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
	S0390	A. BUILDING: _____ B. WING _____	C 02/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE HILLS RETIREMENT COMMUNITY Al	604 EAST HILLCREST AVENUE INDIANOLA, IA 50125

(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 impairment: 32 Number of tenants with cognitive impairment: 0 Total census: 32 No regulatory insufficiencies were cited during the investigation of Complaint #124196-C, Complaint #124388-C, and Complaint #126244-C. The following regulatory insufficiencies were cited during the investigation of Complaint #126012-C.	A 000	The Plan of Correction is attached	
A 150	481-67.2(3) Program Policies and Procedures 67.2(3) The program shall follow the policies and procedures established by the program. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the Program failed to ensure staff followed the established policy titled "Other Resident Occurrences" for 1 of 2 former tenants reviewed (Tenant C1). Findings include: During a review of policies on 1/28/25, the Program's policy titled Other Resident Occurrences was reviewed. The policy dictated staff were to use the RN Communication Form for any communication in writing. Staff were to document all occurrences that differed from the tenant's normal health, functional and cognitive	A 150		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Quesy Prior		2/20/25

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A 150	Continued From page 1	A 150		

status on a RN Communication Form.

1. On 1/22/25, a review of Tenant C1's record revealed a diagnosis of hypertensive heart disease with heart failure, benign prostatic hyperpiesia with UTI (urinary tract infection) symptoms, Type II diabetes, and depression.

2. On 1/22/25 at 1:50 pm, Staff A stated she worked on 1/6/25 and saw Tenant C1 who said he didn't feel good. Staff noticed he wanted to stay in bed. As time went on through the week he had a bad cough, congestion and also wasn't eating well. Staff A stated she requested medicine for Tenant C1 from the Healthcare Coordinator (HCC) several times through the week for Tenant C1. She also worked on 1/11/25 and 1/12/25. The tenant seemed worse and by Sunday he stayed in bed all the time except for when he used the restroom. Staff A stated Tenant C1 begged for help and asked her to get him some medicine. Staff A stated cold medicine finally arrived in the afternoon of 1/13/25. When she went into Tenant C1's apartment to give him his first dose with his nightly medications she discovered he was not responsive or breathing. Staff A stated called 911 and Triage Nurse 2.

On 1/27/25 at 12:01 pm, Staff A stated she had not completed an RN Communication Form on 1/6/25, 1/10/25, 1/11/25, 1/12/25 or 1/13/25 to relay her specific concerns regarding Tenant C1's health changes.

3. On 1/22/25 at 11:14 am, Staff F stated she worked on 1/6/25 with Tenant C1. Staff F stated Tenant C1 was very confused and shaky. She knew he was confused because he asked where his bathroom was when he was in his own apartment. Tenant C1 had also complained of a

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A 150	Continued From page 2	A 150		

sore throat and runny nose. Staff F told the HCC about his confusion. The HCC stated she would request a urinalysis from the doctor. Staff F worked on 1/7/25. She stated Tenant C1 appeared to be more sick and miserable. He had not attended any meals and not eaten lunch. She told the HCC again on Tuesday that Tenant C1 still was not feeling well. She did not work the next two days but returned on 1/10/25 and found Tenant C1 looking worse. He had a bad cough and needed something for it. Staff F stated she told the HHC again on 1/10/25.

Staff F stated she had not completed an RN Communication Form on 1/6/25, 1/7/25 or 1/10/25 to relay her specific concerns regarding Tenant C1's health changes.

4. On 1/22/25 at 11:39 am, Staff B stated she worked 1/6/25 and saw Tenant C1. Tenant C1 was shaky and his vision was off. She worked again on 1/8/25. Staff B could tell Tenant C1 hurt. Tenant C1 took meal trays all day and stayed in his chair which was unusual for him. Staff B stated she worked on 1/10/25. She next worked 1/13/25 on the day shift and staff reported Tenant C1 had not really eaten in a few days. Staff B stated she took his temperature which was normal, but stated his face was very hot and his arms were very cold. She had not been able to get Tenant C1 to drink any water. She reported what she saw to the HCC and asked if his daughter realized how sick he was and the HCC told her yes. She told the HCC every day she worked how sick Tenant C1 was. She asked why he was not going to the doctor and was told his daughter had not wanted him sent out. Staff B believed he received nothing for his symptoms all week. She did not understand why the HCC never went to the tenant's apartment to do an

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assessment. Staff B stated Tenant C1's medications for his cold symptoms finally came in the afternoon of 1/13/25 but he never got to take them.

