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
	S0379	A. BUILDING: _____ B. WING _____	C 10/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOWS OF MARSHALLTOWN ALP/D	2315 CAMPBELL DRIVE MARSHALLTOWN, IA 50158

(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 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: 1 Number of tenants with cognitive disorder: 17 Total census of Assisted Living Program for People with Dementia: 18 The following regulatory insufficiencies were cited during the investigation of Complaint #86455-C.	A 000		
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 individualized service plans based on identified needs and preferences for assistance for 2 of 3 tenants reviewed (Tenant #1 and Tenant #2). Findings follow: 1. On 10-24-19 a review of Tenant #1's file revealed the following: - A Morse Fall assessment dated 10-8-19 revealed a score of 75 which indicated a high risk	A 089	Plan of Correction is attached	

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 for falls. - A Resident Comprehensive Assessment dated 8-26-19 indicated he required assistance in all activities of daily living (ADLs). - An incident report dated 9-25-19 revealed the tenant fell and required assistance from 3 staff to place him back in bed. An incident report dated 10-8-19 revealed he fell out of bed and 2 staff attempted to lift him and failed. Staff placed his mattress on the floor until additional staff arrived to assist. An incident report dated 10-13-19 revealed he fell and required assistance of 4 staff to place him back in his wheelchair. On 10-24-19 at 12:40 p.m. Staff A stated Tenant #1 required the assistance of 1 to 2 staff for transfers depending on the day, and 2 to 4 staff to assist him off the floor after a fall. On 10-24-19 at 10:47 p.m. Staff B stated Tenant #1 generally required the assistance of 2 staff for transfers due to his size, and 2 to 3 staff to assist him up from a fall. On 10-24-19 at 11:07 a.m. Staff C stated Tenant #1 generally required the assistance of 2 to 3 staff for transfers and after a fall. She stated he required a bed alarm for safety due to history of falls. Review of the tenant's service plan dated 10-17-19 revealed he required assistance for mobility and transfers. The service plan failed to include the number of staff required for assistance. The plan also indicated the tenant was at risk for falls due to weakness. The number of staff required to assist the tenant from the floor was not included in the plan. There was no mention of the use of a bed alarm to prevent	A 089		

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A 089	Continued From page 2 falls. 2. On 10-24-19 a review of Tenant #2's file revealed the following: - A Morse Fall assessment dated 10-22-19 revealed a score of 65 which indicated a high risk for falls. - A Resident Comprehensive Assessment dated 9-26-19 indicated she required assistance in all activities of daily living (ADLs). On 10-24-19 at 11:07 a.m. Staff C stated Tenant #2 required a bed alarm for safety due to history of falls. Tenant #2's service plan dated 8-27-19 indicated she required assistance for mobility and transfers. The service plan failed to include the number of staff required for assistance or the use of the bed alarm to prevent falls. 3. The Memory Care Coordinator confirmed these findings on 10-24-19 at 12:52 p.m. and 4:15 p.m. She stated she recently started and the previous nurse developed the current service plans.	A 089		
A 096	481-69.27(1)c 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 or a licensed practical nurse via nurse delegation: 69.27(1)c To assess and document the health status of each tenant, to make	A 096		

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A 096	Continued From page 3 recommendations and referrals as appropriate, and to monitor progress relating to previous recommendations at least every 90 days and whenever there are changes in the tenant's health status; This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to document and assess the health status of 2 of 3 tenants reviewed (Tenant #1 and Tenant #2). Findings follow: 1. On 10-24-19 a review of Tenant #1's file revealed the following: - A Morse Fall assessment dated 10-8-19 revealed a score of 75 which indicated a high risk for falls. - Incident Reports dated 8-1-19 through 10-13-19 revealed 9 falls requiring 2 to 4 staff to assist him off of the floor. The Nurse Review dated 10-17-19 failed to document and assess the falls that occurred and ensure interventions and services remain appropriate as required. 2. On 10-24-19 a review of Tenant #2's Progress Notes revealed the following: - A Progress Note dated 7-30-19 revealed she had a doctors appointment to evaluate ongoing shoulder pain. - A Progress Note dated 8-26-19 revealed a urinary analysis was ordered for increased weakness, unsteadiness, and increased incontinence.	A 096		

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A 096	Continued From page 4 - A Progress Note dated 8-29-19 revealed the physician requested another urine sample to be collected as the previous sample was unable to be cultured. The Nurse Review dated 9-15-19 failed to document and assess the health status of shoulder pain and outcome of urinalysis. 3. On 10-24-19 at 12:52 p.m. the Memory Care Coordinator confirmed these findings.	A 096		

DIA Regulatory Deficiencies:

1) Service Plans-

Service Plans for the Residents have been reviewed. New assessments (change of condition or 90 day) have been completed if needed and all the Memory Care ISPs have been reviewed. Memory Care Nurse has educated the nursing staff on procedures when a change of condition (ie: ABT started, new medical DX, 3 falls in 30 days, start and end of therapy services, admit to hospice) and 90-day assessment.

Nurse Reviews-

Nursing staff have been educated on documentation that needs to be cited and reviewed. Follow ups for ABT, falls, and communications with PCP. Nursing staff have documented on conversations with staff and family of concerns. Started to download information on to PCC for easy convince to find needed information

2) AL and MC will audit each other's charts monthly. Review will take place by the second week of the month.
3) Nursing staff will complete audit paperwork. See attached paperwork that the Nursing staff will fill out.
4) Deficiency corrections have been completed by 11/20/2019.

1/7/20

1/3/20