4/22/19 OK 4/19/19

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
	S0181	A. BUILDING: _____ B. WING _____	C 02/21/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EMERSON POINT	1355 SHANNON DRIVE IOWA CITY, IA 52246

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments Assisted living Programs are defined by the type of population served. The census numbers were provided by the Program at the time of the on-site. Number of tenants without cognitive disorder: 45 Number of tenants with cognitive disorder: 0 TOTAL census of Assisted Living Program: 45 The investigation of Complaint #80636-C resulted in regulatory insufficiencies.	A 000	See attached POC 3/27/19	
A 003	481-67.2 Program policies and procedures 481-67.2(231B,231C,231D) Program policies and procedures, including those for incident reports. A program's policies and procedures must meet the minimum standards set by applicable requirements. The program shall follow the policies and procedures established by a program. All programs shall have policies and procedures related to the reporting of incidents including allegations of dependent adult abuse. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to follow policy and procedure related to completion of incident reports. This pertained to 1 of 4 tenants reviewed (Tenant #2). Finding follows:	A 003		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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A 003	Continued From page 1	A 003		

Record review of a staff Communication Report, dated 12-30-18 (third shift), indicated Tenant #2 sustained a fall.

When interviewed on 2-21-19 at 12:23 p.m. Staff A reported Tenant #2 called for assistance using her pendant at approximately 4:00/4:30 a.m. Staff A responded and found Tenant #2 on the floor next to her bed. Tenant #2 reported she went to stand and her legs were not strong enough and she slid down. Tenant #2 did not hit her head and did not have any injuries. Staff A used the mechanical lift to assist her up and helped her get changed. Tenant #2 reported she used her pendant earlier (no response); however, had not used the pendant at the time Staff A responded. Tenant #2 told Staff A she laid there for two hours. Staff A checked her pendant and it worked. Tenant #2 showed Staff A how she called and she did not press in the center of pendant (there was no red light) and it did not call Staff A. Staff A did not receive any other pendant calls for Tenant #2 that night and indicated if the call had gone unanswered after two calls it would go to a supervisor. Staff A thought possibly Tenant #2 laid on the pendant at the time she was called and that was why Tenant #2 said she had not called when Staff A responded.

Continued record review of Tenant #2's pendant history indicated the pendant was pushed on 12-31-18 at 4:43:20 a.m. and 4:43:40 a.m. and it was restored by Staff A at 4:48:20 a.m. The pendant was pushed again at 5:08:20 a.m. and 5:08:43 a.m. which was restored by Staff A at 5:08:48 a.m.

Further record review of incident reports for the last three months revealed no incident reports completed for Tenant #2, including for the fall on

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A 003	Continued From page 2 12-31-18. Continued review revealed the Program's policy and procedure for Incident Reporting indicated the policy was to ensure appropriate documentation was completed and appropriate notifications were made. All accidents or unusual occurrences that affected tenants that occurred in the building or on the property would be documented on the incident report form. The incident report would include: a detail of the accident or unusual occurrence, it would be prepared and signed by the person in charge at that time and would include statements from any witnesses. Completed incident reports would be maintained onsite for a minimum of three years. When interviewed on 2-21-19 at approximately 3:50 p.m. the Assistant Nurse Manager revealed an incident report was not completed regarding the incident with Tenant #2 as Staff A did not think it was a fall.	A 003		
A 083	481-69.26(1) Service Plans 481-69.26(231C) Service plans. 69.26(1) A service plan shall be developed for each tenant based on the evaluations conducted in accordance with subrules 69.22(1) and 69.22(2) and shall be designed to meet the specific service needs of the individual tenant. The service plan shall subsequently be updated at least annually and whenever changes are needed.	A 083		

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A 083	Continued From page 3 This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to develop service plans based on evaluations to reflect the specific service needs of tenants. This pertained to 4 of 4 tenants reviewed (Tenants #1, #2, #3 and #4). Findings follow: 1. a. Record review of Tenant #1's file revealed a service plan updated 8-30-18 reflected a nurse pre-filled a medication planner every two weeks and Tenant #1 independently administered the medications. A Notice of Change to Individualized Service Plan document, dated 11-15-18, reflected Tenant #1 would receive medication assistance four times per day. A cognitive evaluation was not completed when the service plan was updated with significant change. Tenant #1 did not sign the service plan update on 11-15-18. b. Continued record review revealed Tenant #1's service plan dated 1-10-19 included updates on 1-25-19 to document the following changes to services provided: showering, transfers, toileting, mobility and discontinuation of an immobilizer. There was no evidence to indicate changes made to the service plan on 1-25-19 were based on cognitive, health or functional evaluations. Tenant #1 did not sign the service plan with changes made on 1-25-19. 2. Record review of Tenant #2's file revealed a Case Communication Report note, dated 2-15-19, reflected Tenant #2 accidentally used super glue instead of eye drops. When a nurse arrived the glue had completely dried and Tenant #2's eyelid was fully glued closed. Tenant #2 was	A 083		

