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 09/22/2020

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 are defined by the type of population served. The census numbers were provided by the Program at the time of the on-site. Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 0 Number of tenants with cognitive disorder: 18 Total Population of Program at time of on-site: 18 TOTAL census of Assisted Living Program: 18 The following regulatory insufficiency was cited during the investigation of Complaint 93163-C. There were no regulatory insufficiencies cited during the investigation of Complaint 91897-C and/or during the onsite infection control survey.	A 000	See attached POC 3/2/21	
A 013	481-67.3(2) Tenant Rights 481-67.3 Tenant rights. All tenants have the following rights: 67.3(2) To receive care, treatment and services which are adequate and appropriate. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure Tenants' treatment and services were properly documented to ensure provision of adequate and appropriate services. This affected 1 of 3 sample tenants (Tenant C-1). Findings include:	A 013		

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A 013	Continued From page 1 1. Record review on 9/15/20 at 11:28 a.m. revealed Tenant C-1 was an 87 year old admitted to the Program on 2/04/20. Tenant C-1 had a history of urinary tract infections and urinary incontinence, as well as a diagnosis of dementia. Tenant C-1 scored a six (6) on the Global Deterioration Scale, indicating severe cognitive decline. Continued record review revealed on 2/14/20 Tenant C-1's physician ordered barrier cream apply when toileting. On 3/17/20 Tenant C-1 was noted as refusing to get up for the day following several staff attempts. On 3/23/20 Tenant C-1 refused multiple attempts to get up for the day. On 3/29/20 staff made multiple attempts to administer medication and encourage fluids. Tenant C-1 refused all attempts to be woken up. 2. Records review revealed while at the Program, Tenant C-1 developed two small superficial open areas to her buttocks. On 4/02/20 at 9:45 a.m. a fax was sent to Tenant C-1's primary care physician (PCP) to notify of two small superficial open areas to the buttocks, and requesting treatment orders. On 4/02/20 2:45 p.m. the Program received a new order for Duoderm to superficial wound on Tenant C-1's buttocks. The progress note indicated the Program would apply Duoderm per orders until healed. Tenant C-1's physician ordered Duoderm weekly and as needed until healed. Continued review of the April 2020 medication administration record (MAR) on 9/15/20 at 3:27 p.m. the order recorded on Tenant C-1's MAR. However, the as needed portion of the order had not been initialed off by staff as ever having the need to change the dressing, between 4/8/20 - 4/30/20 with the exception of 4/22/20 being initialed off by staff as having been completed.	A 013		

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A 013	Continued From page 2 Further review of Tenant C-1's service plan, dated 3/05/20 revealed the skin treatment portion of the plan was noted as routine and included routine lotions and topical barrier ointments. Review of Tenant C-1's progress notes for the month of April 2020 revealed on 4/2/20 the Wellness Director documented she would make discretionary changes to Tenant C-1's care plan/update point of care. A copy of the changes made to the service plan during this time could not be located. When interviewed on 9/22/20 at 12:15 p.m. the Administrator confirmed the changes noted as made in Tenant C-1's progress notes did not show on the service plan and or the point of care program. 3. Further review revealed orders dated 4/17/20 following a telehealth visit for a worsening wound to Tenant C-1's left gluteal fold despite the Duoderm treatment. The physician ordered to change dressing to Medihoney, cover with Optifoam, and to change every other day and as needed. Review of the MAR for the month of April 2020 revealed the order recorded on the MAR, but left blank for the as needed portion of the order. Between 4/21/20 - 4/30/20, staff had not initialed off the as needed treatment sections as having been completed. Review of Tenant C-1's 3/05/20 service plan revealed the plan did not include the Medihoney order. Review of Tenant C-1's progress notes for the month revealed on 4/17/20 the Wellness Director documented she would update the care plan and point of care. A copy of the changes made to the service plan and the point of care as noted in the progress notes could not be located. As a result, it could not be determined what	A 013		

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A 013	Continued From page 3 changes were made to the service plan. When interviewed on 9/17/20 at 8:49 a.m. Staff C/Medication Aide confirmed Tenant C-1's wound treatments had been completed as needed, which included changing dressings when soiled. She further reported the changes had not been noted on the MAR. Further review of the April 2020 MARs revealed the every other day portion of the order had not been initialed/documented as completed for 4/26/20 or 4/28/20. On 4/26/20 wound care was noted in Tenant C-1's progress note as areas cleansed and dressing applied; however, the progress note did not specify what the dressing consisted of. Without the necessary documentation it could not be determined if Tenant C-1's treatments were being completed as ordered by the physician. 4. Record review revealed MARs for May 2020 and June 2020 indicated the physician's order to change dressing to Medihoney, cover with Optifoam, and to change every other day and as needed were recorded on the MAR. Further review of the MARs revealed no documentation completed noting an as needed dressing change had occurred. Between 5/1/20 and 6/9/20 staff did not initial the as needed treatment as having been completed. Further review of the MAR revealed a lack of documentation on 5/6/20 and 5/16/20 to indicate dressing changes occurred every other day as ordered. 5. Continued record review revealed following a physician's visit to the wound clinic on 6/09/20 Tenant C-1's doctor ordered Hydrofiber with silver	A 013		

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A 013	Continued From page 4 rope and Xeroform - Mepilex to wound #3 and wound #4. Review of the June 2020 MAR revealed the order noted as written. Further review revealed Staff C/Medication Aide initialed/signed the MAR to note they performed the silver rope treatment on 6/11/20. Additional record review revealed Staff C's training did not included training on the use of silver rope. When interviewed on 9/17/20 at 8:49 a.m. Staff C confirmed their initials as noted next to the silver rope portion on 6/11/20 was noted in error. Staff reported she performed Tenant C-1's Medihoney treatment and marked the Silver rope section it in error. 6. Progress notes review revealed on 6/11/20 Tenant C-1 left the Program with her husband to the ER second to a possible UTI. While at the hospital on 6/12/20 an MRI of Tenant C-1's pelvis showed Osteomyelitis of the coccyx and S5 segment of the sacrum with an overlying decubitus ulcer. When interviewed on 9/15/20 at 2:15 p.m. the Wellness Director reported Tenant C-1's bandage would fall off almost daily. She or the caregivers would change it. Because of the computer program the wound care was not necessarily charted. The as needed (PRN) and routine treatment orders needed to be entered separately in the computer so that the caregiver would know to chart it. Without the appropriate documentation on Tenant C-1's Medication Administration Record it could not be determined treatments were completed as ordered by the physician. On 9/22/20 at 12:15 p.m. the Administrator	A 013		

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A 013	Continued From page 5 confirmed these findings.	A 013		

ok
3/2/21

February 2, 2021

Department of Inspection and Appeals

Atten: Catie Campbell

Lucas State Office Building

321 East 12th Street

Des Moines, Iowa 50319

Dear Ms. Campbell:

Tenant Rights –

Elements detailing how the program will correct each regulatory insufficiency.

- All Tenants will receive care, treatment and services which are adequate and appropriate.

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

- The RN will ensure all direct care staff have been trained on appropriate documentation requirements for as needed and routine Treatments, care, and services.
- All training will be documented.

How the program plans to monitor performance to ensure compliance.

- RN or designee will audit tenant files quarterly to ensure compliance.

The date by which the regulatory insufficiency will be corrected.

- This regulatory insufficiency will be corrected by March 2, 2021.

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, IALMP

Shelly Otten, RN-BC, IALMP

Executive Director.