ASB ALP Complaint Intake

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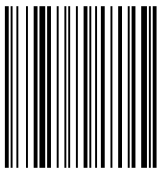

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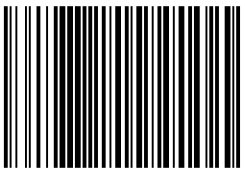

ALP 10-1

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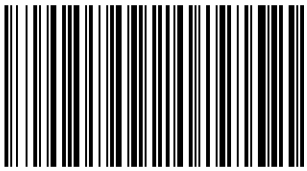
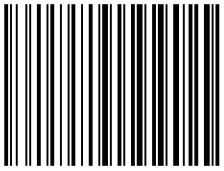


ENTITY NAME

FacAddress



ADDRESS

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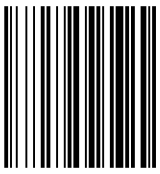

CITY

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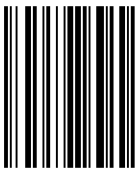

ZIP

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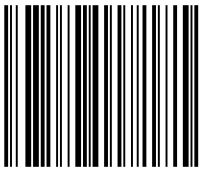

PHONE#

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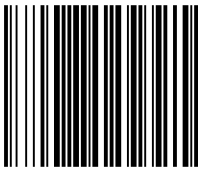
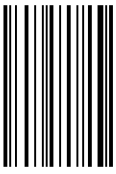


COUNTY

CountyID



ID

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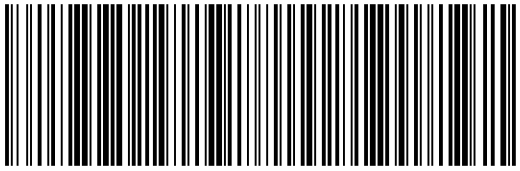
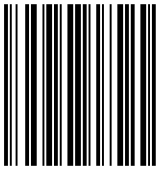


ADULT SERVICES BUREAU

Program



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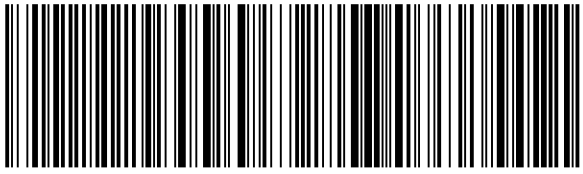
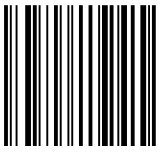


10 - Resolved Complaints

Exp. Date



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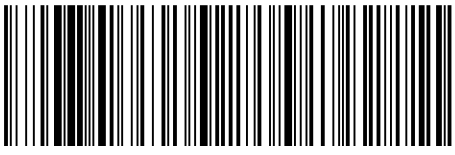

6/26/19 dc 6/24/19

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
	S0384	A. BUILDING: _____ B. WING _____	C 03/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASBURY SUITES	5575 PENNSYLVANIA AVENUE 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. General Population Number of tenants without cognitive disorder: 8 Number of tenants with cognitive disorder: 0 Memory Care Unit Number of tenants without cognitive disorder: 0 Number of tenants with cognitive disorder: 3 TOTAL Census of Assisted Living Program for People with Dementia : 11 The following regulatory insufficiency was cited during the investigation of Complaint # 81669-C.	A 000	See Attached POC 6/5/19	
A 008	481-67.2(1)e Program Policies and Procedures 481-67.2(231B,231C,231D) Program policies and procedures, including those for incident reports. A program's policies and procedures must meet the minimum standards set by applicable requirements. The program shall follow the policies and procedures established by a program. All programs shall have policies and procedures related to the reporting of incidents including allegations of dependent adult abuse. 67.2(1) The program's policies and procedures on incident reports, at a minimum, shall include the following: e. All accidents or unusual occurrences within the program's building or on the premises that affect tenants shall be reported as incidents.	A 008		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

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

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
	S0384	A. BUILDING: _____ B. WING _____	C 03/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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A 008	Continued From page 1	A 008		

This REQUIREMENT is not met as evidenced by:
Based on interview and record review, the facility failed to consistently record all incidents on a a printed incident report form. This pertained to 1 of 3 tenants reviewed (Tenant C1) as a result of investigation 81669-C. Finding follows:

On 3/27/19 during a review of incident forms since 2/1/19, an incident report form was discovered for Tenant C1 regarding a fall on 2/19/19. A review of the possible contributing factors indicated on the incident report form revealed Resident C1 had also fallen on 2/16/19 and 2/17/19. The review of incident reports did not reveal any other forms for Resident C1 for that time period.

