions dated 7/4/21 indicated Tenant C1 sustained a laceration. The sutures were to be removed in 10 days or immediately if symptoms worsened. The orders were noted on 7/5/21.<br><br>The incident reports for July 2021, including on 7/4/21, when Tenant C1 was found on the floor with laceration that required staples to close the wound and were not found.<br><br>Further record review revealed an incident occurred on 2/19/22 at 7:00 p.m., which was | A 150 | | |

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reported on 2/21/22 at 1:00 p.m. The incident report indicated Tenant C1 was found on the floor in her bedroom and did not complain of any new pain. Staff did not note any injuries. Vitals included a blood pressure of of 176/73. It indicated it was unknown if Tenant C1 hit her head.

Continued record review revealed Progress Notes indicated the following:

-On 2/21/22 it was noted on 2/20/22 the nurse received a call from staff regarding a bruise and "goose egg" on the right side of Tenant C1's forehead. Tenant C1's family was present at the time of the notification and was concerned as family was not notified. It was the first time the nurse had been made aware of the bruise on Tenant C1's forehead. There were no incidents documented to indicate Tenant C1 had a bruise on her forehead. On 2/21/22 the nurse spoke with staff who worked and staff reported Tenant C1 was found sitting in front of her recliner in her apartment. The staff "assessed" her head and did not find any bruising or redness and her vitals were "okay." Staff was informed the nurse on-call needed to be informed, the legal representative needed to be notified and the incident report needed to completed. Staff was also informed that the 48 hour head injury sheet needed to be filled out with any unwitnessed fall. Tenant C1 moved out on 2/21/22 to another program and her family returned to pack up belongings. Tenant C1's family informed her when family came to pick up Tenant C1 that morning Tenant C1 was "unresponsive." Staff said Tenant C1 was slow moving that morning but acted her "norm."

-On 2/21/22 it was noted the nurse spoke with

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Tenant C1's family regarding the bruise and said staff reported Tenant C1 was found on her buttocks in front of her chair. Tenant C1's family asked if there was an incident report and the nurse told family an incident report was not completed. Tenant C1's family informed the nurse Tenant C1 was at the hospital for evaluation.

Further record review revealed hospital records dated 2/21/22 indicated Tenant C1 was seen in the emergency department (ED). It was noted Tenant C1 presented with a head injury and had a forehead hematoma. Tenant C1 resided at a care facility in Iowa City and transferred to another facility that day. Tenant C1's family was not notified of the injury. The physical exam noted " r frontal hematoma and ecchymosis that appears several days old with ecchymosis extending inferior from the hematoma and some color changes." The head computed tomography without contrast indicated "1. Possible tiny (4 x 4 x 2 mm) acute parafalcine subdural hematoma as described above. 2. Small scalp hematoma anteriorly on the right 3. Mild senescent change involving the brain."

Continued record review of Tenant C1's file revealed an incident report was not completed at the time of Tenant C1's fall on 2/19/22, but rather completed 2/21/22. Additionally, the on-call nurse was not notified and Tenant C1's family was also not notified of Tenant C1's fall. The incident report indicated it was unknown if Tenant C1 hit her head. A 48 hour head injury form was also not completed related to the fall when it was unknown if Tenant C1 hit her head. On 2/20/22 it was noted Tenant C1 was observed with a "goose egg" on the right side of her forehead. Hospital records indicated Tenant C1 had a head injury

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and her injury appeared a couple days old when she was seen in the ED on 2/21/22.

2. Record review of an Tenant/Resident Incident Report indicated on 8/30/22 at 6:30 a.m. staff observed Tenant #1 being restrained in the dining room. Tenant #1 was "cold/saturated/scared." The Former Director of Nursing (DON) was verbally notified. The primary care provider and family were notified. A staff witness statement completed by Staff #1 indicated she walked through the west side of the building to punch in for work and observed Tenant #1 seated in a chair in the dining room, in the dark, in the corner with several other chairs around her blocking her in. Tenant #1 was calling out for help. Staff A moved chairs to help get her out. Tenant #1 was "cold, scared, and saturated." Staff A took Tenant #1 took her apartment and helped her get cleaned up. She asked the third shift staff what occurred and the third shift staff said Tenant #1 "was aggressive and she was not dealing with it anymore." Staff A told the third shift staff she could leave and reported it to the Former DON when she arrived. The incident report and witness statement was dated 9/1/22.

Continued record review of Tenant #1's file revealed an incident report and witness statement were completed dated 9/1/22; however, it was not completed when the incident occurred on 8/30/22.

3. Record review on 10/25/22 and 10/26/22 of Tenant #4's file revealed a diagnosis of type 2 diabetes mellitus. An order was received dated 10/3/22 to inject insulin aspart (U-100) 100 units/milliliter (ml) (3 ml) subcantaneously (SQ) pen (Novolog Flexpen), inject 2 to 10 units SQ, three times daily before meals and to give even if

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not eating. The sliding scale was as follows: 200-249 = 2 units, 250-299 =4 units, 300-349 =6 units, 350-399=8 units, and 400 or greater give 10 units.

Continued record review of the October 2022 medication administration records (MARs) reflected the order for sliding scale insulin dated 10/3/22 as noted above was placed on the MAR with a start date of 10/5/22. The order was reflected as given at 8:00 a.m., 2:00 p.m. and 8:00 p.m. despite being ordered to be given daily before meals. It was documented as administered at the 8:00 a.m., 2:00 p.m. and 8:00 p.m. (incorrect times) from 10/5/22 at 2:00 p.m. to 10/11/22 at 2:00 p.m. It was changed on the MARs to 8:00 a.m., 12:00 p.m. and 4:00 p.m. on 10/11/22 and the first dose given was on 10/11/22 at 4:00 p.m. There were over 15 times Tenant #4's blood glucose readings were documented 400 or over from 10/5/22 to 10/14/22. The sliding scale insulin did not have the units of sliding scale insulin recorded each time the insulin was administered, it reflected staffs' initials and at times the blood glucose reading; however, the sliding scale units administered were not consistently recorded.

Further record review revealed Progress Notes indicated the following:

-On 9/24/22 (entry in notes at 6:30 p.m.) Tenant #4's blood glucose was 547. The on-call primary care provider (PCP) was notified and did not want to make any changes at that time.

-On 10/15/22 the nurse was notified Tenant #4 was slurring her words and had labored breathing. The nurse told staff to call 911 and notify the legal representative. The nurse was

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notified Tenant #4 was admitted to the hospital for hyperglycemia.

-On 10/19/22 Tenant #4 was would be discharged to the Program that afternoon.

-On 10/24/22 the endocrinologist called and notified the Program Tenant #4's GAD 65 results were received and she was over 250, which meant Tenant #4 had type 1 DM and not type 2 DM. A verbal order was received to discontinued metformin and to continue insulin orders from the hospital.

Continued record review revealed hospital documentation indicated Tenant #4 was admitted on 10/15/22 and discharged on 10/19/22. The principal diagnosis was diabetic ketoacidosis and active hospital problem was "diabetic ketoacidosis with coma associated with type 2 diabetes mellitus." When Tenant #4 arrived to the hospital she was found to be in diabetic ketoacidosis and had blood glucose reading of 797. The documentation indicated Tenant #4's A1C had worsened over the past six months since she had been at the Program from 8.1% to 13.4%. New orders were received, including for Humalog insulin 3 units with meals and Humalog insulin sliding scale insulin based on the pre-meal blood glucose result, to continue metformin 1000 mg twice daily and to hold Jardiance and Januvia. The hospital records indicated the etiology of the diabetic ketoacidosis was not unclear at that time. Tenant #4 had a "recent UTI that might have contributed along with possible medication noncompliance in the setting of recent changes to her insulin regimen that might not have been enacted at facility."

When interviewed on 10/27/22 at 3:06 p.m. the

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Assistant Director of Nursing confirmed she was looking the MAR and saw that it was with meals and it was changed (regarding the time change on the MAR with Tenant #4's insulin). There was not a new order. She said pharmacy had put it in at those times. She said was not notified of Tenant #4's elevated blood glucose readings.

Continued record review of Tenant #4's file revealed Tenant #4 did not receive medications as ordered related to her sliding scale insulin from 10/5/22 to 10/11/22. There were over 15 times Tenant #4's blood glucose readings were over 400 from 10/5/22 to 10/14/22. A medication error report was not completed related to the medication error with Tenant #4's sliding scale insulin.

4. Record review of incident reports for the last three months were reviewed and indicated when the incident warranted a Fall/Head Injury 48 hour follow up the forms were not consistently completed on each shift for 48 hours. This including falls for Tenant #1, #5 and #6.

5. Record review of the Program's Incident Report Policy and Procedure indicated an incident report would be completed at the time of any accident or incident that affected a tenant. All incidents and accidents (including for a fall) would be reported to the director of nursing and responsible party. The staff who was in charge or who witnessed the incident or who was first informed of the incident would complete the form. Incident reports would be kept for a minimum of five years. The Program's Resident Fall Policy and Procedure indicated if it was fall was witnessed or was found on the ground guidelines were followed including: to identify if the tenant hit their head, if the fall was unwitnessed and an

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| A 150 | Continued From page 10<br>injury was noted, staff asked listed questions and took vital signs. It was recommended the tenant be seen to be evaluated. If the tenant refused to be evaluated the vitals/questions were repeated on each shift for 48 hours. The findings were reported to the nurse and the nurse would notify the legal representative and family.<br><br>6. When interviewed on 10/27/22 at 3:56 p.m. the Executive Director confirmed all incident reports for the tenants listed above were provided. | A 150 | | |
| A 160 | 481-67.3(2) Tenant Rights<br><br>481-67.3 Tenant rights. All tenants have the following rights:<br><br>67.3(2) To receive care, treatment and services which are adequate and appropriate.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on interview and record review the Program failed to provide adequate and appropriate care, treatments and services. This pertained to 7 of 7 of current tenants reviewed (Tenants #1, #2, #3, #4, #5, #6, and #7). Findings follow:<br>.<br>1. Record review on 10/17/22 to 10/19/22 revealed Tenant #1's Monthly Task Log documents reflected "Action" tasks for Tenant #1, including for grooming/hygiene, dressing, toileting, laundry and safety checks. | A 160 | | |

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The August 2022 Monthly Task Log reflected the following: laundry, 3 entries charted as task not completed (TNC); grooming/hygiene, 8 entries charted as TNC; dressing, 8 entries charted as TNC; toileting, 9 entries charted as TNC; safety checks, over 20 entries charted as TNC

The September 2022 Monthly Task Long reflected the following: grooming/hygiene, 2 entries charted as TNC; dressing, 2 entries charted as TNC; toileting, 3 entries charted as TNC; laundry, 4 entries charted as TNC; safety checks, 7 entries charted as TNC.

