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
	S0407	A. BUILDING: _____ B. WING _____	C 01/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROTARY SENIOR LIVING	620 SE 5TH STREET EAGLE GROVE, IA 50533

(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. Number of tenants without cognitive impairment: 0 Number of tenants with cognitive impairment: 14 Total census: 14 The following regulatory insufficiencies were cited during the investigation of Complaints #113691-C, #117974-C & #112850-C and during the recertification conducted to determine compliance with certification for an Assisted Living Program for People with Dementia.	A 000		
A 355	481-67.9(4)d 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: d. Certified and noncertified staff shall receive training regarding service plan tasks (e.g., wound care, pain management, rehabilitation needs and hospice care) in accordance with medical or nursing directives and the acuity of the tenants' health, cognitive or functional status. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure certified and noncertified staff received training regarding service plan tasks. Findings include:	A 355	The 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 355	Continued From page 1 Record review on 1/23/24 revealed Tenant C-1's physician's orders, dated 9/21/23, included straight cathertization four (4) times a day for urinary retention. Resident C-1's service plan dated 9/24/23 revealed he required assistance with self catheterization each shift and directed staff to report any abnormalities to nursing. Tenant C-1 discharged from the Program on 9/25/23. Continued record review on 1/23/24 revealed staff delegations did not include straight catheterization. When interviewed on 1/23/24 at 11:53 a.m. Staff D reported staff assisted Resident C-1 with straight catheterization every shift at least two times each shift. Staff reported they did not receive training on the task. When interviewed on 1/31/24 at 1:30 p.m. the Administrator confirmed the previous DON failed to appropriately delegate staff. Following the Program's identification of the error, a delegation fair was completed with all universal workers and medication managers on 1/29/2024 and for new hires.	A 355		
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	A 330		

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A 330	Continued From page 2	A 330		

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 doctor-ordered tasks were documented on the medication administration record. This pertained to 1 of 3 sample tenants (Tenant C-2) reviewed. Findings include:

Record review on 1/24/24 revealed Tenant C-2 was admitted to the Program on 12/01/23. Tenant C-2's GDS score was noted at 5 on 11/30/23. Review of Tenant C-2's service plan dated 12/01/23 revealed Tenant C-2 was noted as able to dress self. On 12/20/23 Tenant C-2 was sent to Clarion ER following complaints of shoulder pain after a fall in her room. Tenant C-2's service plan included an entry dated 12/20/23 noted a fracture to the right humerus. Tenant C-2 was to: 1.) Wear a right arm sling. 2.) Head of bed was to be raised for sleeping. Use of electric hospital bed with small side rails for positioning provided by Rotary Senior Living. 3.) Assist with in and out of bed. 4.) Assist to dress - remove sling for dressing and bathing.

Review of Tenant C-2's medication administration record and treatment administration record revealed the physician's orders concerning the need to wear a right arm sling had not been documented in the medication administration records.

On 1/31/24 at 10:25 a.m. the Administrator

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A 330	Continued From page 3 confirmed this finding.	A 330		
A 350	481-69.26(1) Service Plans 69.26(1) A service plan shall be developed for each tenant based on the evaluations conducted in accordance with subrules 69.22(1) and 69.22(2) and shall be designed to meet the specific service needs of the individual tenant. The service plan shall subsequently be updated at least annually and whenever changes are needed. This REQUIREMENT is not met as evidenced by: Based on interview and record review the program failed to develop service plans prior to admission and ensure service plans were developed based on evaluations. This pertained to 2 of 4 tenants reviewed (Tenant #1 and Tenant C2). Findings follow: 1. Record review on 1/24/24 revealed Tenant C-2 admitted to the Program on 12/01/23. Review of Tenant C-2's service plan dated 12/01/23 revealed Tenant C-2 was noted as able to dress self. On 12/20/23 Tenant C-2 was sent to Clarion ER following her complaints of shoulder pain following a fall in her room. Tenant #C-2's service plan noted an entry dated 12/20/23 that noted a fracture to the right humerus. Tenant C-2 was to; 1.) Wear a right arm sling. 2.) Head of bed was to be raised for sleeping. Use of electric hospital bed with small side rails for positioning provided by Rotary Senior Living. 3.) Assist with in and out of bed. 4.) Assist to dress - remove sling for	A 350		

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A 350	Continued From page 4 dressing and bathing. Further review revealed Tenant C-2's Functional, Cognitive and Health assessments were not completed until 12/28/23 after the service plan changes had already been completed on 12/20/23. Tenant #2's daughter signed off on changes made to the service plan on 12/26/23 prior to the completion of the assessments. On 1/31/24 at 10:08 a.m. the Administrator confirmed this finding. 2. Record review on 1/23/24 revealed Tenant #1 admitted to the program on 4/29/22. A service plan could not be located for Tenant #1 prior to 10/4/23. When interviewed on 1/23/24 at 3:45p.m. Staff B confirmed Tenant #1 had no service plan on file prior to the plan dated 10/04/23.	A 350		
A 420	481-69.27(1)a 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: a. To monitor, at least every 90 days, or after a significant change in the tenant's condition, any tenant who receives program-administered prescription medications for adverse reactions to the medications and to make appropriate interventions or referrals, and to ensure that the prescription medication orders are current and that the prescription medications are	A 420		

