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
	S0386	A. BUILDING: _____ B. WING _____	C 12/02/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TERRACE GLEN VILLAGE	3400 ALBURNETT ROAD MARION, IA 52302

(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. Number of tenants without cognitive disorder: 40 Number of tenants with cognitive disorder: 1 Total census of Assisted Living Program: 41 There were no regulatory insufficiencies cited during the onsite infection control survey or the investigation of Complaint #93824-C. The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification for an Assisted Living Program:	A 000	The Plan of Correction is attached.	
A 345	481-67.9(4)b 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 Program failed to ensure staff had nurse delegated training completed within 30 days of beginning employment for 1 of 2 staff hired in the	A 345		

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A 345	Continued From page 1 last three months (Staff A). Findings follow: Review of Staff A's training documents on 11-29-21 and 11-30-21 revealed a hire date of 9-23-21. An Assisted Living Delegation Checklist was dated 11-2-21 which included training on activities of daily living, medications and treatments. The checklist reflected Staff A's hire date of 9-23-21 and the orientation date and competency date of 11-2-21. When interviewed on 12-2-21 at 3:22 p.m. the Assisted Living Director confirmed this finding.	A 345		
A 290	481-69.25(1)i Tenant Documents 69.25(1) Documentation for each tenant shall be maintained by the program and shall include: i. When any personal or health-related care is delegated to the program, the medical information sheet; documentation of health professionals' orders, such as those for treatment, therapy, and medication; and nurses' notes written by exception This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to document physician ordered treatments and medication when completed or administered for 2 of 4 tenants reviewed (Tenants #1 and #3). Findings follow: 1. Review on 12-1-21 and 12-2-21 of Tenant #1's file revealed diagnoses included: type 2 diabetes mellitus with diabetic chronic kidney disease, diabetic polyneuropathy and peripheral	A 290		

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A 290	Continued From page 2 angiopathy without gangrene. Continued record review revealed Progress Notes indicated the following: - On 11-18-21 it was noted the advanced registered nurse practioner (ARNP) reviewed Tenant #1's blood glucose readings and it was determined sliding scale insulin (Novolog) would be started. The sliding scale indicated for blood glucose readings of 150-200, give 2 units, 200-250, give 4 units, 250-300, give 6 units and above 350 to call the ARNP. - On 11-23-21 it was noted Tenant #1's blood glucose readings "continued to be elevated even with insulin." Tenant #1's blood glucose was 365 and a call was placed to the ARNP. A verbal order was received to give 10 units of Novolog at that time and to fax the blood glucose readings. A fax dated 11-23-21 indicated a verbal order was received on 11-23-21 to give 10 units of Novolog "now" for a blood glucose reading of 365. Continued record review revealed the November 2021 medication administration records (MARs) reflected a blood glucose reading of 365 at 11:30 a.m. and the nurse was notified. The MARs did not reflect the administration of the 10 units of Novolog as ordered on 11-23-21. 2. Review of Tenant #3's file on 11-30-21 and 12-1-21 revealed diagnoses including hypertension and atherosclerotic heart disease of native coronary artery (without angina pectoris). An Order Summary Report dated 12-1-21 reflected orders for compression thigh highs on the left leg toi be put on every morning and taken off at bedtime. The order date was 6-28-21.	A 290		

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A 290	Continued From page 3 The service plan dated 8-9-21 reflected Tenant #3 wore compression stockings the on left leg from morning until bedtime. Staff assisted with putting the stocking on and taking it off. The tenant's September, October and November 2021 MARs reflected over 40 entries when the application of the compression hose at 8:00 a.m. was not documented as completed by staff. There were also 7 entries when the removal of the compression hose at 8:00 p.m. was not documented as completed by staff. 3. When interviewed on 12-2-21 at 3:22 p.m. the Assisted Living Director confirmed staff administered the insulin to Tenant #1 on 11-23-21; however, it was not on the MAR.	A 290		
A 375	481-69.26(3)b Service Plans 69.26(3) When a tenant needs personal care or health-related care, the service plan shall be updated within 30 days of the tenant's occupancy and as needed with significant change, but not less than annually. b. If a significant change does not exist, the program may, after nurse review, add minor discretionary changes to the service plan without a comprehensive evaluation and without obtaining signatures on the service plan. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to complete a nurse review prior to making discretionary changes to the service plan for 4 of 4 tenants reviewed (Tenants #1, #2, #3 and #4). Findings follow:	A 375		