2. Record review on 10//18/22 and 10/19/22 revealed Tenant #2's Monthly Task Log documents reflected "Action" tasks for Tenant #2, including for mobility/ambulation, transfers, grooming/hygiene, dressing, toileting, laundry, bathing and safety checks.

The September 2022 Monthly Task Log reflected the following: mobility/ambulation, 8 entries charted as TNC; transfers, 10 entries charted as TNC; grooming/hygiene, 3 entries charted as TNC; dressing, 3 entries charted as TNC; toileting, 20 entries charted as TNC; laundry, 2 entries charted as TNC; bathing, 1 entry charted as TNC; safety checks, 8 entries charted as TNC.

The October 2022 (not full month collected) Monthly Task Log reflected the following: mobility/ambulation, 9 entries charted as TNC; transfers, 10 entries charted as TNC; grooming/hygiene, 2 entries charted as TNC; dressing, 3 entries charted as TNC; toileting, 20 entries charted as TNC; laundry, 1 entry charted as TNC; safety checks, 7 entries charted as TNC.

3. Record review on 10/19/22 revealed Tenant

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#3's Monthly Task Log documents reflected "Action" tasks for Tenant #3, including dressing and bathing.

The August 2022 Monthly Task Log reflected the following: dressing, 10 entries charted as TNC; bathing, one entry charted as TNC.

The October 2022 (not a full month when collected) reflected the following: dressing, 3 entries charted as TNC.

4. Record review on 10/25/22 and 10/26/22 revealed Tenant #4's Monthly Task Log documents reflected "Action" tasks for Tenant #4, including for grooming/hygiene, dressing, toileting, bathing and safety checks.

The August 2022 Monthly Task Log reflected the following: grooming/hygiene, 7 entries charted as TNC; dressing, 7 entries charted as TNC; toileting, more than 15 entries charted as TNC; bathing, 1 entry charted as TNC; safety checks there were over 50 entries charted as TNC.

The September 2022 Monthly Task Log reflected the following: grooming/hygiene, 2 entries charted as TNC; dressing, 2 entries charted as TNC; toileting, 5 entries charted as TNC; safety checks, over 30 entries charted as TNC.

The October 2022 (not full month when collected) Monthly Task Log reflected the following: grooming/hygiene, 2 entries charted as TNC; dressing, 2 entries charted as TNC; toileting, more than 4 entries charted as TNC.; safety checks, over 20 entries charted as TNC.

5. Record review on 10/26/22 revealed Tenant #5's Monthly Task Log documents reflected

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| A 160 | Continued From page 13<br>"Action" tasks for Tenant #5, including for grooming/hygiene, dressing, toileting, laundry and safety checks.<br><br>The August 2022 Monthly Task document indicated the following: grooming/hygiene, 8 entries charted as TNC; dressing, 8 entries charted as TNC; toileting, 7 entries related to TNC; laundry there were 2 entries related to TNC; safety checks there were more than 15 entries charted as TNC.<br><br>The September 2022 Monthly Task document indicated the following: grooming/hygiene, 3 entries charted as TNC; dressing, 3 entries charted as TNC; toileting, 3 entries related to TNC; laundry, 1 entries related to TNC; safety checks, 4 entries charted as TNC.<br><br>The October 2022 (not full month collected) Monthly Task Log indicated the following: dressing, 6 entries charted as TNC; laundry, 2 entries related to TNC; safety checks, 2 entries charted as TNC.<br><br>6. Record review on 10/26/22 revealed Tenant #6's Monthly Task Log documents reflected "Action" tasks for Tenant #6, including for grooming/hygiene, dressing and bathing.<br><br>The August 2022 Monthly Task document reflected the following: grooming/hygiene, 8 entries charted at TNC; dressing, 8 entries charted as TNC; bathing, 1 entry charted as TNC.<br><br>The September 2022 Monthly Task document reflected the following: grooming/hygiene, 5 entries charted at TNC; dressing, 5 entries charted as TNC; bathing, 3 entries charted as TNC. | A 160 | | |

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| A 160 | Continued From page 14<br><br>7. Record review on 10/26/22 of Tenant #7's file revealed revealed Monthly Task Log documents reflected "Action" tasks for Tenant #7, including grooming/hygiene, dressing, toileting, laundry and safety checks.<br><br>The August 2022 Monthly Task document reflected the following: grooming/hygiene, over 10 entries charted as TNC; dressing, 10 entries charted as TNC; toileting, over 25 entries charted as TNC; laundry, 3 entries charted as TNC; safety checks, over 25 entries charted as TNC.<br><br>The September 2022 Monthly Task document reflected the following: grooming/hygiene, 5 entries charted as TNC; dressing, 5 entries charted as TNC; toileting, over 10 entries charted as TNC; laundry, 1 entry charted as TNC; safety checks, 10 entries charted as TNC.<br><br>The October 2022 (not a full month when collected) Monthly Task Log reflected the following: grooming/hygiene. 5 entries charted as TNC; dressing, 4 entries charted as TNC; toileting, 9 entries charted as TNC; laundry, 1 entry charted as TNC; safety checks, 8 entries charted as TNC.<br><br>8. When interviewed on 10/27/22 at 3:56 p.m. the Executive Director confirmed all task records for the tenants listed above were provided. | A 160 | | |
| A 285 | 481-67.5(2)f(4) Medications<br><br>67.5(2) Each program shall follow its own written medication policy, which shall include the following: | A 285 | | |

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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 observation, interview and record review the Program failed to administer medications and complete treatments as ordered. This pertained 2 of 7 current tenants reviewed (Tenants #4 and #7) and 1 of 2 discharged tenants reviewed (Tenant C1). Findings follow:

1. When observed on 10/25/22 at 11:30 a.m. Staff A administered medications to tenants including Tenant #4. Staff A took Tenant #4's blood glucose reading, which was 173 and administered her insulin. Staff A prepared 4 units of Novolog insulin, she said Tenant #4 received 3 units and then 1 additional unit based on the sliding scale. She administered Tenant #4's insulin in her abdomen and returned to the medication cart to sign off the medications. Staff A initialed for the blood glucose check but did not record a number for the reading. She initialed for the 3 units of Novolog insulin (12:00 p.m.) and also initialed for the sliding scale insulin; however, the units given were not recorded.

Record review of Tenant #4's October 2022 medication administration records (MARs) reflected Staff A's initials for the blood glucose check at 12:00 p.m.; however, no reading was recorded. It also reflected Staff A's initialed for the administration of Novolog Flexpen, inject 3 units with meals (hold if not eating), and Novolog

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Flexpen sliding scale before meals (even if not eating) 150-199 =1 unit, 200-249=2 units, 250-299=3 units, 300-349=4 units and 350 or greater=5 units. The sliding scale insulin did not reflect the number of units administered on 10/25/22 at 12:00 p.m. The October MARs did not reflect the sliding scale units given on 10/25/22 at 12:00 p.m. when observed or for the other documented doses of sliding scale insulin administered.

Continued record review on 10/25/22 and 10/26/22 of Tenant #4's file revealed a diagnosis of type 2 diabetes mellitus (DM). An order was dated to 6/22/22 to check blood glucose daily before breakfast at 8:00 a.m. An order was received dated 10/3/22 to inject insulin aspart (U-100) 100 units/milliter (ml) (3 ml) subcantaneously (SQ) pen (Novolog Flexpen), inject 2 to 10 units SQ, three times daily before meals and to give even if not eating. The sliding scale was as follows: 200-249 = 2 units, 250-299 =4 units, 300-349 =6 units, 350-399=8 units, and 400 or greater give 10 units. An order was found on the MAR for an 8:00 a.m. blood glucose check before breakfast (start date of 6/22/22) . The MARs reflected a Vitals section with blood glucose readings. From 10/5/22 to 10/15/22 the Vitals section reflected blood glucose readings recorded at 8:00 a.m. 12:00 p.m. 2:00 p.m., 4:00 p.m. and 8:00 p.m. despite not having an order on the MAR for scheduled blood glucose readings with the exception of the check at 8:00 a.m. The sliding scale insulin was based on pre-meal blood glucose checks; however, an order for the blood glucose checks, with the exception of the 8:00 a.m., was not found on the MAR.

Continued record review of the October 2022

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medication administration records (MARs) reflected the order for sliding scale insulin dated 10/3/22 as noted above was placed on the MAR with a start date of 10/5/22. The order was reflected as given at 8:00 a.m., 2:00 p.m. and 8:00 p.m. despite being ordered to be given daily before meals. It was documented as administered at the 8:00 a.m., 2:00 p.m. and 8:00 p.m. (incorrect times) from 10/5/22 at 2:00 p.m. to 10/11/22 at 2:00 p.m. It was changed on the MARs to 8:00 a.m., 12:00 p.m. and 4:00 p.m. on 10/11/22 and the first dose given was on 10/11/22 at 4:00 p.m. There were over 15 times Tenant #4's blood glucose readings were documented 400 or over from 10/5/22 to 10/14/22. The sliding scale insulin did not have the units of sliding scale insulin recorded each time the insulin was administered, it reflected staffs' initials and at times the blood glucose reading; however, the sliding scale units administered were not consistently recorded.

