1/29/20

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
	S0409	A. BUILDING: _____ B. WING _____	12/16/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADOWVIEW MEMORY CARE VILLAGE - MA	720 OAKBROOK DRIVE 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 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 disorder: 3 Number of tenants with cognitive disorder: 11 Total census of Assisted Living Program for People with Dementia: 14 The following regulatory insufficiencies were cited during the initial certification visit conducted to determine compliance with certification for a Dedicated Dementia Specific Assisted Living Program:	A 000		
A 037	481-69.22(2) Evaluation of Tenant 481-69.22(231C) Evaluation of tenant. 69.22(2) Evaluation within 30 days of occupancy and with significant change. A program shall evaluate each tenant's functional, cognitive and health status within 30 days of occupancy. A program shall also evaluate each tenant's functional, cognitive and health status as needed with significant change, but not less than annually, to determine the tenant's continued eligibility for the program and to determine any changes to services needed. The evaluation shall be conducted by a health care professional or human service professional. A licensed practical nurse may complete the evaluation via nurse delegation when the tenant has not exhibited a significant change.	A 037	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 037	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to complete cognitive evaluations within 30 days or as needed with significant change for 2 of 3 tenants reviewed (Tenants #2 and #3). Findings follow: 1. Record review on 12-12-19 of Tenant #2's file revealed diagnoses including dementia without behavioral disturbance. Tenant #2 was staged at a five on the GDS, which indicated moderately severe cognitive decline. A Health and Functional Assessment dated 10-4-19 indicated it was completed for other/change of condition. The Nurse Review section of the assessment indicated it was significant change due to a fall. The service plan was updated to reflect a history of falls. A cognitive evaluation was not completed with the change of condition for Tenant #2. 2. Record review on 12-16-19 of Tenant #3's file revealed an admission date of 10-18-19. A Health and Functional Assessment was completed on 11-13-19, within 30 day of taking occupancy. A cognitive evaluation was not completed within 30 days of taking occupancy. 3. When interviewed on 12-16-19 at approximately 3:45 p.m. the Director of Nursing confirmed all evaluation documents requested were provided.	A 037		
A 071	481-69.25(1)i Tenant Documents 481-69.25(231C) Tenant documents.	A 071		

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A 071	Continued From page 2 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 complete nurses notes by exception for 2 of 3 tenants reviewed (Tenants #1 and #3). Findings follow: 1. Record review on 12-12-19 of Tenant #1's file revealed diagnoses including Alzheimer's disease with early onset and urinary tract infection (UTI). Tenant #1 was staged at a six on the Global Deterioration Scale, which indicated severe cognitive decline. Progress Notes indicated the following: a. On 8-13-19 it was noted a nurse review was completed for the start of an antibiotic for a UTI. b. On 8-27-19 it was noted a new order was received for Bactrim DS twice daily for 10 days (for a UTI). Continued record review revealed nurses notes were not completed when the antibiotic therapy were completed to determine effectiveness following the antibioic treatments.	A 071		

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A 071	Continued From page 3 2. Record review on 12-16-19 of Tenant #3's file revealed orders dated 10-15-19 for occupational therapy (OT), physical therapy (PT) and speech therapy (ST). The initial service plan dated 10-18-19 reflected the outside service providers. When interviewed on 12-16-19 at approximately 10:30 a.m. the Director of Nursing (DON) revealed these therapies were not started and a discontinuation date of 11-11-19 was provided. Continued record review revealed a nurses note was not completed related to the discontinuation of PT/OT/ST services. 3. When interviewed on 12-16-19 at approximately 3:45 p.m. the DON confirmed all nurses notes requested for the listed above were provided.	A 071		
A 089	481-69.26(4)a Service Plans 481-69.26(231C) 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 for 2 of 3 tenants reviewed (Tenants #2 and #3). Findings follow: 1. Record review on 12-12-19 of Tenant #2's file	A 089		

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A 089	Continued From page 4 revealed diagnoses including dementia without behavioral disturbance. Tenant #2 was staged at a five on the Global Deterioration Scale (GDS), which indicated moderately severe cognitive decline. Progress Notes indicated the following: a. On 8-2-19 it was noted Tenant #2 tried to leave the unit and when he could not find a way out he said he just wanted to "hurt himself." The Assistant Director of Nursing (ADON) completed an assessment to ensure tenant safety. Safety checks every 15 minutes were initiated. b. On 8-6-19 it was noted the primary care provider (PCP) saw Tenant #2 due to recent suicidal thoughts. The PCP indicated checks 15 minute safety checks could be discontinued. Tenant #2's service plan was not updated to reflect the initiation of the safety checks every 15 minutes. 2. Record review on 12-16-19 of Tenant #3's file revealed a diagnosis of transient cerebral ischemic attack (TIA). Tenant #3 was staged at four on the GDS, which indicated moderate cognitive decline. Progress Notes indicated the following: a. On 11-2-19 it was noted staff assisted Tenant #3 to the floor to prevent a fall. He was assisted to the chair from the floor with assistance of two staff. Tenant #3 continued to require assistance of one to two staff with ambulation, was weak and leaned heavily to the left with ambulation. Tenant #3 had little to no trunk control while seated, and leaned to the right. b. On 11-3-19 it was noted Tenant #3 attempted to ambulate in his apartment most of the night. Tenant #3 yelled at staff when they attempted to	A 089		