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A 375	Continued From page 4 1. Review of Tenant #1's file on 12-1-21 and 12-2-21 revealed a service plan signed by Tenant #1 on 8-13-21. The service plan reflected reflected a handwritten update and change to the service plan including the following: - On 9-1-21 it was updated and reflected staff was to "continuously" educate Tenant #1 to pick low carbohydrate and low sugar options at meals. If Tenant #1 "still wants the unhealthy meal or snack" to provide it to him and report to the nurse. A nurse review completed prior to the discretionary update and change to service plan could not be located. 2. Review of Tenant #2's file on 12-1-21 revealed the service plan signed by Tenant #2 on 11-2-21. The service plan reflected reflected handwritten updates and changes to the service plan including the following: - On 11-15-21 it was updated and reflected Tenant #2 did not exit seek or wander. He had lived there long enough to have familiarity with common places. Staff were to report any changes in cognition, increased confusion or wandering. - On 11-22-21 it was updated and reflected the hospice bath aid would assist with showers on Tuesdays. Tenant #2 preferred only one shower per week. Program staff were to assist with showering and sponge baths as needed. - On 11-22-21 it was updated and reflected the schedule of hospice services including: chaplain one to two visits per month, hospice aid two visits per week, social worker one to two visits per month, nurse visits one to two visits per week, music therapy one to two visits per month and pet therapy one time per week. They were to communicate with Program staff during their	A 375		

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A 375	Continued From page 5 visits and go to the Program's nurse with any concerns. - On 11-24-21 it was updated and reflected mobility bars on the bed to provide safety and independence with bed mobility. He had one upper and and one lower on the right and one on the upper left side of the bed. Tenant #2 was safely able to get out of bed between the two rails on the right side. Nurse reviews completed prior to these discretionary updates could not be located. 3. Review of Tenant #3's file on 11-30-21 and 12-1-21 revealed a service plan signed by Tenant #3 on 8-9-21. The service plan reflected handwritten updates and changes to the service plan including the following: - On 8-13-21 it was updated and reflected Tenant #1 self-administered Triamcinalone ointment to her face twice daily and it was kept at bedside. - On 9-30-21 it was updated and reflected physical therapy (PT) started. - On 10-1-21 it was updated and reflected Tenant #3 walked to and from all meals with her walker independently. - On 10-1-21 it was updated and reflected Tenant #1 was able to put on and remove her brace on the right knee independently. - On 10-21-21 it was updated and reflected Tenant #1 dressed herself independently. Staff was to assist as needed. - On 10-21-21 it was updated and reflected PT was discontinued. - On 11-24-21 it was updated and reflected mobility bars to the top left of her bed to provide independence, safety and repositioning when she was in bed.	A 375		

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A 375	Continued From page 6 Nurse reviews completed prior to these discretionary updates could not be located. 4. Review of Tenant #4's file on 12-1-21 and 12-2-21 revealed a service plan signed by Tenant #4 on 10-11-21. The service plan reflected a handwritten update and change to the service plan. On 10-26-21 it was updated and reflected a change related to every two hour checks and that it was it resolved and he had returned to baseline. Nurse reviews completed prior to these discretionary updates could not be located. 5. When interviewed on 12-2-21 at the time of exit meeting the Assisted Living Director confirmed no additional nurses' notes or nurse reviews were found for the tenants listed above.	A 375		
A 395	481-69.26(4)a 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 service plans that reflected the identified needs of 2 of 4 tenants reviewed (Tenants #1 and #3). Findings follow: 1. Review of Tenant #1's file review on 12-1-21 and 12-2-21 revealed an Occupational Therapy (OT) Discharge Summary reflecting OT services from 7-30-21 to 8-31-21. A Physical Therapy	A 395		

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A 395	Continued From page 7 (PT) Discharge Summary indicated Tenant #1 had PT services from 7-31-21 to 9-15-21. The tenant's service plan reflected OT, PT and speech therapy services. The service plan was not updated to reflect the discontinuation of therapy services. 2. Review of Tenant #3's file on 11-30-21 and 12-1-21 revealed an Order Summary Sheet dated 12-1-21 reflecting an order for Silvadene cream 1% to be applied to the right knee topically one time per day. Staff were to rinse the knee with saline, apply the ointment and cover with nonstick. The order date was 6-25-21. The tenant's September, October and November medication administration records reflected over 20 entries when the treatment was charted as refused by Tenant #3. Although the service plan dated 8-9-21 reflected the chronic knee wound and treatment, the plan did not address the tenant's refusals of this treatment. 3. When interviewed on 12-2-21 at 3:22 p.m. and 4:31 p.m. the Assisted Living Director confirmed these findings.	A 395		