Further record review revealed Progress Notes indicated the following:

On 9/24/22 (entry in notes at 6:30 p.m.) it was noted Tenant #4's blood glucose was 547. The on-call PCP was notified and did not want to make any changes at that time.

-On 10/15/22 it was noted the nurse was notified Tenant #4 was slurring her words and had labored breathing. The nurse told staff to call 911 and notify the legal representative. The nurse was notified Tenant #4 was admitted to the hospital for hyperglycemia.

-On 10/19/22 it was noted Tenant #4 was would be discharged to the Program that afternoon.

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-On 10/24/22 it was noted the endocrinologist called and notified the Program Tenant #4's GAD 65 results were received and she was over 250, which meant Tenant #4 had type 1 DM and not type 2 DM. A verbal order was received to discontinued metformin and to continue insulin orders from the hospital.

Continued record review revealed hospital documentation indicated Tenant #4 was admitted on 10/15/22 and discharged on 10/19/22. The principal diagnosis was diabetic ketoacidosis and active hospital problem was "diabetic ketoacidosis with coma associated with type 2 diabetes mellitus." When Tenant #4 arrived to the hospital she was found to be in diabetic ketoacidosis and had blood glucose reading of 797. The documentation indicated Tenant #4's A1C had worsened over the past six months since she had been at the Program from 8.1% to 13.4%. New orders were received, including for Humalog insulin 3 units with meals and Humalog insulin sliding scale insulin based on the pre-meal blood glucose result, to continue metformin 1000 mg twice daily and to hold Jardiance and Januvia. The hospital records indicated the etiology of the diabetic ketoacidosis was not unclear at that time. Tenant #4 had a "recent UTI that might have contributed along with possible medication noncompliance in the setting of recent changes to her insulin regimen that might not have been enacted at facility."

When interviewed on 10/27/22 at 3:06 p.m. the Assistant Director of Nursing (ADON) confirmed she was looking the MAR and saw that it was with meals and it was changed (regarding the time change on the MAR with Tenant #4's insulin). There was not a new order. She said pharmacy had put it in at those times. She said was not

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notified of Tenant #4's elevated blood glucose readings.

In summary, Tenant #4 did not receive medications as ordered related to her sliding scale insulin from 10/5/22 to 10/11/22, as it was not given at the ordered times, before meals. There were over 15 times Tenant #4's blood glucose readings were over 400 from 10/5/22 to 10/14/22, including the dates the medication was not administered per order. Prior to her hospitalization on 10/15/22 the sliding scale insulin was to be given before meals and was based on the blood glucose result, the MARs lacked an order for blood glucose readings that corresponded with the sliding scale insulin ordered on 10/3/22, with the exception of an existing blood glucose check at 8:00 a.m. Tenant #4 was hospitalized from 10/15/22 to 10/19/22 for diabetic ketoacidosis. The number of units of sliding scale insulin were not consistently documented on the MARs, this occurred both prior to and after her hospitalization with diabetic ketoacidosis and was observed on the medication pass on 10/25/22. Tenant #4 did not receive medications and treatments as ordered.

2. Record review of on 10/26/22 of Tenant #7's file revealed diagnoses included type 2 DM. The October 2022 MARs reflected orders for Novolog FlexPen 100 units/ml inject 5 units SQ, three times daily before meals and inject additional units per sliding scale before meals and at bedtime 150-200=2 units 201-300=4 units, 301-350=6 units, 351-400=8 units, greater than 400=10 units and to notify the primary care provider (PCP) of blood glucose readings less than 70 or greater than 320.

Continued record review revealed the October

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MARs reflected three time intervals for sliding scale insulin to be administered 8:00 a.m., 12:00 p.m. and 5:00 p.m. The doses that were documented as administered for sliding scale insulin at 8:00 a.m., 12:00 p.m. and 5:00 p.m. reflected staffs' initials and at times blood glucose readings; however, did not reflect the units of sliding scale insulin administered. In the Notes section on the MAR there were entries related to the number of units given; however, they were not charted for all sliding scale doses given. There was no entry on the MAR for sliding scale insulin at bedtime as ordered and no doses were documented as given at bedtime. The blood glucose readings for October at 8:00 p.m. reflected all blood glucose readings were over 150 (lowest reading for sliding scale insulin). There were three blood glucose readings of 400 or more documented at 8:00 p.m. in October.

Further record review revealed the October MAR reflected an order for blood glucose monitoring four times daily at 8:00 a.m., 12:00 p.m., 5:00 p.m. and 8:00 p.m. The parameters for the blood glucose readings indicated to notify the PCP of blood glucose readings less than 70 and greater than 400, which differed from those listed with the sliding scale insulin (less than 70 and greater than 320).

In summary, Tenant #7 had an order for sliding scale insulin to be given with meals three times daily and at bedtime. The sliding scale insulin given with meals was documented with staffs' initials; however, lacked the consistent documentation of the units of insulin administered. Additionally the bedtime sliding scale dose was not listed as a time interval on the MARs and was not documented as administered. Tenant #7's blood glucose readings at bedtime

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(8:00 p.m.) were all 150 or above; with several at 400 or above. Tenant #7's did not receive medications as administered.

3. Record review on 10/19/22 of Tenant C1's file revealed Progress Notes indicated the following:

-On 7/5/21 it was noted Tenant C1 had two falls, one on 7/2/21 and one on 7/4/21. On 7/4/21 Tenant C1 was found on the floor and sustained a laceration to the right lower extremity (RLE). Tenant C1 was transferred to the hospital, the wound was closed with staples and Tenant C1 returned to the Program.

-On 7/16/21 at 4:22 p.m. it was noted sutures were removed from the right shin skin tear. The area was cleansed with a wound cleanser and the staples were removed.

-On 7/28/21 it was noted a nurse was made aware of the wound on Tenant C1's leg. The wound was noted to be "dehisced, wound bed was covered with yellow/green exudate." It was recommended Tenant C1 be seen.

-On 7/28/21 it was noted Tenant C1 was seen at urgent care and they did not have the "means to treat." Tenant C1 was transferred to the hospital.

-On 7/29/21 it was noted Tenant C1 returned from the ER late on 7/28/21. New orders were received for augmentin, take one tablet, orally, twice daily for 10 days, doxcycline hyclate 100 mg, take one capsule, orally, twice daily for 10 days and a wet to dry dressing to be applied daily until healed. It was also ordered to have a weekly evaluation by a physician until healed.

-On 8/9/21 it was noted an order was received for

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| A 285 | Continued From page 22<br>outside agency to start wound care.<br><br>-On 8/13/21 it was noted the outside agency was there on 8/12/21 to start wound care. The outside agency would see Tenant C1 twice per week.<br><br>-On 11/9/21 it was noted a note was received from the outside agency that Tenant C1's wounds were healed and she would be discharge from services today.<br><br>Continued record review revealed Discharge Instructions dated 7/4/21 indicated Tenant C1 sustained a laceration. The sutures were to be removed in 10 days or immediately if symptoms worsened. The orders were noted on 7/5/21.<br><br>Further record review revealed an After Visit Summary dated 7/28/21 indicated Tenant C1 was seen for cellulitis of trunk and cellulitis of the RLE. The ED Provider Notes indicated Tenant C1 had complaints of pain from her knee to her toes. Tenant C1 had fallen on 7/4/21 and sustained a laceration to the RLE. Internal sutures and external staples were placed. The staples were to be removed 10 days after placement; however, per Tenant C1's family they were not removed until last week. Tenant C1's family had concerns the wound was open for several days prior to the family's notification.<br><br>Continued record review revealed the July 2021 MAR did not reflect the order or the removal of the staples from Tenant C1's RLE, which was to have occurred 10 days the staples were placed on 7/4/21. Notes from the July MAR indicated staff charted on 7/21/21 the anti-embolism hose could not be applied "not put on due to staples in leg." | A 285 | | |

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Further record review revealed the orders from the After Visit Summary dated 7/28/21 for the wet to dry dressing, applied daily until healed was not reflected on the July 2021 MAR. A wet to dry dressing was reflected on the August 2021 MAR and was first documented as completed on 8/3/21.

When interviewed on 10/27/22 at 3:06 p.m. the ADON said she did not recall who removed the staples from Tenant C1's wound and she thought it would have been on the MAR.

In summary, Tenant C1 fell and sustained a laceration that required staples to close the wound and the removal of the staples was ordered 10 days later, or immediately if symptoms worsened. The July 2021 MARs did not reflect the removal of the staples as ordered. The Progress Notes reflected the staples were removed on 7/16/22; however, an entry in the Notes section on the July 2021 MAR reflected staff could not apply the anti-embolism hose on 7/21/22 due to staples in the leg. Tenant C1 was sent out to the hospital due to concerns with RLE on 7/28/21 and returned with a diagnosis of cellulitis to trunk and cellulitis to the RLE with orders that included weekly PCP evaluation of the wound, antibiotic therapy and a new wet to dry dressing order for the wound. The wet to dry dressing was not put on the July 2021 MARs and was not documented as completed until 8/3/22. Tenant C1's wound occurred in July 2021 and was not healed until November of 2021. Tenant C1 did not receive treatments as ordered.

4. When interviewed on 10/27/22 at 3:56 p.m. the Executive Director confirmed all MARs and orders for the tenant listed above were provided.