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A 089	Continued From page 5 assist. Tenant #3 was unable to stand or walk from bed and required assistance of two staff when transferring from the bed to the bathroom with assist of a gait belt. Tenant #3 was assisted with activities of daily living and dressing and was in a wheelchair in the common area for supervision. c. On 11-3-19 it was noted Tenant #3 remained weak and required assistance of one person for transfers and ambulation for safety reasons. His strength slowly returned; however, there was a lack of stability. When interviewed on 12-16-19 at approximately 3:45 p.m. the Director of Nursing (DON) revealed the above episode resolved in approximately 24 hours and was related to Tenant #3's history of TIAs. The tenant's service plan dated 11-14-19 reflected Tenant #3 had a history of TIA and staff were to ensure safety and notify the nurse if an episode occurred. The service plan reflected Tenant #3 ambulated independently and occasionally used a four wheeled walker or cane at his discretion. The service plan did not reflect the above transfer needs for Tenant #3 when TIA episodes occurred. 3. When interviewed on 12-16-19 at approximately 3:45 p.m. the DON revealed all service plan documents for the tenants listed above were provided.	A 089		
A 155	481-69.35(1)c Structural Requirements 481-69.35(231C) Structural requirements. 69.35(1) General requirements. c. Programs shall have private dwelling	A 155		

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A 155	Continued From page 6 units with a single-action, lockable entrance door. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the Program failed to have single-action, lockable entrance doors on dwelling unit doors potentially affecting all tenants (census of 14). Findings follow: When observed on 12-11-19, 12-12-19 and 12-16-19, the entrance doors to dwelling units did not have a locking mechanism. When interviewed on 12-16-19 at approximately 3:45 p.m. the Director of Nursing confirmed none of the tenant apartments had a lock on the entrance doors. She revealed there had not been any complaints regarding not having locks on the doors and a lock could be offered.	A 155		

January 24, 2020

Department of Inspections and Appeals

Attn: Deb Dixon

Lucas State Office Building

321 East 12th Street

Des Moines, Iowa 50319

1/29/20

Dear Ms. Dixon:

On behalf of Meadowview Memory Care Village of Marion, I respectfully submit our Plan of Correction for your approval. Our response is specific to the Monitoring Report dated December 16, 2019. 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 insufficiencies. The plan of correction is prepared and/or executed solely because it is required by the provision of state law.

Evaluation of a Tenant

1. Elements detailing how the Program will correct each regulatory insufficiency
    - Tenant #2 and tenant #3 will have GDS/ cognitive assessments completed with significant changes and annually. Most recent one completed on 1/3/20.
    - Tenant #3 was discharged from the program on 12/11/19.
2. What measures will be taken to ensure the problem does not recur.
    - RN will complete GDS/ cognitive assessment with all 30day assessments, significant changes, and annually.
3. How the Program Plans to monitor performance to ensure compliance
    - RN will audit charts at least every 90 days for compliance
    - RN will review cognitive assessments when completing 90-day nurse reviews, to ensure they are being done properly.
4. The date by which the regulator insufficiency will be corrected.
    - This regulatory insufficiency will be corrected by January 3rd, 2020.

Tenant documents

1. Elements detailing how the Program will correct each regulatory insufficiency
    - Tenant #1 will have a nursing progress note each time an antibiotic starts and completes.
    - Tenant #3 was discharged from the program on 12/11/19.
2. What measures will be taken to ensure the problem does not recur
    - RN will be re-educating nurses on progress notes
    - RN will review all new orders from physician
3. How the program plans to monitor performance to ensure compliance

1/24/20

- The RN/ and or designee will audit the nurses notes/ progress notes at least every 90 days for compliance
- The RN/ and or designee will review progress notes when completing nurse reviews for order changes to ensure compliance

4. The date by which the regulatory insufficiency will be corrected
    - This regulatory insufficiency will be corrected by 1/24/20

Service Plans

1. Elements detailing how the program will correct each regulatory insufficiency
    - Tenant #2 service plan reviewed and is current
    - Tenant #3 was discharged from the Program on 12/11/20
2. What measures will be taken to ensure the problem does not recur
    - The RN will review service plan requirements, and ensure all changes are added in a timely manner
3. How the program plans to monitor for performance to ensure compliance
    - The RN will review service plans at least with every 90-day nurse review, and with all new orders to ensure the service plan is up to date.
4. The date by which the regulatory insufficiency will be corrected
    - This regulatory insufficiency will be corrected by 1/24/20

Structural Requirements

1. Elements detailing how the Program will correct each regulatory insufficiency.
    - Single-action locks will be installed on each private dwelling in the unit.
2. What measures will be taken to ensure the problem does not recur.
    - Locks will be installed on each unit and checked for function upon move-in and quarterly thereafter.
3. How the Program plans to monitor performance to ensure compliance.
    - Maintenance staff will keep log of functional checks and update per regulation.
4. The date by which the regulatory insufficiency will be corrected.
    - This regulatory insufficiency will be corrected by February 12, 2020.

If you have any questions regarding this plan of correction, please feel free to contact me at 319-390-8439. Thank you

Sincerely,

Morgan Brunscheen

Executive Director