Terrace Glen Village Plan of Correction

AXXX	Who corrected deficiency (include title and date)	Explain specifically how deficiency was corrected	Explain specifically what measures were put in place to ensure deficiency does not happen again	Explain how often QA/Safety reviews for compliance
Accept this as the facilities credible allegation of compliance				
A345	The deficiency was corrected by Assisted Living Director and HR Director on 1/18/22	AL Director met with HR Director on 1/18/22 to review current AL staff files. No further issues were identified. Developed process where AL Director and HR Director will review weekly the dates of new hires and will set delegation dates within 30 days of hire.	HR Director and AL director will meet once a week to discuss new hires, setting delegation due dates, and training schedules. New audit form created. Assisted Living Director and/or designee will complete audits monthly for 3 months and then random audits to ensure compliance	As part of Terrace Glen Villages' ongoing commitment to quality assurance the facility Assisted Living Director or designee will report findings to the monthly QAPI committee.
Accept this as the facilities credible allegation of compliance				
A290	The deficiency was corrected by Assisted Living Director on 1/19/22	Tenant # 1's file was reviewed for stat or "now" orders. No other issues identified. Tenant #3- all staff education provided on 1/19/22 to educate staff to review and double check each residents MAR/TAR immediately after each medication pass to ensure the medications and treatments are completed.	All verbal orders will be written on a verbal order form so AL Director has a visual reminder to check all orders are entered into PCC. Assisted Living Director and/or designee will complete audits monthly for 3 months and then random audits to ensure compliance regarding missed documentation and gaps on MAR/TAR.	As part of Terrace Glen Villages' ongoing commitment to quality assurance the facility Assisted Living Director or designee will report findings to the QAPI committee.

Terrace Glen Village Plan of Correction

AXXX	Who corrected deficiency (include title and date)	Explain specifically how deficiency was corrected	Explain specifically what measures were put in place to ensure deficiency does not happen again	Explain how often QA/Safety reviews for compliance
Accept this as the facilities credible allegation of compliance				
A375	The deficiency was corrected by Assisted Living Director on 01/19/22	#4 nurse's note entered to reflect changes on Service Plan that 2 hour checks no longer needed.	Nurse reviews/Nurse's notes will be entered prior to discretionary updates on the service plan. Assisted Living Director and/or designee will complete random audits monthly for 3 months and then random audits to ensure compliance regarding nurse reviews being done prior to discretionary updates. Audit form created.	As part of Terrace Glen Villages' ongoing commitment to quality assurance the facility Assisted Living Director or designee will report findings to the QAPI committee.

Terrace Glen Village Plan of Correction

AXXX	Who corrected deficiency (include title and date)	Explain specifically how deficiency was corrected	Explain specifically what measures were put in place to ensure deficiency does not happen again	Explain how often QA/Safety reviews for compliance
A395	The deficiency was corrected by Assisted Living Director on 1/19/22	Tenant # 1's service plan was corrected and therapy services revised appropriately. Met with therapy director on 12/03/21. Obtained current list of all tenant's who are currently receiving therapy services. Audited all current tenant's service plans and corrected appropriately re: therapy services. Tenant #3's service plan has been updated to reflect refusals of treatments. Obtained new order for her to do treatment after her showers.	AL director and Therapy director to meet once a week to discuss tenant's who will have evaluations, discharges, or who are currently reciving therapy. Will adjust service plans as needed. Therapy will provide AL director with ABN notice to notify AL director of discharges. New refusal form created to keep at care partner's lap tops. They will fill out with any refusals of medications/ treatments. All AL staff education on 1/19/22 provided how to correctly document refusals and notify RN. AL director or designee to audit random MARS/TARS x 3 months to ensure refusals are being documented and reported correctly	As part of Terrace GlenVillages' ongoing commitment to quality assurance the Assisted Living Director or designee will report findings to the QAPI committee.

Terrace Glen Village Plan of Correction

AXXX	Who corrected deficiency (include title and date)	Explain specifically how deficiency was corrected	Explain specifically what measures were put in place to ensure deficiency does not happen again	Explain how often QA/Safety reviews for compliance

ok 2/9/22