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| A 285 | Continued From page 24<br>67.5 | A 285 | | |
| A 325 | 481-67.9(1) Staffing<br><br>67.9(1) Number of staff. A sufficient number of trained staff shall be available at all times to fully meet tenants' identified needs.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, interview and record review the Program failed to provide sufficient staff on third shift to meet the needs of the tenants. This potentially affected all tenants (census of 29). Findings follow:<br><br>1. Record review of the ALP Monitoring Entrance Form revealed there were two staff scheduled on third shift. The current census was 29 tenants, including seven tenants who received hospice services.<br><br>Observation on 10/26/22 at 5:55 a.m. revealed three staff on third shift; however, one staff was in training.<br><br>When interviewed on 10/18/22 at approximately 10:10 a.m. Staff A said Tenant #1 required one to two assist with mobility, transfers, and toileting.<br><br>When interviewed on 10/19/22 at 1:08 p.m. Staff B said Tenant #1 took two people for transfers all of the time and one staff was never used. She said Tenant #1 used a wheelchair. Staff B said staff attempted to assist Tenant #5 with toileting every two hours and it took three staff to assist him due to behaviors. She said Tenant #5 refused assistance. Tenant #5 did not sit on the | A 325 | | |

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| A 325 | Continued From page 25 | A 325 | | |

toilet and staff changed him in bed. She also said Tenant #5 ate his feces at times.

When interviewed on 10/19/22 at 10:48 a.m. Staff C when she said Tenant #7 was incontinent of urine and his personal clothing and bedding were wet.

When interviewed on 10/27/22 Staff D said usually two people were used for transfer for Tenant #1. Sometimes one person could be used to transfer her from the wheelchair to the recliner. The most difficult transfer was out of bed in the morning. She said 80 to 90% of the time she was a two person transfer. Staff D said toileting cares for Tenant #5 were usually when he was laying in bed and it hard to for him to sit on the toilet. It was easier to change him in bed. Tenant #5 was incontinent of bladder and bowel and it usually took three staff for toileting cares. Staff D said Tenant #7 took two to three assist and took two people for toileting. She said Tenant #1 and Tenant #5 were usually "pretty soaked" when staff arrived on first shift. She said out of seven days it occurred four days.

When interviewed on 10/26/22 at 6:52 a.m. Staff F said Tenant #1 needed two people to transfer. She was hard to change due to combativeness. It took two people to change her. Staff F said most of the time Tenant #5 refused toileting on third shift and it took two to three people on first shift. Staff F said three staff were needed on third shift. When she left her side of the building to help on the other side of the building there was no one there. She said staff also needed to take their breaks. She was also the medication manager for the building and would administer medications to both sides of the building.

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When interviewed on 10/26/22 at 5:09 p.m. the Former Director of Nursing (DON) said there needed to be three staff at night and a float was needed. She said Tenant #7 took three to four staff to assist with toileting. She said many shifts when first shift arrived tenants were saturated in urine and were still in their day clothes. She said the complaints from first shift had gotten better the longer she was there but it occurred one to two times during the week and on weekends.

3. Record review of Tenant #1, #2, #3, #4, #5, #6 and #7's files revealed cares listed on Monthly Task Logs were not documented as completed, including on third shift. See 67.3(2) for more information. Examples included:

Tenant #2's September 2022 Monthly Task log reflected 5 times mobility assistance and 7 times transfer assistance was not documented on third shift. It also documented 5 times safety checks were not documented as completed on third shift. The October 2022 Monthly Task Log also reflected 8 times mobility and transfer assistance was not documented on third shift and 4 times safety checks were not documented on third shift.

Tenant #5's August 2022 Monthly Task Log reflected 10 times safety checks were completed on third shift.

Tenant #7's August 2022 Monthly Task Log reflected over 15 times toileting cares and over 15 times safety checks were not documented as completed on third shift. The September 2022 Monthly Task Log reflected 6 times toileting cares and safety checks were not documented as completed on third shift. The October 2022 Monthly Task Log reflected 5 times toileting cares and safety checks were not documented as

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| A 325 | Continued From page 27<br>completed on third shift.<br><br>4. When interviewed on 10/27/22 at 3:56 p.m. the Executive Director said several months ago the census was 35 or 36 tenants and there was a float on third shift.<br><br>5. In summary, staff interviews indicated three tenants that required two or more staff for assistance with mobility and toileting (Tenants #1, #5 and #7). The ALP Monitoring Entrance Form identified seven tenants that received hospice services. Task sheets were incomplete including for tasks and cares on third shift. Staff reported tenants were heavily incontinent in the morning and had made prior complaints about tenants still being in the day clothes. Staff indicated a third staff was needed on third shift. | A 325 | | |
| A 335 | 481-67.9(3) Staffing<br><br>67.9(3) Training documentation. The program shall have training records and staffing schedules on file and shall maintain documentation of training received by program staff, including training of certified and noncertified staff on nurse-delegated procedures.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on interview and record review the Program failed to maintain documentation of training received by program staff. This pertained to 1 of 1 agency staff reviewed (Staff I). Findings follow:<br><br>1. Record review of an Tenant/Resident Incident Report indicated on 8/30/22 at 6:30 a.m. staff observed Tenant #1 being restrained in the dining | A 335 | | |

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room. Tenant #1 was "cold/saturated/scared." The Former Director of Nursing (DON) was verbally notified. The primary care provider and family were notified. A staff witness statement completed by Staff #1 indicated she walked through the west side of the building to punch in for work and observed Tenant #1 seated in a chair in the dining room, in the dark, in the corner with several other chairs around her blocking her in. Tenant #1 was calling out for help. Staff A moved chairs to help get her out. Tenant #1 was "cold, scared, and saturated." Staff A took Tenant #1 took her apartment and helped her get cleaned up. She asked the third shift staff what had occurred and the third shift staff said Tenant #1 "was aggressive and she was not dealing with it anymore." Staff A told the third shift staff she could leave and reported it to the Former DON when she arrived. The incident report and witness statement was dated 9/1/22.

2. Review of the schedule for 8/29/22 indicated Staff I, an agency staff member, worked third shift. An Invoice from the staffing agency reflected she worked from 10:30 p.m. to 6:30 a.m. on 8/29/22.

3. Continued record review revealed a Program document indicated Staff I worked shifts prior to 8/29/22 at the Program, which included: 7/22/22 (orientation) 1:30 p.m. to 10:30 p.m., 8/4/22 10:30 p.m. to 6:30 a.m. and 8/15/22 10:30 p.m. to 6:45 a.m.

4. Further record review revealed a blank Agency Staff Training Packet was provided by the Program; however, a documented training for Staff I, agency staff, was not completed or documented.

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| A 335 | Continued From page 29<br>5. When interviewed on 10/25/22 at 10:38 a.m. the Assistant DON confirmed there was not an orientation packet completed for Staff I. She said Staff I completed orientation in July and the packet started in late August or September. | A 335 | | |
| A 345 | 481-67.9(4)b Staffing<br><br>67.9(4) Nurse delegation procedures. The program's registered nurse shall ensure certified and noncertified staff are competent to meet the individual needs of tenants. Nurse delegation shall, at a minimum, include the following:<br><br>b. Within 30 days of beginning employment, all program staff shall receive training by the program's registered nurse(s).<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on interview and record review the Program failed to complete nurse delegated training within 30 days of staffs' employment. This pertained to 2 of 5 staff reviewed (Staff G and H). Findings follow:<br><br>1. Record review on 10/24/22 revealed Staff G's training documents noted a hire date of 9/7/22. Nurse delegation training was documented on 10/20/22 (date staff files were requested). Nurse delegation training was not completed within 30 days of Staff G's employment.<br><br>2. Record review on 10/24/22 revealed Staff H's training documents noted a hire date of 5/23/22. Nurse delegation training was documented on 10/20/22 (date staff files requested). Nurse delegation training was not completed within 30 days of Staff H's employment. | A 345 | | |

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| A 345 | Continued From page 30<br><br>3. When interviewed on 10/27/22 at 3:56 p.m. the Executive Director confirmed all nurse delegations for the staff listed above were provided. | A 345 | | |
| A 365 | 481-67.9(4)g Staffing<br><br>67.9(4) Nurse delegation procedures. The program's registered nurse shall ensure certified and noncertified staff are competent to meet the individual needs of tenants. Nurse delegation shall, at a minimum, include the following:<br><br>g. The program shall have in place a system by which certified or noncertified staff communicate in writing occurrences that differ from the tenant's normal health, functional and cognitive status. The program's registered nurse or designee shall train certified and noncertified staff on reporting to the program's registered nurse or designee and documenting occurrences that differ from the tenant's normal health, functional and cognitive status. The written communication required by this paragraph shall be retained by the program for a period of not less than three years, and shall be accessible to the department upon request.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on interview and record review the Program failed to ensure staff communicated occurrences in writing that differed from the tenants' normal health, functional and cognitive status. This pertained to 6 of 7 current tenants reviewed (Tenants #1, #3, #4, #5, #6 and #7). Findings follow: | A 365 | | |

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| A 365 | Continued From page 31<br><br>1. Record review of Tenant #1, #3, #4, #5, #6 and #7's files revealed there was one staff to nurse communication report document completed in the last three months for all of tenants noted above, despite changes that occurred in their cognitive, functional and health status. The staff to nurse communication report was dated 10/4/22 for Tenant #5 related to increased fatigue and swollen legs. No other staff to nurse communication reports were completed or provided for Tenants #1, #3, #4, #5, #6 and #7.<br><br>See 69.22(3) and 69.26(1) regarding occurrences that differed from the tenants' normal health, functional and cognitive status as indicated in interviews and record review.<br><br>2. Record review of the Program's Staff to Nurse Communication Policy and Procedure indicated a "Staff Communication Report" or "Report a Change" forms would be used as written communication to communicate tenant information to the nurse. The forms would be used by non-licensed staff when the nurse was in or out of the building. Unlicensed staff would indicated occurrences that differed from tenant's normal status. Staff would complete the staff communication report by circling or indicated the information on the form or making a notation about the concern at the bottom on the form. The communication would be maintained by the Program for 5 years.<br><br>3. When interviewed on 10/27/22 at 3:56 p.m. the Executive Director confirmed all staff to nurse reports for the past three months for the tenants listed above were provided. | A 365 | | |

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| A 145 | Continued From page 32 | A 145 | | |
| A 145 | 481-69.22(3) Evaluation of Tenant<br><br>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.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, interview and record review the Program failed to complete evaluations as needed with significant change and annually. This pertained to 7 of 7 current tenants reviewed (Tenants #1, #2, #3, #4, #5, #6 and #7) and 1 of 2 discharged tenants reviewed (Tenant C1). Findings follow:<br><br>1. When interviewed on 10/19/22 at 1:08 p.m. Staff B said Tenant #1 took two people for transfers all of the time and one staff was never used. She said Tenant #1 used a wheelchair.<br><br>When interviewed on 10/26/22 at 6:53 a.m. Staff F said Tenant #1 needed two people to transfer. She was hard to change due to combativeness. It took two people to change her.<br><br>When interviewed on 10/27/22 Staff D said | A 145 | | |

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usually two people were used for transfer for Tenant #1. Sometimes one person could be used to transfer her from the wheelchair to the recliner. The most difficult transfer was out of bed in the morning. She said 80 to 90% of the time she was a two person transfer.

