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 _____	10/24/2019

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: 0 Number of tenants with cognitive disorder: 42 TOTAL census of Assisted Living Program: 42 The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification for an Assisted Living Program:	A 000	See attached POC 1/30/2020	
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 service plans to reflect the identified needs of tenants. This pertained to 2 of 4 tenants reviewed (Tenants #1 and #4). Findings follow: 1. Record review on 10-23-19 and 10-24-19 of Tenant #1's file revealed diagnoses included early onset cerebellar ataxia. Case Communication Report notes indicated Tenant #1 refused showers on 7-5-19, 7-19-19, 8-20-19 and	A 089		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 089	Continued From page 1 9-11-19. From 9-16-19 to 9-21-19 Tenant #1 refused a band-aid to be applied to the left great toe. Continued record review revealed a Supervision of Aide (visit 8-22-19) document indicated Tenant #1 currently had a traumatic injury to the left great toe that was healing. Tenant #1 bumped his toe initially on 8-14-19 and then bumped it again that week. Staff applied a new band-aid to the toe daily after the shower. Tenant #1 was re-instructed to wear socks on this feet or protection when his shoes were off. Tenant #1 voiced understanding; however, had not been compliant in the past. A SN Recert Visit (visit 10-22-19) document indicated Tenant #1 had a history of recurrent traumatic injuries to his toes from bumping them on his wheelchair or other objects. The Aide Weekly Visit Record reflected from 8-15-19 to 8-31-19 (with the exception of 8-20-19 which was declined) staff documented they applied a band-aid to Tenant #1's great left toe. Further record review revealed the service plan dated 8-22-19 and reviewed on 10-22-19 reflected staff assisted daily with a shower and provided assistance with getting into and out of the shower. It indicated to refer to the Aide Care Plan for assigned tasks. The service plan did not reflect Tenant #1's history of traumatic injury to the toes or the treatment of the injury. The service plan also did not reflect at times Tenant #1 refused services including his shower and the treatment of the toe. 2. Record review on 10-24-19 of Tenant #4's file	A 089		

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A 089	Continued From page 2	A 089		

revealed diagnoses included chronic respiratory failure, acute systolic congestive heart failure (CHF), end stage renal disease, dependence on renal dialysis, lung transplant, atrial fibrillation and peripheral vascular disease.

Case Communication Report dated 8-15-19 (for call report on 8-14-19) indicated Tenant #4 pushed his pendant and had blood all over his shirt. Staff noted he had a newly placed catheter for dialysis to the right upper chest and there was blood oozing from the dressing. Tenant #4 reported it was placed earlier that day. Tenant #4 left via ambulance and returned at 2:30 a.m. At 9:00 a.m. a nurse visited with Tenant #4 and noted the dressing to the right upper chest wall to be dry and intact. Tenant #4 said he had been instructed not to get the dressing wet and would take sponge baths.

Continued record review revealed the SN Resumption of Care (visit 9-23-19) reflected Tenant #4 reported he was no longer showering due to dialysis central line in the right upper chest. He reported he had been sponge bathing daily since the placement of the port.

A Home Health Plan of Care Update (certification period 7-16-19 to 9-13-19) reflected Tenant #4 was hospitalized from 5-24-19 to 5-31-19 for acute respiratory failure secondary to fluid overload. He was also hospitalized from 7-15-19 to 7-26-19 for acute respiratory failure secondary to fluid overload.

A Home Health Plan of Care Update (certification period 9-14-19 to 11-12-19) reflected Tenant #4 was hospitalized from 9-13-19 to 9-23-19 for acute chronic hypoxemia respiratory failure, chronic lung transplant failure and acute chronic