On 3/28/19 at 10:08 AM, Staff D stated he was leaving the facility in his vehicle on 2/16/19 and saw Resident C1 in the window. Resident C1 appeared to be trying to open the window. Staff D stated that Resident C1 then fell. Staff D called the general facility phone number and reported he saw Resident C1 fall. Staff D stated that he followed up the next day on 2/17/19 by reporting the fall to Staff A who works full-time with the resident. Staff D could not recall who he had spoken to when he called the facility general phone number on 2/16/19.

On 3/27/19 at 1:30 PM, Staff A stated that Staff D did tell her about Resident C1's fall the day after it happened, but she did not complete an incident report form on it due to not observing the fall herself. Staff A stated that she also found Resident C1 on the floor in his apartment on 2/17/19 and that she did believe she filled out an

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
	S0384	A. BUILDING: _____ B. WING _____	C 03/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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A 008	Continued From page 2 incident report form. On 3/28/19 at 1:15 PM, the Administrator confirmed no incident reports were found regarding Resident C1's incidents on 2/16/19 and 2/17/19.	A 008		

OK
6/24/19
6/26/19

05/10/2019

Plan of Correct for Asbury Suites

Plan of correction for **S0384**

Our program will correct this regulatory insufficiency by having in-services regarding filling out incident reports and proper reporting timeframe and nurse notification. Director is currently meeting with each staff member and instruction them on how to properly report incidents in Assisted Living.

RN reads communication log each morning Monday-Friday and will ensure any incidents have been properly reported. Education will be done at each in service to ensure understanding of proper incident reporting guidelines.

This will be completed by June 5th, 2019.

IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
Lucas State Office Building
321 East 12th Street
Des Moines, IA 50319-0083
(515) 281-4115 Phone
(515) 242-5022 Fax

KIM REYNOLDS
GOVERNOR
ADAM GREGG
LT. GOVERNOR

LARRY JOHNSON, JR., DIRECTOR

May 10, 2019

Danielle Ettema, Administrator
Asbury Suites
5575 Pennsylvania Avenue
Asbury, Iowa 52002

Re: Asbury Suites Complaint # 81669-C

Dear Ms. Ettema:

Complaint # 81669-C was investigated at your program by a representative of the Department from 3/27/19-3/28/19. A summary of our findings is as follows:

Nurse Review: Not Substantiated
Comments: Based on interviews and record reviews, the facility completed nurse reviews for the tenants reviewed as required. No regulatory insufficiencies were cited.

Staffing: Not Substantiated
Comments: Based on observations, interviews and record review, the facility ensured availability of an adequate number of appropriately trained staff to meet tenant needs. No regulatory insufficiencies were cited.

However, during the course of the investigation an area of concern was noted as follows:
Policy/Procedure: Substantiated
Comments: Based on interview and record review, the facility failed to consistently record all incidents on a printed incident report form. A regulatory insufficiency was cited.

The items of non-compliance found at the time of the investigation are listed on the attached Statements of Deficiencies and Plan of Correction forms.

You may complete the State forms by writing your plan of correction in the right hand columns. Please sign and return the completed forms to this office within ten (10) working days of receipt. Retain a copy for your records.

Your Plan of Correction must explain as specifically as possible the following:

1. Elements detailing how the Program will correct each regulatory insufficiency.
2. Measures taken to ensure the problem does not recur
3. How the Program plans to monitor performance to ensure compliance.
4. The date by which the regulatory insufficiency will be corrected.

All regulatory insufficiencies shall be corrected within 30 days from receipt of the Statement of Deficiencies. Completion dates beyond 30 days from the date of receipt may be accepted if additional documentation is included verifying the need for additional time to achieve compliance and indicating the steps already taken toward compliance.

As provided by IAC rule 481-67.14, you are afforded the opportunity to refute cited regulatory insufficiencies through the informal conference process. A request for an informal conference must be made in writing to the Department within 20 working days of the notice or service of this letter and the final report. Please refer to rule 67.14 for more information.

We wish to thank you and your staff for the courtesies and cooperation extended to our survey staff during their recent visit. If you have any questions regarding this visit, please contact your Program Coordinator.

Sincerely,

Linda Kellen, Bureau Chief
Adult Services Bureau

Catie Campbell

Catie Campbell, Program Coordinator
Adult Services Bureau
515-281-3759
catie.campbell@dia.iowa.gov

Enclosures: Statement of Deficiencies