Staff B stated she had not completed an RN Communication Form on 1/6/25, 1/8/25, 1/10/25, 1/11/25 or 1/12/25 to relay her specific concerns regarding Tenant C1's health changes.

5. On 1/22/25 at 1:28 pm, Staff D stated she worked a double shift on 1/12/25 and worked with Tenant C1 all day. Tenant C1 was not eating and staff used a wheelchair to take him to and from the restroom. His daughter called that day and was angry he had not been COVID tested. Staff D stated no one knew if there were any COVID tests available so her co-worker ran to Wal-Mart and purchased a test and tested Tenant C1. The results were negative.

On 1/27/25 at 11:55 am, Staff D stated she had not completed an RN Communication Form on 1/12/25 to relay her specific concerns regarding Tenant C1's heath changes.

6. On 1/27/25 at 12:36 pm, Staff I stated she believed she worked several days with Tenant C1 but could not recall what days they were. She usually did not work on his floor but would occasionally answer his call lights. Staff I stated she did recall working on 1/12/25. She could tell he was sick. He slept a lot, was weak, and also coughed a lot.

Staff I stated she had not completed an RN Communication Form for any of the days she observed him sick including 1/12/25 to relay her specific concerns regarding Tenant C1's health changes.

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A 150	Continued From page 4 7. On 1/22/25 at 3:00 pm, the HCC stated she was never made aware or told by staff verbally that Tenant C1 was sick on 1/7/25 or 1/8/25. On 1/9/25, she called the dctor and requested an order for cold medicine. She had not received any RN Communication forms from any staff regarding Tenant C1 between 1/6/25 and 1/13/25. 8. On 2/3/25 at 2:40 pm, the Community Director and HCC confirmed staff failed to relay their concerns regarding Tenant C1's health by completing an RN Communication form which was outlined in the program's Other Resident Occurrences Policy.	A 150		
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 all nurse's notes by exception for 1 of 2 former tenants reviewed (Tenant C1). Findings include: 1. On 1/22/25, a review of Tenant C1's record revealed a diagnosis of hypertensive heart disease with heart failure, benign prostatic	A 290		

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A 290	Continued From page 5 hyperpiesia with UTI symptoms, Type II diabetes, and depression. A review of Tenant C1's progress notes revealed the following written by the Healthcare Coordinator (HCC): 1/9/25 - Tenant C1 woke up with a sore throat and congestion. The doctor was called to receive orders for cold medicine. 1/10/25 - an order was received from the physician for Nitrofuran Mono Macro 100 mg tab to be taken once daily for 7 days. 2 On 1/22/25 at 3:00 pm when asked why Tenant C1 received an antibiotic used for treating urinary tract infections from the physician for cold symptoms as noted in the progress notes on 1/9/25, the HCC stated she failed to document on 1/6/25 staff reported Tenant C1 had confusion and shakiness. She requested an order for a urinalysis to be completed. The urinalysis order was obtained on 1/6/25 and a urine sample was collected and sent in. 3. On 2/3/25 at 2:40 pm, the Community Director and HCC confirmed the HCC failed to document Tenant C1's symptoms and actions regarding the potential urinary tract infection as a nurse's note by exception.	A 290		
A 430	481-69.27(1)c Nurse Review 69.27(1) 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: c. To assess and document the health status of each tenant, to make recommendations and	A 430		

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A 430	Continued From page 6	A 430		

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 ensure nurse reviews were completed with changes in health status for 1 of 2 former tenants reviewed (Tenant C1). Findings include:

1. On 1/22/25, a review of Tenant C1's file revealed the following progress notes written by the Healthcare Coordinator (HCC):
1/9/25 - Tenant C1 woke up with a sore throat and congestion. The doctor was called to receive orders for cold medicine.
1/10/25 - an order was received from the physician for Nitrofuran Mono Macro 100 mg tab (antibiotic for bladder infection) be taken once daily for 7 days.