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A 083	Continued From page 4 taken to the emergency room via family. Continued record review revealed the service plan dated 2-1-19 did not reflect Tenant #2 had eye drops or the self-administration of the eye drops. 3. Record review of Tenant #3's file revealed a PT Evaluation Visit document dated 1-8-19 reflected Tenant #3 was seen for 15 physical therapy (PT) visits from 11-16-18 to 1-8-19. A Notice of Change to Individualized Service Plan dated 1-2-19 reflected Tenant #3 started on an antibiotic that interacted with calcium. Staff was not to give a protein shake in the morning from 1-3-19 to 1-11-19. Tenant #3 could re-start the drink on 1-12-19 and could have a alternate beverage for breakfast. Continued record review revealed the service plan dated 11-1-18 did not reflect the initiation and discontinuation of PT services. The service plan also did not reflect the protein shake that was held during the time the antibiotic was given. 4. Record review of Tenant #4's file revealed a Notice of Change to Individualized Service Plan reflected staff was to assist Tenant #4 with dressing in the a.m. and p.m., staff was to assist with all transfers and ambulation using a gait belt and staff would cover the splint on the right arm during showers to keep the area clean and dry. Tenant #4 would press the pendant for assistance and staff would notify the nurse if Tenant #4 got up unassisted. Continued record review failed to produce a	A 083		

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A 083	Continued From page 5 cognitive evaluation completed when the service plan was updated with significant change. Tenant #4 did not sign the service plan update on 12-13-18.	A 083		

OK 4/19/19

✓ 4/22/19

Emerson Point

Affordable Assisted Living

March 21, 2019

Re: Emerson Point Investigation #80636-C

Plan of Correction and Request for Reconsideration

Dear Ms. Campbell,

The following is being offered as a Plan of Correction (POC) for the regulatory insufficiency noted in your March 14, 2019 letter.

The Regulatory Insufficiency cited was "A service plan shall be developed for each tenant based on the evaluations conducted in accordance with sub rules 69.22(1) and 69.22(2) and shall be designed to meet the specific service needs of the individual tenant. The service plan shall subsequently be updated at least annually and whenever changes are needed." (IAC 481-69.26(1))

How the Program will correct each regulatory insufficiency:

- The ISP for Tenant #1 will be updated to reflect the specific service needs of the tenant; more specific that Tenant #1 receives staff assistance with medications ordinarily self-administered 4 times per day and Tenant #1 will sign for all changes made to service plan. A current service plan will be developed and signed by client by March 27, 2019.
- The ISP for Tenant #2 will be updated to reflect she self-administers eye drops by March 27, 2019.
- The ISP for Tenant #3 will be updated to reflect the specific service needs of the tenant. A service plan will be developed to reflect these needs and signed by tenant by March 27, 2019.
- The ISP for Tenant #4 will be updated to reflect the specific service needs of the tenant. The updated service plan will be created and signed by tenant by March 27, 2019.

1355 Shannon Dr ▪ Iowa City, Iowa 52244
(319) 466-0200 ▪ (319) 466-9370 fax

Measures to ensure the problem does not recur:

- The RNs at Emerson Point have reviewed the regulatory requirements for Service Plans.
- The RNs at Emerson Point will ensure the tenant signature is obtained prior to RN signing off on the ISP Notice of Change form.

How the Program plans to monitor performance to ensure compliance:

- The Program RN will audit 100% of all ISP Notice of Change forms for inclusion of tenant signatures monthly for 3 months. If the audit is 100% compliant, monitoring will stop. If 100% compliance is not obtained, the program RN will continue to monitor monthly until 100% compliant for 3 consecutive months.

Date by which the regulatory insufficiency will be corrected:

- March 27, 2019

The Regulatory Insufficiency cited "Program policies and procedures, including those for incident reports. A program's policies and procedures must meet the minimum standards set by applicable requirements. The program shall follow the policies and procedures established by a program. All programs shall have policies and procedures related to the reporting of incidents including allegations of dependent adult abuse." (IAC 481-67.2(231B, 231C, 231D))

We will implement the following POC:

How the Program will correct each regulatory insufficiency:

- Program RN met individually with Staff A on February 28, 2019, and reviewed program's Incident Reporting policy and procedure.
- Program's Incident Reporting policy was updated to define falls and near-falls.
- On March 5, 2019 a staff meeting was held with all nurse assistants and program RNs to educate regarding updated Incident Reporting policy, definitions of fall and near-fall, and completion of written incident reports for any unusual occurrences that affect the tenants in the program.

Measures to ensure the problem does not recur:

- The program will review the Incident Reporting policy and procedure with all nurse assistants at a minimum of 1 time per year.

How the Program plans to monitor performance to ensure compliance:

- The Program RN will monitor 100% of the Emerson Point Communication logs each month for 3 months for any unusual occurrences communicated between nurse assistants and ensure that any incident reports were completed. If the audit is 100% compliant, monitoring will stop. If 100% compliance is not

obtained, the program RN will continue to monitor monthly until 100% compliant for 3 consecutive months.

Date by which the regulatory insufficiency will be corrected:

- March 5, 2019

We appreciate your assistance in helping us do the best job we can in meeting the needs of our low-income tenants. If you have any questions or need additional information, please do not hesitate to contact us.

Sincerely,

Victoria L. Huffman

Administrator

Emerson Point Assisted Living