When interviewed on 10/18/22 at approximately 10:10 a.m. Staff A said Tenant #1 required one to two assist with mobility, transfers, and toileting.

When interviewed on 10/27/22 at 10:21 a.m. the Hospice Advanced Registered Nurse Practioner said Tenant #1 was on the cusp of needing a higher level of care. She required the assistance of one person for transfers and had required the assistance two people for transfers.

Record review on 10/17/22, 10/18/22 and 10/19/22 of Tenant #1's file revealed evaluations were last completed on 4/23/22. The evaluations reflected Tenant #1 was independent with mobility and transfers and required minimal assistance with toileting. Evaluations were not completed as needed for Tenant #1 including with changes in mobility, transfers and toileting.

2. Record review on 10/18/22 and 10/19/22 of Tenant #2's file revealed an admission date of 6/10/15. The most recent evaluations were completed on 9/27/21. Evaluations were not completed annually for Tenant #2.

3. Record review on 10/19/22 of Tenant #3's file revealed Progress Notes indicated the following:

-On 8-23-22 it was noted Tenant #3 had edema noted to the bilateral lower extremities (BLE). Staff had been attempted to put on the compression hose; however, Tenant #3 would

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remove them. Weeping was noted on the BLE around the lower calf area. There was also a small opened area to the left gluteal cleft. The primary care provider (PCP) and family were notified.

-On 8-25-22 it was noted new orders were received to apply the compression stockings in the a.m. and remove in the p.m., assist with laying in bed every night and apply a barrier cream to the left buttocks twice daily and as needed.

-On 9-13-22 it was noted Tenant #3 had "open edema blisters" on her BLE. The left lower extremity (LLE) was reddened and warm to touch. The right lower extremity (RLE) was less red. It was recommended that Tenant #3 been seen at an urgent care clinic.

-On 9-13-22 it was noted Tenant #3 returned from the urgent care clinic with new orders that included: for the "bilateral open ulcers on the lower extremities" to apply a hydrocolloid dressing to the open sores, change the dressing every three days until healed. It also indicated to elevate legs, to continue with barrier cream to the buttocks and to keep dressing intact when wearing compression hose.

-On 9-23-22 it was noted Tenant #3 had "open edema blisters" on the BLE. The LLE area measured 10 centimeters (cm) long by 2 cm wide and appeared to be healing and did not have any drainage. The RLE had four small areas with a small amount of yellow drainage. The wounds were cleansed with normal saline and covered with the silicone foam dressing.

Continued record review revealed a Physician

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Order Form dated 8/24/22 revealed orders for compression hose on in the morning and off at night, to assist with laying down in bed every night, discontinue docusate and a barrier cream to the buttocks twice daily and as needed.

An After Visit Summary dated 9/13/22 reflected Tenant #3 was seen for stasis dermatitis with ulcers to the RLE and LLE due to "peripheral venous hypertension." New orders were received for the wound care

Further record review revealed the most recent evaluations were dated 4/8/22 (30 day evaluations). The evaluations were not updated as needed with significant change for Tenant #3 including with BLE ulcers with a dressing, an open area on the gluteal clef with treatment and compression hose.

4. Record review on 10/25/22 and 10/26/22 of Tenant #4's file revealed Progress Notes indicated the following:

-On 9/24/22 it was noted a nurse got a call regarding Tenant #4's blood glucose reading of 615. Tenant #4's family was notified and declined to have to her sent out for evaluation. The medication manager was told to inform the nurse of her blood glucose reading two hours after lunch.

-On 9/24/22 (entry in notes at 6:30 p.m.) it was noted Tenant #4's blood glucose was 547. The on-call PCP was notified and did not want to make any changes at that time.

-On 9/26/22 it was noted staff reported Tenant #4's urine was abnormal in color and there was a discharge noted with urination. A fax was sent to

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the PCP regarding a urinalysis (UA) and culture and sensitivity (C & S).

-On 9/28/22 it was noted the fax was re-sent as there was no response from the initial fax sent.

-On 9/29/22 it was noted the PCP office was called regarding the request for a UA with C & S.

-On 9/29/22 it was noted a verbal order was received for the UA with C & S. The first attempt was contaminated.

-On 10/3/22 it was noted a sample was collected and sent to the labs for testing.

-On 10/5/22 it was noted results were received from the UA and were faxed to the PCP.

-On 10/9/22 it was noted a new order for cephalexin 500 milligram (mg), take orally, for five days was received.

-On 10/10/22 it was noted the pharmacy was contacted and the medication would be delivered that day.

-On 10/15/22 it was noted the nurse was notified Tenant #4 was slurring her words and had labored breathing. The nurse told staff to call 911 and notify the legal representative. The nurse was notified Tenant #4 was admitted to the hospital for hyperglycemia.

-On 10/19/22 it was noted Tenant #4 was would be discharged to the Program that afternoon.

-On 10/24/22 it was noted the endocrinologist called and notified the Program Tenant #4's GAD 65 results were received and she was over 250,

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which meant Tenant #4 had type 1 DM and not type 2 DM. A verbal order was received to discontinued metformin and to continue insulin orders from the hospital.

Continued record review revealed the October 2022 medication administration records (MARs) reflected on 10/7/22 at 8:00 p.m. staff charted when Tenant #4's blood glucose was taken the reading indicated "high." On 10/8/22 at 8:00 p.m. staff charted when Tenant #8's blood glucose was taken the reading was "HI."

Further record review revealed a physician's order was received dated 10/3/22 Novolog sliding scale insulin to be given with meals, 2 units (200-249), 4 units (250-299), 6 units (300-349), 8 units (350-399) and 10 units if 400 or greater.

Continued record review revealed hospital documentation indicated Tenant #4 was admitted on 10/15/22 and discharged on 10/19/22. The principal diagnosis was diabetic ketoacidosis and active hospital problem was "diabetic ketoacidosis with coma associated with type 2 diabetes mellitus." When Tenant #4 arrived to the hospital she was found to be in diabetic ketoacidosis and had blood glucose reading of 797. The documentation indicated Tenant #4's AC had worsened over the past six months since she had been at the Program from 8.1% to 13.4%. New orders were received, including for Humalog insulin 3 units with meals and Humalog insulin sliding scale insulin based on the pre-meal blood glucose result, to continue metformin 1000 mg twice daily and to hold Jardiance and Januvia.

Further record review revealed the most recent evaluations were completed on 7/22/22 (30 day evaluations). Evaluations were not completed as

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needed with significant change for Tenant #4 including for the new order for sliding scale insulin, the UTI and treatment, elevated blood glucose readings, post hospitalization with diabetic ketoacidosis and a new diagnosis of type 1 DM.

5. When interviewed on 10/19/22 at 1:08 p.m. Staff B said staff attempted to assist Tenant #5 with toileting every two hours and it took three staff to assist him due to behaviors. She said Tenant #5 refused assistance. Tenant #5 did not sit on the toilet and changed him in bed. She also said Tenant #5 ate his feces at times.

When interviewed on 10/27/22 at Staff D said toileting cares for Tenant #5 were usually when he was laying in bed and it hard to for him to sit on the toilet. It was easier to change him in bed. Tenant #5 was incontinent of bladder and bowel and it usually took three staff for toileting cares.

When interviewed on 10/26/22 at 6:53 a.m. Staff F said most of the time Tenant #5 refused toileting on third shift and it took two to three people on first shift.

When observed on 10/25/22 at 5:05 p.m. to 5:13 p.m. Tenant #5 sat at a table with a plate of food and drink. Staff moved to his table to attempt to assist him. The staff provided verbal encouragement and then put food on the utensil and handed it to Tenant #5. He rotated the utensil (the food fell off the utensil); however, did not bring the utensil to his mouth. During the observation he did not eat and often sat with his head titled down.