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A 420	Continued From page 5 administered consistent with such orders This REQUIREMENT is not met as evidenced by: Based on interview and record review the program failed to complete Nurse Reviews for 2 of 4 tenants reviewed (Tenant #1 and Tenant C-1). Findings include: 1. Record review on 1/23/24 revealed Tenant #1 admitted to the Program on 4/29/22. Nurse reviews for Tenant #1 could not be located. When interviewed on 1/31/24 at 12:14 p.m. the LPN confirmed Tenant #1 had no Nurse Reviews on record. 2. Record review on 1/23/24 revealed Tenant C-1 admitted to the Program on 6/08/21. Tenant C-1's last 90 day review was completed on 12/29/21, prior to discharge from the Program on 9/25/23. 3. On 1/31/24 at 9:29a..m. the Administrator confirmed this finding.	A 420		

Plan of Correction

Rotary Senior Living- Assisted Living Memory Unit

ID# S0407

Survey: 01/22/2024-01/31/2024

Correction Date:

4/30/2024

The preparation of the following plan of correction for this deficiency does not constitute and should not be interpreted as an admission nor an agreement by the facility of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction prepared for these deficiencies were executed solely because provisions of State and Federal law require it.

A 355

481-67.9(4)d 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:

d. Certified and noncertified staff shall receive training regarding service plan tasks (e.g., wound care, pain management, rehabilitation needs and hospice care) in accordance with medical or nursing directives and the acuity of the tenants' health, cognitive or functional status.

Plan of Correction:

The Staffing policy was reviewed and revised on 4/24/2024. Education was provided to the DON and Nursing Supervisor regarding the delegation portion of the Staffing Policy.

Delegation Fair had been completed with 100% of current staff (at that time) on 1/29/2024, when error was identified. Newly hired staff have been delegated within 30 days of hire.

Personnel chart audits will be completed and updated for compliance by 5/15/2024 by DON/Designee, and quarterly audits will be completed to ensure delegations have been completed on newly hired staff within 30 days.

Quarterly audit findings will be reported at the QAPI meetings. **Ongoing x 1 year.**

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:

Plan of Correction

Rotary Senior Living- Assisted Living Memory Unit

ID# S0407

Survey: 01/22/2024-01/31/2024

Correction Date:

4/30/2024

q. When the tenant is unable to advocate on the tenant's own behalf or the tenant has multiple 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)

Plan of Correction:

The Coordinating Tenant Medical Visits policy was reviewed and revised on 4/24/2024. Education was provided to nurses/medication managers regarding doctor ordered tasks and medications being placed on the MAR/TAR and the service plan is updated as necessary.

Current resident orders will be reviewed and MAR/TAR updated by DON/Designee to ensure compliance by 5/15/2024 and quarterly audits to determine that doctor ordered tasks have been added to the Treatment Administration Record (TAR) and service plan as appropriate.

Quarterly audit findings will be brought to QAPI meetings. **Ongoing x 1 year.**

A 350

481-69.26(1) Service Plans 69.26(1) A service plan shall be developed for each tenant based on the evaluations conducted in accordance with subrules 69.22(1) and 69.22(2) and shall be designed to meet the specific service needs of the individual tenant. The service plan shall subsequently be updated at least annually and whenever changes are needed.

Plan of Correction:

The Service Plan policy was reviewed and revised on 4/24/2024. Education was provided to nurses regarding the Service Plan procedure and the need for the service plan to be updated at least annually and whenever changes are needed with the specific needs of the individual tenant.

Audits will be completed and Service Plans will be updated by DON/Designee to ensure compliance by 5/15/2024 and quarterly audits completed to ensure the service plan is specific to individual tenant and has been updated at least annually.

Quarterly audit findings will be reported at the QAPI meetings. **Ongoing x 1 year.**

Plan of Correction

Rotary Senior Living- Assisted Living Memory Unit

ID# S0407

Survey: 01/22/2024-01/31/2024

Correction Date:

4/30/2024

A 420

481-69.27(1)a 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: a. To monitor, at least every 90 days, or after a significant change in the tenant's condition, any tenant who receives program-administered prescription medications for adverse reactions to the medications and to make appropriate interventions or referrals, and to ensure that the prescription medication orders are current and that the prescription medications are administered consistent with such orders.

Plan of Correction:

The Nurse Review policy was reviewed on 4/24/2024. Education was provided to nurses regarding the RN/LPN to review and evaluate medication every 90 days and after significant change in condition. An LPN can complete the 90-day review via Nurse Delegation by RN. An LPN cannot do a Significant Change Nurse Review.

Nurse Review audits will be completed and Nurse Reviews will be updated by DON/Designee to ensure compliance by 5/15/2024 and quarterly audits will be completed, for the tenants 90-day nurse review completed by and LPN/RN and significant change nurse review completed by an RN.

Quarterly audit findings will be reported at the QAPI meetings. **Ongoing x 1 year.**

Respectfully Submitted,

Diane Casperson, RN, BSN, LNHA

Rotary Senior Living

Residential Care Facility

Eagle Grove, Iowa