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
	S0365	A. BUILDING: _____ B. WING _____	C 08/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAND MEADOWS MC	5300 GRAND MEADOW DRIVE ASBURY, IA 52002

(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 for People with Dementia are defined by the population served. The census numbers were provided by the Program at the time of the on-site. Number of tenants without cognitive impairment: 10 Number of tenants with cognitive impairment: 21 Total census: 31 No regulatory insuffiencies were cited during the investigation of Incident #119475-I, Incident #119476-I, Incident #122607-I, or Complaint #122713-C. The following regulatory insufficiency was cited during the investvation of Complaint #121195-C.	A 000	Please see attached.	
A 150	481-67.2(3) Program Policies and Procedures 67.2(3) The program shall follow the policies and procedures established by the program. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to follow established policies and procedures regarding "Falls" and "Accidents & Interventions-Investigating & Reporting" for 1 of 4 discharged residents reviewed (Tenant C3). Findings include: 1. On 8/12/24, a review of Tenant C3's record revealed an admission date of 12/10/22. Tenant C3's record contained an incident report dated	A 150		

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A 150	Continued From page 1 2/22/24. The incident report revealed Tenant C3 stood up from the table, appeared pale, fell, and hit her head on the floor. The tenant was transported to the emergency room (ER) for evaluation and treatment. The incident report indicated Tenant C3's court-appointed guardian had been notified of the fall. No documentation of family notification was located. 2. On 8/13/24, a review of the Program's policy titled "Accidents & Interventions - Investigating & Reporting" directed the program to document on the incident report the date/time of the injured person's family was notified and by whom. 3. On 8/19/24 at 12:45 pm, the Assisted Living Director stated she had been instructed to call Tenant C3's guardian first for anything related to Tenant C3. She stated the guardian would usually contact one family member. She confirmed the incident report on 2/22/24 showed she had contacted only the tenant's guardian and not the tenant's family as the program policy instructed. 4. On 8/13/24, a review of the Program's policy titled "Policy & Procedure for Falls" directed the program to complete a Falls Assessment after any fall and for Care Delivery staff to implement interventions that are individualized according to the resident's needs based on the falls assessment. The Director of Nursing provided a blank Falls Assessment form for review on 8/14/24 at 1:16 pm. 5. On 8/13/24 at 12 pm, the Assisted Living Director acknowledged that a Fall Risk Assessment form existed but she had only recently started to use the form. She stated she had believed nurse assessments were part of the incident report documentation instead of a	A 150		

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A 150	Continued From page 2 separate form to be completed in addition. The Assisted Living Director confirmed no Fall Risk Assessment form had been completed and no interventions had been implemented for Tenant C3 after her fall on 2/22/24, per the program policy. 6. On 8/19/24 at 2:45 pm, the Assisted Living Director, the Administrator, and the Director of Nursing confirmed the above findings.	A 150		

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SENIOR LIVING & HEALTH CARE
A TUTERA SENIOR LIVING COMMUNITY

ALPD S0365 PLAN OF CORRECTION

This plan of correction is submitted as required by law. By submitting this plan of correction Luther Manor Grand Meadows does not admit that the citations listed on the CMS 2567 exist nor does it admit to any statement, finding, facts or conclusion that forms the basis of alleged citations

Please accept this as Grand Meadows' credible allegation of compliance for complaint #121195-C investigated between 8/12/2024 and 8/19/2024.

A150 – Program Policies and Procedures, 481.67.2(3)

Upon interview and record review, Tenant C3 and all similarly situated residents, the facility will ensure the facility's established policy and procedure regarding falls will be followed for all tenants. The Program will complete a Falls Evaluation after any fall. The Universal Worker staff will be instructed to implement interventions which are individualized according to the tenant's needs based on the falls evaluation. The facility will consider the tenant's ADL's and cognitive skills and their ability to self-perform cares when developing fall interventions.

The Assisted Living Director/designee reviewed the programs' policy and procedure for Accidents and Interventions-Investigating and Reporting which directs the program to document on the incident report the date/time of the injured person's family was notified and by whom.

The Assisted Living Director/designee reviewed a Falls Evaluation form to confirm it is a satisfactory tool to assess tenants at risk for potential falls. The Assisted Living Director/designee will track falls on all tenants for predictability on time of day and place when tenants are at a higher risk for falls and report the results to the interdisciplinary team and the Medical Director at the Quality Assurance Performance and Improvement (QAPI) meeting.

The Assisted Living Director/designee will ensure staff are following tenants' Service Plan, and Fall Evaluations are being practiced consistently. After three months, if no issues are noted, random audits will be conducted to ensure compliance. The Assisted Living Director/designee will report results of the audit to the interdisciplinary team, the consultant pharmacist, and the Medical Director at the quarterly QAPI meeting.

Completion Date: October 28, 2024