Record review on 10/25/22 of Tenant #5's file revealed Progress Notes indicated the following:

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| A 145 | Continued From page 39<br><br>-On 9/1/22 it was noted the PCP called and it was indicated due to the type of frontal dementia, Tenant #5's behaviors would only get worse and the behaviors would not be able to be treated. The PCP was informed Tenant #5 ate his bowel movement (BM) on 8/26/22. The PCP recommended the family considered hospice. Tenant #5's legal representative was contacted and informed of the conversation.<br><br>-On 9/21/22 it was noted Tenant #5's family was in agreement with starting hospice services.<br><br>-On 9/23/22 it was noted Tenant #5 pulled out the "inner workings" of the toilet and the water to the building had to be shut off for a time period while the toilet was fixed. It was not was first time Tenant #5 had been "destructive" in his apartment.<br><br>-On 9/28/22 it was noted Tenant #5 had BM in the kitchenette area of the west side of the building and smeared it around the sink area. Tenant #5 was observed putting BM in his mouth. Staff assisted with cleaning up Tenant #5 and the kitchen staff cleaned up the kitchen. Tenant #5's legal representative was informed.<br><br>-On 9/29/22 it was noted Tenant #5 was admitted to hospice services.<br><br>Continued record review revealed the evaluations were updated on 10/3/22 with Tenant #5's admission to hospice. The evaluations reflected Tenant #5 required physical assistance of one person with toileting. It also reflected Tenant #5 needed assistance with cutting up food, opening packages and at times might need hands on assistance with the meal. Evaluations were not | A 145 | | |

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| A 145 | Continued From page 40<br>completed prior to that time and as needed with Tenant #5's increased assistance with toileting cares, eating and behaviors.<br><br>6. Record review on 10/26/22 of Tenant #6's file revealed Progress Notes indicated the following:<br><br>-On 8/8/22 it was noted Tenant #6 was found on the floor.<br><br>-On 8/9/22 it was noted an order was received for physical therapy (PT).<br><br>-On 8/23/22 it was noted Tenant #6 was found on the floor.<br><br>-On 8/26/22 it was noted that on 8/24/22 Tenant #6 was found on the floor.<br><br>-On 8/31/22 it was noted Tenant #6's family provided a side rail for her bed.<br><br>-On 9/2/22 it was noted Tenant #6 had bile colored emesis. Tenant #6 was sent to the hospital for evaluation.<br><br>-On 9/3/22 it was noted Tenant #6 was admitted for a UTI.<br><br>-On 9/6/22 it was noted Tenant #6 returned from the hospital.<br><br>-On 9/19/22 it was noted Tenant #6 was seen by occupational therapy (OT) today.<br><br>-On 10/3/22 it was noted on 10/1/22 Tenant #6 was found on the floor in another tenant's apartment. She appeared not be to as alert. Tenant #6 was sent to the hospital and admitted with a UTI. | A 145 | | |

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| A 145 | Continued From page 41<br><br>-On 10/4/22 it was noted PT at the hospital indicated Tenant #6 was a two person for transfers and recommended skilled care.<br><br>-On 10/10/22 it was noted Tenant #6 would be transferring to skilled care.<br><br>-On 10/26/22 it was noted Tenant #6 would be discharged back to the Program today.<br><br>Continued record review revealed the Discharge Planning/Recapitulation of Stay document dated 10/26/22 indicated Tenant #6 was discharged back to the Program. The document indicated Tenant #6 was a one person assist with transfers and needed assistance with eating as she was unable to feed herself.<br><br>Evaluations were requested for Tenant #6's returned to the Program on 10/26/22 and were not completed at the time they were requested.<br><br>Further record review revealed evaluations were last completed dated 7/11/22 (admission evaluations). Evaluations were not completed as needed for Tenant #6 including with falls, UTIs and treatment, PT and OT services, assistance with eating or post hospitalization and skilled nursing facility stay.<br><br>7. When interviewed on 10/27/22 at 3:06 p.m. the Assistant Director of Nursing indicated Tenant #7 was at least a two person transfer and staff assisted with toileting on all shifts. On third shift staff changed Tenant #7 in bed.<br><br>When interviewed on 10/19/22 at 10:48 a.m. Staff C when she said Tenant #7 was incontinent of urine and his personal clothing and bedding were | A 145 | | |

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wet.

When interviewed on 10/27/22 Staff D said Tenant #7 took two to three assist and took two people for toileting.

Record review on 10/26/22 of Tenant #7's file revealed Progress Notes indicated the following:

-On 8/26/22 it was noted the legal representative was contacted via email to discuss higher level of care placement.

-On 9/7/22 it was noted a 90 day review was completed and Tenant #7 continued to be a two person assist with transfers. Tenant #7's legal representative had been notified several times regarding the need for placement and no responses had been received.

-On 9/20/22 it was noted the legal representative was emailed regarding Tenant #7's level of care. There had been multiple attempts previously and no responses had been received.

-On 10/17/22 it was noted there were attempts made on 10/14/22 to contact the legal representative and Tenant #7's family and no responses had been received.

Continued record review revealed an Involuntary Transfer Notice Letter-Occupancy Criteria dated 4/5/22 indicated Tenant #7 exceeded the level of care due to requiring a two person assist with transfers. Transfer needed to occur not later than 5/5/22. Another Involuntary Transfer Notice was sent on 9/13/22 and the a second notice of Involuntary Transfer was sent with a transfer date of 10/14/22. The reason cited was Tenant #7 required a two person assist with transfer, stand

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| A 145 | Continued From page 43<br>and/or evacuation.<br><br>Further record review revealed evaluations were last completed on 2/28/22 and reflected Tenant #7 transferred with the assistance of one person. The evaluations reflected staff assisted with toileting every two hours during the day and twice at night. Evaluations were not completed for Tenant #7 as needed including with changes in toileting assistance and the assistance needed for mobility and transfers.<br><br>8. Record review on 10/19/22 of Tenant C1's file revealed Progress Notes indicated the following:<br><br>-On 7/5/21 it was noted Tenant C1 had two falls, one on 7/2/21 and one on 7/4/21. On 7/4/21 Tenant C1 was found on the floor and sustained a laceration to the right lower extremity (RLE). Tenant C1 was transferred to the hospital, the wound was closed with staples and Tenant C1 returned to the Program.<br><br>-On 7/28/21 it was noted a nurse was made aware of the wound on Tenant C1's leg. The wound was noted to be "dehisced, wound bed was covered with yellow/green exudate." It was recommended Tenant C1 be seen.<br><br>-On 7/28/21 it was noted Tenant C1 was seen at urgent care and they did not have the "means to treat." Tenant C1 was transferred to the hospital.<br><br>-On 7/29/21 it was noted Tenant C1 returned from the ER late on 7/28/21. New orders were received for augmentin, take one tablet, orally, twice daily for 10 days, doxycycline hyclate 100 mg, take one capsule, orally, twice daily for 10 days and a wet to dry dressing to be applied daily until healed. It was also ordered to have a weekly | A 145 | | |

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evaluation by a physician until healed.

-8/2/21 it was noted an order was requested for an outside agency for the wound care.

-On 8/9/21 it was noted an order was received for outside agency to start wound care.

-On 8/13/21 it was noted the outside agency was there on 8/12/21 to start wound care. The outside agency would see Tenant C1 twice per week.

-On 8/18/21 it was noted the service plan was updated to reflect the outside agency and wound care.

-On 8/23/21 it was noted the Tenant C1 returned from the PCP's office and orders were received to continue wound care orders with the outside agency completing the care twice per week and the Program completing the care the other days.

-On 9/17/21 it was noted the outside agency continued to treat and monitor the wound.

-On 10/1/21 it was noted on 9/30/21 staff noticed a small circular area on Tenant C1's abdomen. It looked like a blister had popped.

-On 10/7/21 it was noted a new order was received for Macrodantin 100 mg, orally, twice daily, for 14 days for a UTI.

-On 10/11/21 it was toed the abdominal wound was healing and a foam dressing was applied.

-On 11/9/21 it was noted a note was received from the outside agency that Tenant C1's wounds were healed and she would be discharge from

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| A 145 | Continued From page 45<br>services today.<br><br>Continued record review revealed an After Visit Summary dated 7/28/21 indicated Tenant C1 was seen for cellulitis of trunk and cellulitis of the RLE. The ED Provider Notes indicated Tenant C1 had complaints of pain from her knee to her toes. Tenant C1 had fallen on 7/4/21 and sustained a laceration to the RLE. Internal sutures and external staples were placed. The staples were to be removed 10 days after placement; however, per Tenant C1's family they were not removed until last week. Tenant C1's family had concerns the wound was open for several days prior to the family's notification.<br><br>Further record review evaluations were completed on 8/18/21. Evaluations were not completed as needed including at the time of Tenant C1's fall with laceration with staples, diagnoses of cellulitis and new orders for antibiotics and wound care orders, the RLE wound, the abdomen wound and treatment or when the wounds to the RLE and abdomen were healed and outside agency services were discontinued.<br><br>9. When interviewed on 10/27/22 at 3:56 p.m. the Executive Director confirmed all evaluations for the tenants listed above were provided. | A 145 | | |
| A 350 | 481-69.26(1) Service Plans<br><br>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 | A 350 | | |

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| A 350 | Continued From page 46<br>at least annually and whenever changes are needed.<br><br>This REQUIREMENT is not met as evidenced by:<br>REVISIT AND COMPLAINT<br><br>Based on observation, interview and record review the Program failed to update service plans as needed, failed to update service plans at least annually and failed to have service plans reflect the service needs of the tenants. This pertained to 7 of 7 current tenants reviewed (Tenants #1, #2, #3, #4, #5, #6 and #7) and 1 of 2 discharged tenants reviewed (Tenant C1). Findings follow:<br><br>1. When interviewed on 10/19/22 at 1:08 p.m. Staff B said Tenant #1 took two people for transfers all of the time and one staff was never used. She said Tenant #1 used a wheelchair.<br><br>When interviewed on 10/26/22 at 6:53 a.m. Staff F said Tenant #1 needed two people to transfer. She was hard to change due to combativeness. It took two people to change her.<br><br>When interviewed on 10/27/22 Staff D said usually two people were used for transfer for Tenant #1. Sometimes one person could be used to transfer her from the wheelchair to the recliner. The most difficult transfer was out of bed in the morning. She said 80 to 90% of the time she was a two person transfer.<br><br>When interviewed on 10/18/22 at approximately 10:10 a.m. Staff A said Tenant #1 required one to two assist with mobility, transfers, and toileting. | A 350 | | |

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When interviewed on 10/27/22 at 10:21 a.m. the Hospice Advanced Registered Nurse Practioner said Tenant #1 was on the cusp of needing a higher level of care. She required the assistance of one person for transfers and had required the assistance two people for transfers.