On 1/22/25 at 3:00 pm, the HCC stated staff reported to her Tenant C1 had confusion and possibly a runny nose on 1/6/95 (Monday). She stated she requested a urinalysis (UA) order and received one. A urine sample was collected and sent out. Staff reported to her on 1/9/25 (Thursday) Tenant C1 woke up with a sore throat. She called his physician to request Mucinex.

Nurse reviews related to changes in health status completed prior to requesting a UA on 1/6/25 and prior to requesting an order for cold medicine could not be located.

2. On 1/27/25 at 6:37 pm, Triage Nurse 1 stated she was on call the weekend of 1/11/25 and

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A 430	Continued From page 7 1/12/25. She received only one call throughout the weekend and that was on the morning of 1/11/25. She was told by staff Tenant C1 reported he had fallen but went back to bed afterwards. The staff member told her Tenant C1 complained of hip pain and had a bruise on his hip and pinky finger. He also had a cough and nasal congestion. She had staff take his vitals. His temperature was within normal limits. She called Tenant C1's daughter to inform her of the fall. Tenant C1's daughter had not wanted him sent out to the emergency room. Staff reported Tenant C1 himself refused to be sent out. Triage Nurse 1 had not gone to the Program personally over the weekend to complete a nurse review related to the change on the tenant's health status.	A 430		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	PROVIDER/SUPPLIER/CLIA INDENTIFICATION NUMBER: S0390	DATE SURVEY COMPLETED: 2/3/2025

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Tag#1	**Regulation and Reg Number**67.2(3) The program shall follow the policies and procedures established by the program. Based on interview and record review, the Program failed to ensure staff followed the established policy titled "Other Resident Occurrences" for 1 of 2 former tenants reviewed (Tenant C1).	**Tag #** A 150	**What initial correction was made?** All staff received training regarding the policy and procedure requirements to fill out Staff to Nurse Communication forms by 1/30/2025. Staff A, B, D, F, I received re-education regarding the Staff to Nurse Communication form process and procedure by 1/30/2025.	**How will we ensure and maintain compliance going forward?** Education regarding Staff to Nurse Communication forms will be completed upon hire and annually with all staff. Monthly, as needed, as determined by the Director or designee audits will be completed to ensure compliance.	**Implementation Date:** 1/30/2025 **Completion Date:** Ongoing **Responsible Party:** Director, Nurse, or Designee
Tag #2	**Regulation and Reg Number** 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;	**Tag #** A 290	**What initial correction was made?** Health Care Coordinator (HCC) received education regarding documentation requirements on 1/30/2025. HCC completed late entry documentation to update Tenant C1's EHR.	**How will we ensure and maintain compliance going forward?** Daily, Weekly, monthly as needed, as determined by the Director or Designee, a review of any significant changes in any resident's health status will be reviewed and any necessary changes will be identified and implemented.	**Implementation Date:** 1/30/2025 **Completion Date:** Ongoing **Responsible Party:** Director, Nurse, or Designee

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 regulatory insufficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of state law.

	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 all nurse's notes by exception for 1 of 2 former tenants reviewed (Tenant C1).			Daily, Weekly, Monthly, as needed, as determined by the Director or Designee, an audit will be documented and reviewed Coordinator Stand-Up meeting to ensure compliance.	
Tag #3	**Regulation and Reg Number** 481-69.27(1)c Nurse Review 69.27(1) 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: c. To assess and document the health status of each tenant, to make recommendations and referrals as appropriate, and to monitor progress	**Tag #** A 430	**What initial correction was made?** Health Care Coordinator (HCC) received education regarding documentation requirements on 1/30/2025. HCC completed late entry documentation to update Tenant C1's EHR.	**How will we ensure and maintain compliance going forward?** Daily, Weekly, Monthly as needed, as determined by the Director or Designee, a review of any significant changes in any resident's health status will be reviewed and any necessary changes will be identified and implemented. Daily, Weekly, Monthly, as needed, as determined by the Director or Designee, an audit will be documented and reviewed Coordinator Stand-Up meeting to ensure compliance.	**Implementation Date:** 2/3/2025 **Completion Date:** Ongoing **Responsible Party:** Healthcare Coordinator & Community Director

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	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 ensure nurse reviews were completed with changes in health status for 1 of 2 former tenants reviewed (Tenant C1).				

Compliance Date: 3/15/2025

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