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
	S0087	A. BUILDING: _____ B. WING _____	02/21/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW HOMESTEAD	2306 STATE ST GUTHRIE CENTER, IA 50115

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	481-69 Initial Comments Assisted Living Programs are defined by the type of population served. The census numbers were provided by the Program at the time of the on-site. General Population Program Number of tenants without cognitive disorder: 13 Number of tenants with cognitive disorder: 1 Total Population of Program at time of on-site: 14 TOTAL census of Assisted Living Program: 14 The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification for an Assisted Living Program.	A 000	HEALTH FACILITIES MAR 08 2017	
A 089	481-69.26(4)a Service Plans 481-69.26(231C) Service plans. 69.26(4) The service plan shall be individualized and shall indicate, at a minimum: a. The tenant's identified needs and preferences for assistance This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to develop individualized service plans for 1 of 2 tenants reviewed (Tenant #1). Findings follow: Tenant #1 was admitted on 8-22-16. Progress Notes dated 8-31-16 indicated he/she no longer	A 089	See attached Pla	

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A 089	Continued From page 1 wanted to live at the program. The tenant was very emotional and stated if family would not move him/her, he/she was "going to do something about it". Social services was called to talk to the tenant and he/she was placed on 15 minute checks. New orders were received for Ativan 0.5 milligrams (mg) to be started as needed (PRN) every 6 hours for anxiousness. Progress Notes dated 10-26-16 indicated the tenant stated he/she was going to get out of there while moving their thumb across their neck. Social services was called and the tenant was again placed on 15 minute checks. New orders were received for mirtazapine 15 mg at bedtime, Ativan 0.5 mg twice daily, and continued Ativan PRN. A 90 day review dated 11-21-16 indicated Tenant #1 was anxious and tearful about their daughter throwing away spouse's belongings. Depression scale was noted to be 7 out of 15 and the physician notified. Tenant #1 was seen by their physician on 10-27-16 and diagnosed with adjustment disorder and depression. Review of Tenant #1 Service Plan dated 11-21-16 was not updated to reflect signs/symptoms of suicidal ideation and interventions to minimize them. Interview with Delegating Registered Nurse on 2-22-17 at 1:02 p.m. confirmed information was not included because she was not aware it needed to be on the service plan.	A 089		
A 094	481-69.27(1)a Nurse Review 481-69.27(231C) Nurse review. If a tenant does not receive personal or health-related care, but an observed significant change in the tenant's condition occurs, a nurse review shall be	A 094		

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A 094	Continued From page 2 conducted. If a tenant receives personal or health-related care, the program shall provide for a registered nurse: 69.27(1)a To monitor, at least every 90 days, or after a significant change in the tenant's condition, any tenant who receives program-administered prescription medications for adverse reactions to the medications and to make appropriate interventions or referrals, and to ensure that the prescription medication orders are current and that the prescription medications are administered consistent with such orders. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure 90 day nurse reviews were completed as required for 2 of 2 tenants reviewed who received program administered medications (Tenant #1, and #2). Findings follow: 1. Review of Tenant #1's file revealed the service plan dated 9-20-16 indicated the Program was responsible for administration and management of all medications. Progress notes revealed the tenant received scheduled and as needed (PRN) medications for anxiety and depression. A Progress Note dated 11-21-16 indicated a 90 day review was completed however there was no indication medications administered by the Program were included in this review. 2. Review of Tenant #2's file revealed an admission date of 10/14/16. The tenant's service plan indicated the Program was responsible for administration and management of all	A 094		

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A 094	Continued From page 3 medications. A Progress Note dated 11-11-6 indicated a 30 day review was completed, however no 90 day review could be located. 3. Interview with Delegating Nurse on 2-22-17 at 1:02 p.m. confirmed a 90 day review of medications was not completed for either tenant due to a change over of the Delegating Nurse position during this time frame.	A 094		

dl 3/13/17

The New Homestead
A Senior Living Community

2306 State St
Guthrie Center, IA 50115
PH 641-332-2204
Fax: 641-332-2982
www.TheNewHomestead.org

March 6, 2017

Department of Inspections and Appeals
Attn: Linda Kellen
Lucas State Office Building
321 East 12th Street
Des Moines, Iowa 50319

Dear Ms. Kellen:

On behalf of New Homestead Assisted Living, I respectfully submit our Plan of Correction for your approval. Our response is specific to the Recertification Visit Report dated March 3, 2017. Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of insufficiencies. The Plan of Correction is prepared and/or executed solely because it is required by the provisions of Iowa law. New Homestead Assisted Living will not request a formal hearing.

Service Plan
The service plan shall be individualized and shall indicate, at a minimum, the tenant's identified needs and preferences for assistance.

1. Elements detailing how the Program will correct each regulatory insufficiency.
    - Tenant #1's service plan will be reviewed by the RN and updated to ensure it reflects Tenant #1's identified needs and preferences for assistance. Specifically, the service plan will be updated to reflect signs/systems of depression and suicidal ideations, if still applicable.

2. What measures will be taken to ensure the problem does not recur.
    - The RN will be educated on regulatory requirements related to service planning.

3. How the Program plans to monitor performance to ensure compliance.
    - The RN Director or designee will monitor for compliance at least every 90 days when completing the 90-day nurse review. This process includes review of services provided to ensure interventions are identified on the service plan and to ensure current interventions remain appropriate.

3/9/17

4. The date by which the regulatory insufficiency will be corrected.
    - New Homestead Assisted Living will be in regulatory compliance by April 3, 2017.

Nurse Review

To monitor, at least every 90 days, or after a significant change in the tenant's condition, any tenant who receives program-administered prescription medications for adverse reactions to the medications and to make appropriate interventions or referrals, and to ensure that the prescription medication orders are current and that the prescription medications are administered consistent with such orders.

1. Elements detailing how the Program will correct each regulatory insufficiency.
    - The RN will complete a 90-day nurse review on Tenant #1 and Tenant #2 as required by regulation.

2. What measures will be taken to ensure the problem does not recur.
    - The RN will be educated on regulatory requirements related to completing a nurse review.

3. How the Program plans to monitor performance to ensure compliance.
    - The RN Director or designee will monitor for compliance at least every annual to ensure nurse reviews are completed as required by regulation.
    - A scheduling system will be implemented to track when a 90 day nurse review is due.

4. The date by which the regulatory insufficiency will be corrected.
    - New Homestead Assisted Living will be in regulatory compliance by April 3, 2017.

Please contact me at 641-332-2204 with any questions you have. Thank you.

Sincerely,

Mike Ewalt
Director of Housing