Record review on 10/17/22, 10/18/22 and 10/19/22 of Tenant #1's file revealed the service plan was last updated on 4/23/22. The service plan reflected Tenant #1 was independent with mobility and transfers and required minimal assistance with toileting. The service plan was not updated as needed and did not reflect the service needs of Tenant #1 including with changes in mobility, transfers and toileting.

2. Record review on 10/18/22 and 10/19/22 of Tenant #2's file revealed an admission date of 6/10/15. The most recent service plan was dated 9/27/21. The service plan was not updated at least annually for Tenant #2.

3. Record review on 10/19/22 of Tenant #3's file revealed Progress Notes indicated the following:

-On 8-23-22 it was noted Tenant #3 had edema noted to the bilateral lower extremities (BLE). Staff had been attempted to put on the compression hose; however, Tenant #3 would remove them. Weeping was noted on the BLE around the lower calf area. There was also a small opened area to the left gluteal cleft. The primary care provider (PCP) and family were notified.

-On 8-25-22 it was noted new orders were received to apply the compression stockings in the a.m. and remove in the p.m., assist with laying in bed every night and apply a barrier

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| A 350 | Continued From page 48 | A 350 | | |

cream to the left buttocks twice daily and as needed.

-On 9-13-22 it was noted Tenant #3 had "open edema blisters" on her BLE. The left lower extremity (LLE) was reddened and warm to touch. The right lower extremity (RLE) was less red. It was recommended that Tenant #3 been seen at an urgent care clinic.

-On 9-13-22 it was noted Tenant #3 returned from the urgent care clinic with new orders that included: for the "bilateral open ulcers on the lower extremities" to apply a hydrocolloid dressing to the open sores, change the dressing every three days until healed. It also indicated to elevate legs, to continue with barrier cream to the buttocks and to keep dressing intact when wearing compression hose.

-On 9-23-22 it was noted Tenant #3 had "open edema blisters" on the BLE. The LLE area measured 10 centimeters (cm) long by 2 cm wide and appeared to be healing and did not have any drainage. The RLE had four small areas with a small amount of yellow drainage. The wounds were cleansed with normal saline and covered with the silicone foam dressing.

Continued record review revealed a Physician Order Form dated 8/24/22 revealed orders for compression hose on in the morning and off at night, to assist with laying down in bed every night, discontinue docusate and a barrier cream to the buttocks twice daily and as needed.

An After Visit Summary dated 9/13/22 reflected Tenant #3 was seen for stasis dermatitis with ulcers to the RLE and LLE due to "peripheral venous hypertension." New orders were received

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| A 350 | Continued From page 49<br>for the wound care<br><br>Further record review revealed the most recent service plan was dated 4/8/22 (30 day evaluations). The service plan was not updated as needed with significant change including with BLE sores with a dressing, an open area on the gluteal clef with treatment and compression hose.<br><br>4. Record review on 10/25/22 and 10/26/22 of Tenant #4's file revealed Progress Notes indicated the following:<br><br>-On 9/24/22 it was noted a nurse got a call regarding Tenant #4's blood glucose reading of 615. Tenant #4's family was notified and declined to have to her sent out for evaluation. The medication manager was told to inform the nurse of her blood glucose reading two hours after lunch.<br><br>-On 9/24/22 (entry in notes at 6:30 p.m.) it was noted Tenant #4's blood glucose was 547. The on-call PCP was notified and did not want to make any changes at that time.<br><br>-On 9/26/22 it was noted staff reported Tenant #4's urine was abnormal in color and there was a discharge noted with urination. A fax was sent to the PCP regarding a urinalysis (UA) and culture and sensitivity (C & S).<br><br>-On 9/28/22 it was noted the fax was re-sent as there was no response from the initial fax sent.<br><br>-On 9/29/22 it was noted the PCP office was called regarding the request for a UA with C & S.<br><br>-On 9/29/22 it was noted a verbal order was received for the UA with C & S. The first attempt | A 350 | | |

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| A 350 | Continued From page 50 | A 350 | | |

was contaminated.

-On 10/3/22 it was noted a sample was collected and sent to the labs for testing.

-On 10/5/22 it was noted results were received from the UA and were faxed to the PCP.

-On 10/9/22 it was noted a new order for cephalexin 500 milligram (mg), take orally, for five days was received.

-On 10/10/22 it was noted the pharmacy was contacted and the medication would be delivered that day.

-On 10/15/22 it was noted the nurse was notified Tenant #4 was slurring her words and had labored breathing. The nurse told staff to call 911 and notify the legal representative. The nurse was notified Tenant #4 was admitted to the hospital for hyperglycemia.

-On 10/19/22 it was noted Tenant #4 was would be discharged to the Program that afternoon.

-On 10/24/22 it was noted the endocrinologist called and notified the Program Tenant #4's GAD 65 results were received and she was over 250, which meant Tenant #4 had type 1 DM and not type 2 DM. A verbal order was received to discontinued metformin and to continue insulin orders from the hospital.

Continued record review revealed the October 2022 medication administration records (MARs) reflected on 10/7/22 at 8:00 p.m. staff charted when Tenant #4's blood glucose was taken the reading indicated "high." On 10/8/22 at 8:00 p.m. staff charted when Tenant #8's blood glucose was

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taken the reading was "HI."

Further record review revealed a physician's order was received dated 10/3/22 Novolog sliding scale insulin to be given with meals, 2 units (200-249), 4 units (250-299), 6 units (300-349), 8 units (350-399) and 10 units if 400 or greater.

Continued record review revealed hospital documentation indicated Tenant #4 was admitted on 10/15/22 and discharged on 10/19/22. The principal diagnosis was diabetic ketoacidosis and active hospital problem was "diabetic ketoacidosis with coma associated with type 2 diabetes mellitus." When Tenant #4 arrived to the hospital she was found to be in diabetic ketoacidosis and had blood glucose reading of 797. The documentation indicated Tenant #4's A1C had worsened over the past six months since she had been at the Program from 8.1% to 13.4%. New orders were received, including for Humalog insulin 3 units with meals and Humalog insulin sliding scale insulin based on the pre-meal blood glucose result, to continue metformin 1000 mg twice daily and to hold Jardiance and Januvia.

Further record review revealed the most recent service plan was dated 7/22/22 (30 day). The service plan was not completed as needed for Tenant #4 including for the new order for sliding scale insulin, the UTI and treatment, elevated blood glucose readings, post hospitalization with diabetic ketoacidosis and a new diagnosis of type 1 DM.

5. When interviewed on 10/19/22 at 1:08 p.m. Staff B said staff attempted to assist Tenant #5 with toileting every two hours and it took three staff to assist him due to behaviors. She said Tenant #5 refused assistance. Tenant #5 did not

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sit on the toilet and changed him in bed. She also said Tenant #5 ate his feces at times.

When interviewed on 10/27/22 at Staff D said toileting cares for Tenant #5 were usually when he was laying in bed and it hard to for him to sit on the toilet. It was easier to change him in bed. Tenant #5 was incontinent of bladder and bowel and it usually took three staff for toileting cares.

When interviewed on 10/26/22 at 6:53 a.m. Staff F said most of the time Tenant #5 refused toileting on third shift and it took two to three people on first shift.

When observed on 10/25/22 at 5:05 p.m. to 5:13 p.m. Tenant #5 sat at a table with a plate of food and drink. Staff moved to his table to attempt to assist him. The staff provided verbal encouragement and then put food on the utensil and handed it to Tenant #5. He rotated the utensil (the food fell off the utensil); however, did not bring the utensil to his mouth. During the observation he did not eat and often sat with his head titled down.

Record review on 10/25/22 of Tenant #5's file revealed Progress Notes indicated the following:

-On 9/1/22 it was noted the PCP called and it was indicated due to the type of frontal dementia, Tenant #5's behaviors would only get worse and the behaviors would not be able to be treated. The PCP was informed Tenant #5 ate his bowel movement (BM) on 8/26/22. The PCP recommended the family considered hospice. Tenant #5's legal representative was contacted and informed of the conversation.

-On 9/21/22 it was noted Tenant #5's family was

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in agreement with starting hospice services.

-On 9/23/22 it was noted Tenant #5 pulled out the "inner workings" of the toilet and the water to the building had to be shut off for a time period while the toilet was fixed. It was not was first time Tenant #5 had been "destructive" in his apartment.

-On 9/28/22 it was noted Tenant #5 had BM in the kitchenette area of the west side of the building and smeared it around the sink area. Tenant #5 was observed putting BM in his mouth. Staff assisted with cleaning up Tenant #5 and the kitchen staff cleaned up the kitchen. Tenant #5's legal representative was informed.

-On 9/29/22 it was noted Tenant #5 was admitted to hospice services.

Continued record review revealed the service plan was updated on 10/3/22 with Tenant #5's admission to hospice. The service plan reflected Tenant #5 required physical assistance of one person with toileting. The service plan was not updated prior to that time and as needed with Tenant #5's increased assistance with toileting cares, eating and behaviors.

6. Record review on 10/26/22 of Tenant #6's file revealed Progress Notes indicated the following:

-On 8/8/22 it was noted Tenant #6 was found on the floor.

-On 8/9/22 it was noted an order was received for physical therapy (PT).

-On 8/23/22 it was noted Tenant #6 was found on the floor.