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A 089	Continued From page 3 systolic CHF. Tenant #4 was also hospitalized from 10-7-19 to 10-18-19 for treatment of pneumonia, multifocal acute chronic systolic CHF and respiratory failure. An Aide Care Plan dated 10-18-19 reflected staff assisted Tenant #4 with bathing and the dialysis line was to be covered with Aqua Guard prior to bathing. The service plan dated 9-5-19 reflected Tenant #4 was independent with bathing. The service plan dated 10-18-19 reflected staff assisted with bathing twice per week and tasks were delegated in the Aide Care Plan. The service plan dated 9-5-19 did not reflect that Tenant #4 took sponge baths due to the placement of the port. The service plan dated 10-18-19 did not reflect the use of the Aqua Guard prior to bathing when staff began assisting with bathing. The service plan also did not reflect Tenant #4's history of respiratory failure and subsequent hospitalizations. 3. When interviewed on 10-24-19 at approximately 3:00 p.m. the Nurse Supervisor revealed all current service plans for the tenants listed above were provided.	A 089		
A 155	481-69.35(1)c Structural Requirements 481-69.35(231C) Structural requirements. 69.35(1) General requirements. c. Programs shall have private dwelling units with a single-action, lockable entrance door. This REQUIREMENT is not met as evidenced by:	A 155		

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A 155	Continued From page 4 Based on observation, interview, and record review the Program failed to install single-action lockable entrance doors on dwelling unit entrance doors. This potentially affected all tenants (census of 42). Findings follow: 1. Observation on 10-24-19 at approximately 2:45 p.m. an unoccupied tenant apartment revealed the dwelling unit did not have an single-action, lockable entrance door. The monitor remained in the unoccupied apartment and the entrance door to the dwelling unit was locked (deadbolt lock). When the door lever was pushed down the lock did not release. The lock had to be unlocked manually, then the door opened from inside the apartment when the door lever was pushed down. It was observed one dwelling unit had a keypad on the exterior of the dwelling unit door. 2. Record review on 10-22-19 to 10-24-19 revealed the Assisted Living Program Certificate indicated there were 54 double occupancy dwelling units. 3. When interviewed on 10-24-19 at approximately 2:58 p.m. the Administrator revealed there were 54 apartments and 41 apartments were currently occupied (42 tenants). All but one apartment had the same locking mechanism on the dwelling unit door. Staff had a master key and tenants had their own individual keys. One dwelling unit had a key pad for the deadbolt lock. The deadbolt could be unlocked with either the key code or the master key.	A 155		

OK 1/29/2020

✓ 2/3/20

Emerson Point

Affordable Assisted Living

December 11, 2019

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

Dear Ms. Campbell:

On behalf of Emerson Point Assisted Living in Iowa City, I respectfully submit our Plan of Correction for your approval. Our response is specific to the Recertification Visit Report dated December 9, 2019. 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.

Service Plan

1. Elements detailing how the Program will correct each regulatory insufficiency.
    - Tenant #1 and Tenant #4 service plans will be reviewed and updated by the RN. Tenant service plans will be individualized to meet the tenant's identified needs and requests for assistance. Tenant service plans will be in compliance with regulation.

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

3. How the Program plans to monitor performance to ensure compliance.
    - The RN Director or designee will monitor for compliance at least every 60 days when completing the 60-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. Service plans will include outside service providers as applicable.

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

4. The date by which the regulatory insufficiency will be corrected.
    - Emerson Point will be in compliance on or before January 9, 2020.

Structural Requirement

1. Elements detailing how the Program will correct each regulatory insufficiency.
    - The Administrator and Maintenance will inspect all dwelling units. All dwelling units will be equipped with a single action locking device. Deadbolts will be removed.
    - Emerson Point will purchase appropriate locking devices.
    - Emerson Point will have Maintenance install appropriate locking devices on dwelling units.

2. What measures will be taken to ensure the problem does not recur.
    - The locking devices were original to the building. Administrator and Maintenance are now aware of the requirement. Tenants will be made aware of the locking device change by letter. Only single action locking devices will be allowed in the future.

3. How the Program plans to monitor performance to ensure compliance.
    - The Administrator and/or Designee will review maintenance requests for dwelling door locks to ensure door locks meet regulatory requirements.

4. The date by which the regulatory insufficiency will be corrected.
    - Emerson Point will be in compliance on or before January 30, 2020.

Please contact me at 319-466-0200 with any questions you have.
Thank you.

Sincerely,

Victoria Huffman
Administrator