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
	S0367	A. BUILDING: _____ B. WING _____	C 03/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRYHOUSE RESIDENCES	1831 EAST KANESVILLE BLVD COUNCIL BLUFFS, IA 51503

(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 disorder: 0 Number of tenants with cognitive disorder: 30 TOTAL Census of Assisted Living Program for People with Dementia: 30 A recertification visit was conducted to determine compliance with certification for an Assisted Living Program. At the time of the recertification visit, complaint #88662-C was also investigated. The following regulatory insufficiencies were identified during the visit:	A 000	See attached POC 6/13/20	
A 058	481-67.9(4)a Staffing 481-67.9(231B,231C,231D) Staffing. 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: a. The program's newly hired registered nurse shall within 60 days of beginning employment as the program's registered nurse document a review to ensure that staff are sufficiently trained and competent in all tasks that are assigned or delegated.	A 058		

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

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A 058	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program's Registered Nurse (RN) failed to complete a review to ensure staff were sufficiently trained and competent to provide services within 60 days of beginning employment. This affected 1 of 7 staff reviewed (Staff A). Finding follows: According to information provided by the Program, the Director of Nursing (DON) began employment on 11/11/19. Documentation revealed Staff A received training on 1/16/20. When interviewed on 3/4/20 at 2:45 p.m. the Executive Director acknowledged the review/training had not been completed within 60 days of the delegating nurse's hire.	A 058		
A 059	481-67.9(4)b Staffing 481-67.9(231B,231C,231D) Staffing. 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: b. Within 30 days of beginning employment, all program staff shall receive training by the program's registered nurse(s). This REQUIREMENT is not met as evidenced by: Based on interview and record review the	A 059		

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A 059	Continued From page 2 Program's Registered Nurse (RN) failed to complete a training to ensure staff were sufficiently trained and competent to provide services within 30 days of beginning employment. This affected 1 of 7 staff reviewed (Staff C). Finding follows: Record review revealed Staff C began employment on 9/17/19. Further review revealed the Program's delegating nurse provided training to Staff C on 1/10/20. When interviewed on 3/4/20 the Executive Director confirmed she could not locate documentation of Staff C's training prior to 1/20/20.	A 059		
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 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:	A 094		

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A 094	Continued From page 3 Based on interview and record review the Program failed to complete nurse reviews at least every 90 days or with a significant change of condition for 2 of 5 sample tenants (Tenant #3 and #4). Findings follow: 1. Record review on 3/4/20 revealed Tenant #4's notes from 10/10/19 - 12/10/19 noted an increase in confusion, refusal of cares, agitation and aggression. The tenant's service plan directed staff to assist Tenant #4 with toileting. A review of tasks sheets and nurses' notes revealed an increase in refusals to use the bathroom and at time Tenant #4 became combative towards staff when they encouraged her to use the toilet and or change her incontinence briefs. The Program failed to address refusals and conduct a nurse review. When interviewed on 3/4/20 at 2:45 p.m. the Executive Director confirmed no nurse review had been completed with the Tenant #4's significant change. 2. Record review on 3/4/19 revealed Tenant #3's most recent nurse review dated 9/6/19. When interviewed on 3/4/20 the Executive Director admitted they had not completed a 90 day nurse review for Tenant #3. She explained that the Wellness Coordinator performed a chart audit and identified the omission and completed all evaluations as of 2/10/20.	A 094		
A 121	481-69.30(1) Dementia Specific Education for Personnel 481-69.30(231C) Dementia-specific education for program personnel.	A 121		

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A 121	Continued From page 4 69.30(1) All personnel employed by or contracting with a dementia-specific program shall receive a minimum of eight hours of dementia-specific education and training within 30 days of either employment or the beginning date of the contract, as applicable. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure staff received eight hours of dementia-specific education within 30 days of beginning employment for 1 of 7 staff reviewed (Staff C). Finding follows: Record review on 3/4/20 revealed the Program hired Staff C on 9/17/19. According to available documentation Staff C completed eight hours of dementia training on 1/10/20 which was not within 30 days of employment. When interviewed on 3/4/20 the Executive Director confirmed she could not locate documentation of Staff C's dementia education completed within 30 days of hire.	A 121		

dlc
5/28/20

✓6/1/20

May 15, 2020

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 Country House Residences in Council Bluffs, I respectfully submit our Plan of Correction for your approval. Our response is specific to the report dated May 13, 2020. 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 deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provision of state law.

STAFFING –

Elements detailing how the program will correct each regulatory insufficiency.

- *All staff will be trained/delegated by the RN as required by regulation.*

What measures will be taken to ensure the problem does not recur.

- *The RN will be trained on regulatory requirements for staff training.*
- *The RN will ensure all direct care staff has required training/delegation completed within the required time frame as required by regulation. In addition, the RN will ensure staff is appropriately trained/delegated to provide services identified on the service plan. All training/delegations will be documented.*

How the program plans to monitor performance to ensure compliance.

- *The RN or designee will audit tenant files at two times annually to ensure compliance.*

The date by which the regulatory insufficiency will be corrected.

- *This regulatory insufficiency will be corrected by June 13, 2020.*

NURSE REVIEW –

Elements detailing how the program will correct each regulatory insufficiency.

- *The RN will complete a comprehensive nurse review for Tenant #3. The RN or nurse designee will complete a 90 day and significant change nurse review as required.*
- *Tenant #4 no longer resides at Country House.*

What measures will be taken to ensure the problem does not recur.

- *The RN will be educated on regulatory requirements for nurse review.*

How the program plans to monitor performance to ensure compliance.

- *The RN or designee will audit tenant files at two times annually to ensure compliance.*

The date by which the regulatory insufficiency will be corrected.

- *This regulatory insufficiency will be corrected by June 13, 2020.*

DEMENTIA SPECIFIC EDUCATION –

Elements detailing how the program will correct each regulatory insufficiency.

- *Staff will receive dementia specific education as required by regulation within 30 days of beginning employment and annually.*

What measures will be taken to ensure the problem does not recur.

- *The Executive Director will be educated on regulatory requirement for completion of dementia specific education.*

How the program plans to monitor performance to ensure compliance.

- *The Executive Director or designee will audit staff files at two times annually to ensure compliance.*

The date by which the regulatory insufficiency will be corrected.

- *This regulatory insufficiency will be corrected by June 13, 2020.*

If you have any questions regarding this plan of correction, please feel free to contact me at 712-322-4100. Thank you.

Sincerely,

Shelly Otten RN-BC, IALNP

Shelly Otten
Executive Director