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| A 350 | Continued From page 54<br><br>-On 8/26/22 it was noted that on 8/24/22 Tenant #6 was found on the floor.<br><br>-On 8/31/22 it was noted Tenant #6's family provided a side rail for her bed.<br><br>-On 9/2/22 it was noted Tenant #6 had bile colored emesis. Tenant #6 was sent to the hospital for evaluation.<br><br>-On 9/3/22 it was noted Tenant #6 was admitted for a UTI.<br><br>-On 9/6/22 it was noted Tenant #6 returned from the hospital.<br><br>-On 9/19/22 it was noted Tenant #6 was seen by occupational therapy (OT) today.<br><br>-On 10/3/22 it was noted on 10/1/22 Tenant #6 was found on the floor in another tenant's apartment. She appeared not be to as alert. Tenant #6 was sent to the hospital and admitted with a UTI.<br><br>-On 10/4/22 it was noted PT at the hospital indicated Tenant #6 was a two person for transfers and recommended skilled care.<br><br>-On 10/10/22 it was noted Tenant #6 would be transferring to skilled care.<br><br>-On 10/26/22 it was noted Tenant #6 would be discharged back to the Program today.<br><br>Continued record review revealed the Discharge Planning/Recapitulation of Stay document dated 10/26/22 indicated Tenant #6 was discharged back to the Program. The document indicated | A 350 | | |

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Tenant #6 was a one person assist with transfers and needed assistance with eating as she was unable to feed herself.

Further record review revealed the service plan was last completed dated 7/11/22 (admission). The service plan reflected a potential fall history and a fall at her prior Program. The service plan did not reflect the fall history at the Program. The service plan reflected Tenant #1 was independent with mobility and transfers and required minimal assistance with meals including opening up packages. The discharge document reflected assistance with eating and use of assistive devices and a one person assist. The service plan reflected outside therapies at admission; however, that was not updated with current therapy orders for PT and OT. The service plan was not updated as needed and did not reflect the service needs of Tenant #6 including with falls, new order for PT and OT services, addition of the bed rail, assistance with eating or post hospitalization and skilled nursing facility visit current needs of mobility, transfers and use of assistive devices.

7. When interviewed on 10/27/22 at 3:06 p.m. the Assistant Director of Nursing indicated Tenant #7 was at least a two person transfer and staff assisted with toileting on all shifts. On third shift staff changed Tenant #7 in bed.

When interviewed on 10/19/22 at 10:48 a.m. Staff C when she said Tenant #7 was incontinent of urine and his personal clothing and bedding were wet.

When interviewed on 10/27/22 Staff D said Tenant #7 took two to three assist and took two people for toileting.

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| A 350 | Continued From page 56<br><br>Record review on 10/26/22 of Tenant #7's file revealed Progress Notes indicated the following:<br><br>-On 8/26/22 it was noted the legal representative was contacted via email to discuss higher level of care placement.<br><br>-On 9/7/22 it was noted a 90 day review was completed and Tenant #7 continued to be a two person assist with transfers. Tenant #7's legal representative had been notified several times regarding the need for placement and no responses had been received.<br><br>-On 9/20/22 it was noted the legal representative was emailed regarding Tenant #7's level of care. There had been multiple attempts previously and no responses had been received.<br><br>-On 10/17/22 it was noted there were attempts made on 10/14/22 to contact the legal representative and Tenant #7's family and no responses had been received.<br><br>Continued record review revealed an Involuntary Transfer Notice Letter-Occupancy Criteria dated 4/5/22 indicated Tenant #7 exceeded the level of care due to requiring a two person assist with transfers. The discharge date was 5/5/22. Another Involuntary Transfer Notice was sent on 9/13/22 and the a second notice of Involuntary Transfer was sent with a discharge date of 10/14/22. The reason cited was Tenant #7 required a two person assist with transfer, stand and/or evacuation.<br><br>Further record review revealed the service plan was last updated on 2/28/22 and reflected Tenant #7 transferred with the assistance of one person. | A 350 | | |

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| A 350 | Continued From page 57<br><br>The service plan reflected staff assisted with toileting every two hours during the day and twice at night. The service plan was not updated as needed and did not reflect Tenant #7's service needs including, two to three person assist with transfers toileting cares on third shift and and extent of Tenant #7's incontinence and<br><br>8. Record review on 10/19/22 of Tenant C1's file revealed Progress Notes indicated the following:<br><br>-On 7/5/21 it was noted Tenant C1 had two falls, one on 7/2/21 and one on 7/4/21. On 7/4/21 Tenant C1 was found on the floor and sustained a laceration to the right lower extremity (RLE). Tenant C1 was transferred to the hospital, the wound was closed with staples and Tenant C1 returned to the Program.<br><br>-On 7/28/21 it was noted a nurse was made aware of the wound on Tenant C1's leg. The wound was noted to be "dehisced, wound bed was covered with yellow/green exudate." It was recommended Tenant C1 be seen.<br><br>-On 7/28/21 it was noted Tenant C1 was seen at urgent care and they did not have the "means to treat." Tenant C1 was transferred to the hospital.<br><br>-On 7/29/21 it was noted Tenant C1 returned from the ER late on 7/28/21. New orders were received for augmentin, take one tablet, orally, twice daily for 10 days, doxycycline hyclate 100 mg, take one capsule, orally, twice daily for 10 days and a wet to dry dressing to be applied daily until healed. It was also ordered to have a weekly evaluation by a physician until healed.<br><br>-8/2/21 it was noted an order was requested for an outside agency for the wound care. | A 350 | | |

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| A 350 | Continued From page 58<br><br>-On 8/9/21 it was noted an order was received for outside agency to start wound care.<br><br>-On 8/13/21 it was noted the outside agency was there on 8/12/21 to start wound care. The outside agency would see Tenant C1 twice per week.<br><br>-On 8/18/21 it was noted the service plan was updated to reflect the outside agency and wound care.<br><br>-On 8/23/21 it was noted the Tenant C1 returned from the PCP's office and orders were received to continue wound care orders with the outside agency completing the care twice per week and the Program completing the care the other days.<br><br>-On 9/17/21 it was noted the outside agency continued to treat and monitor the wound.<br><br>-On 10/1/21 it was noted on 9/30/21 staff noticed a small circular area on Tenant C1's abdomen. It looked like a blister had popped.<br><br>-On 10/7/21 it was noted a new order was received for Macrodantin 100 mg, orally, twice daily, for 14 days for a UTI.<br><br>-On 10/11/21 it was noted the abdominal wound was healing and a foam dressing was applied.<br><br>-On 11/9/21 it was noted a note was received from the outside agency that Tenant C1's wounds were healed and she would be discharge from services today.<br><br>Continued record review revealed an After Visit Summary dated 7/28/21 indicated Tenant C1 was | A 350 | | |

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| A 350 | Continued From page 59<br>seen for cellulitis of trunk and cellulitis of the RLE. The ED Provider Notes indicated Tenant C1 had complaints of pain from her knee to her toes. Tenant C1 had fallen on 7/4/21 and sustained a laceration to the RLE. Internal sutures and external staples were placed. The staples were to be removed 10 days after placement; however, per Tenant C1's family they were not removed until last week. Tenant C1's family had concerns the wound was open for several days prior to the family's notification<br><br>Further record review the service plan was updated on 8/18/21 and reflected Tenant C1 was to receive outside agency services related to a wound to evaluate and treat. The service plan was not updated as needed and did not reflect the service needs of Tenant C1 including after Tenant C1's fall with laceration with staples, diagnoses of cellulitis and new orders for antibiotics and wound care orders, the wound on the RLE and treatment, UTI, the abdomen wound and treatment or when the wounds to the RLE and abdomen were healed and outside agency services were discontinued.<br><br>9. When interviewed on 10/27/22 at 3:56 p.m. the Executive Director confirmed all service plans for the tenants listed were provided. | A 350 | | |
| A 710 | 481-69.35(1)b Structural Requirements<br><br>69.35(1) General requirements.<br><br>b. The buildings and grounds shall be well-maintained, clean, safe and sanitary.<br><br>This REQUIREMENT is not met as evidenced | A 710 | | |

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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 710 | Continued From page 60 | A 710 | | |

by:
Based on observation, interview and record review the Program failed to maintain a clean, safe and sanitary building. This potentially affected all tenants (census of 29). Findings follow:

1. Observation on 10/18/22 at 11:30 a.m. revealed the west side medication room had two boxes with biohazard bags open on the top. One of the boxes had a clear plastic bag with sharps observed in the bag. The sharps were not placed in a designated receptacle and were visible in the box due to being placed in a clear bag. Pictures of sharps disposal in the medication room were obtained including of the clear bag with visible sharps.

2. When interviewed on 10/18/22 at approximately 10:10 a.m. Staff A said there were a couple of boxes that were full in the medication rooms and it had been that way since she started.

3. When interviewed on 10/26/22 at 5:09 p.m. the Former Director of Nursing said it was bad when she first started, regarding biohazard disposal. She said there were clear bags of sharps in the medication rooms. There were boxes in both medication rooms and the maintenance staff observed it too and agreed it needed to be taken care of. A company was contacted to remove the biohazard materials. She said there was a near needle stick with an agency staff before she started.

4. When interviewed on 10/27/22 at 3:56 p.m. the Executive Director said staff were expected to dispose of sharps in the container and then put it into a biohazard bag into the box. They used a company that disposed of the biohazard materials

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | S0163 | A. BUILDING: _____ B. WING _____ | C 12/05/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **LEGACY GARDENS** | **15 SILVERCREST PLACE IOWA CITY, IA 52240** |

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|---|---|---|---|---|
| A 710 | Continued From page 61<br>one time per month.<br><br>5. Record review revealed the Program's Infection Control Policy and Procedure indicated staff would take precautions to prevent injuries from needles or other sharps. It indicated "all used needles and other sharps will be placed in a puncture-resistant container and taken to the biohazard medical waste box in the designated area."<br><br>6. When interviewed on 10/27/22 at 3:56 p.m. the Executive Director said Staff A brought it to her attention and she confirmed all sharps were placed into a container on 10/27/22. | A 710 | | |