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
	S0167	A. BUILDING: _____ B. WING _____	C 06/30/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INDEPENDENCE VILLAGE OF PELLA MC	2604 FIFIELD ROAD PELLA, IA 50219

(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. Memory Care Unit Number of tenants without cognitive disorder: 0 Number of tenants with cognitive disorder: 4 TOTAL Census of Assisted Living Program for People with Dementia: 4 A recertification visit was conducted to determine compliance with certification for an Assisted Living Program. An onsite infection control survey and Complaint #96487-C were also completed. The following regulatory insufficiencies were cited.	A 000		
A 160	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 interview and record review the Program failed to consistently ensure tenants received appropriate and adequate care and treatment. This affected 1 of 4 tenants (Tenant #1). Finding follows:	A 160	Please see 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 160	Continued From page 1 Record review on 6/30/21 revealed Tenant #1's Progress Notes. A note dated 4/3/21 noted Tenant #1 had areas of skin breakdown and soreness of back of legs and buttocks. The Registered Nurse noted Tenant #1's family took her to the emergency room for treatment. Tenant #1 returned with an order for Nystatin twice a day. Record review revealed no further notations about the skin breakdown until 5/26/21 when the licensed practical nurse (LPN) noted it was brought to her attention that Tenant #1's buttocks were red. She noted she sent an order to Tenant #1's physician for barrier cream. When interviewed on 6/30/21 at 3:30 p.m. the RN and LPN acknowledged the Program had not followed up on Tenant #1's skin breakdown until it was brought to their attention again on 5/26/21.	A 160		
A 140	481-69.22(2) Evaluation of Tenant 69.22(2) Evaluation within 30 days of occupancy. A program shall evaluate each tenant's functional, cognitive and health status within 30 days of occupancy. The evaluation shall be conducted by a health care professional, a human service professional, or a licensed practical nurse via nurse delegation when the tenant has not exhibited a significant change. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to evaluate tenants' functional, cognitive and health status within 30 days of occupancy. This affected 1 of 4 tenants (Tenant #1). Finding follows:	A 140	Please see attached	

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A 140	Continued From page 2 Record review on 6/30/21 revealed Tenant #1's most recent evaluations dated 3/5/21. Tenant #1 took occupancy on 3/12/21. The Program failed to complete 30 day evaluations. The Register Nurse (RN) confirmed the Program failed to complete 30 day evaluations.	A 140		
A 330	481-69.25(1)q Tenant Documents 69.25(1) Documentation for each tenant shall be maintained by the program and shall include: q. When the tenant is unable to advocate on the tenant's own behalf or the tenant has multiple service providers, including hospice care providers, accurate documentation of the completion of routine personal or health-related care is required on task sheets. If tasks are doctor-ordered, the tasks shall be part of the medication administration records (MARs) This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure tenant task sheets accurately reflected the needs of tenants. This affected 1 of 4 tenants (Tenant #1). Finding follows: Record review on 6/30/21 revealed Tenant #1's service plan, dated 5/20/21, included the following direction for staff: physically check on the tenant every hour, date initiated 4/5/21. Further review revealed Tenant #1's task sheets for April 2021, May 2021 and June 2021. The task sheets directed staff to observe the tenant	A 330	Please see attached.	

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A 330	Continued From page 3 for safety/needs one to two times a shift. While the Program had task sheets they did not reflect the appropriative information for staff. When interviewed the RN confirmed the task sheets had not been updated to reflect Tenant #1's current need for check one time and hour.	A 330		
A 365	481-69.26(3) 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. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to update tenant service plans within 30 days of occupancy. This affected 1 of 4 tenants (Tenant #1). Finding follows: Record review on 6/30/21 revealed Tenant #1's most recent service plan dated 5/20/21. Tenant #1 took occupancy on 3/12/21. The Program failed to update the service plan within 30 days of occupancy. The Register Nurse (RN) confirmed the Program failed to update Tenant #1's service plan within 30 days.	A 365	Please see attached	

A160

Tenant's Rights

Plan of Correction: All incoming orders are to be reviewed and noted by LPN/RN daily. RN/LPN will update MAR per new order. RN/LPN will follow up with caregivers to review new orders and provide education as needed. At least weekly, RN/LPNs will also follow up with resident assessments, follow up with care staff and provide additional education, communicate with health care provider as needed, and utilize PCC to document and track wound healing.

Immediately

A140

Evaluation of Tenant

Plan of Correction: The new RN started 09/13/2021. Evaluation of all current residents' assessments are being reviewed and updated as well as maintaining current evaluation timelines/needs. RN is utilizing PCC and monthly calendar to ensure timely assessments going forward.

10/15/2021

A330

Tenant Documents

Plan of Correction: The new RN started 09/13/2021. Evaluation of all current residents' service plans are being reviewed and updated as well as maintaining current service plans. RN is comparing service plans to task sheets for updates. RN is utilizing PCC and monthly calendar to ensure timely assessments going forward. Then ongoing changes to service plans will be updated and reviewed against task sheets for continuity of care by RN/LPNs.

10/15/2021

A365

Service Plans

Plan of Correction: The new RN is continuing to review current resident service plans and making sure plans are updated. Going forward any updates in service plans will be printed and implemented immediately. All new service plans will be reviewed and initialed by caregivers for accountability.

10/15/2021