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 _____	04/25/2022

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: 8 Number of tenants with cognitive disorder: 22 Total Census: 30 The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification for a Dedicated Dementia Specific Assisted Living Program:	A 000		
A 285	481-67.5(2)f(4) Medications 67.5(2) Each program shall follow its own written medication policy, which shall include the following: f. When medications are administered traditionally by the program: (4) Medications and treatments shall be administered as prescribed by the tenant's physician, advanced registered nurse practitioner or physician assistant. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to provide medications and treatments as prescribed for 2 of 4 tenants reviewed (Tenants #2 and #3). Findings follow: 1. Review of Tenant #2's file on 4-21-22 and 4-25-22 revealed diagnoses included altered	A 285	The Plan of Correction is attached.	

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mental status, dementia without behavioral disturbance and dementia with lewy bodies. Tenant #2 was staged at a five on the Global Deterioration Scale (GDS), which indicated moderately severe cognitive decline.

A fax sent to the primary care provider (PCP) indicated Tenant #2 had a temperature of 100.8, congestion, a non-productive dry cough, was lethargic and required assistance at times with ambulation. The PCP ordered an influenza test, chest x-ray and Mucinex 600 milligram (mg), orally, twice daily, for 14 days (dated 4-18-22).

Tenant #2's Progress Notes indicated the following:
- On 4-18-22 Tenant #2's family was notified of the new orders for Mucinex and the x-ray.
- On 4-19-22 the normal chest x-ray results were faxed to the PCP.
- On 4-25-22 the PCP was notified of the missed influenza test that was ordered on 4-18-22. In addition, the Mucinex order was not put on the medication administration record (MAR) timely (ordered on 4-18-22).

Review of the April MAR included Mucinex 600 mg tablet two times per day for 14 days. The order was placed on the MAR on 4-24-22 and the first dose given was on 4-24-22 at 9:00 a.m. (six days after it was ordered).

Tenant #2 had orders for a chest x-ray, Mucinex twice daily for 14 days and an influenza test ordered on 4-18-22. The chest x-ray was completed; however, the influenza test was not and the order for the Mucinex was not put on the MAR and administered until six days after the order.

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2. Review of Tenant #3's file on 4-25-22 revealed diagnoses included type 2 diabetes mellitus, pressure ulcer left ankle (unstageable), pressure ulcer right buttock (stage 2) and pressure ulcer left buttock (stage 2). Tenant #3 was staged at a three on the GDS, which indicated mild cognitive decline.

Progress Notes indicated the following:
- On 1-21-22 a new order was received to paint Betadine to the left ankle wound, cover it with Mepliex border, and change every three days and as needed if loose or soiled.
- On 3-18-22 (move-in/return note) it was noted Tenant #3 had three wounds: left lateral malleolus "2/5x2/0.3", right buttock (circular) 0.4 cm x 0.01 cm and left buttock, 0.1 x 0.1 x 0.01 cm (Tenant #3 was out of the program from 2-8-22 to 3-18-22).

Continued record review revealed a phone order was received dated 3-25-22 to paint Betadine to the left ankle wound, cover with a Mepliex border and change every three days or as needed if loose or soiled.

A Progress Notes for April indicated on 4-4-22 a new order was received to discontinue Betadine to the left ankle and change to impregnated silver ag, soaked in normal saline. The ankle was to be wrapped in Kerlix and changed twice per week.

Review of the January and February 2022 MARs and treatment administration records (TARs) revealed a lack of documentation of the Betadine treatment to the left ankle from the time of the order on 1-21-22 to the time Tenant #3 left the building on 2-8-22. The March and April 2022 MARs and TARs lacked documentation of the completion of Betadine treatment from when it

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A 285	Continued From page 3 was re-ordered on 3-25-22 until it was discontinued on 4-4-21. 3. When interviewed on 4-25-22 at approximately 11:00 a.m. and 4:35 p.m. the Director of Nursing (DON) confirmed these findings. She believed the Betadine treatment had been completed to the tenant's ankle.	A 285		
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 update tenants' service plans as needed for 3 of 4 tenants reviewed (Tenants #1, #2, #3). Findings follow: 1. Review of Tenant #1's file on 4-21-22 revealed diagnoses included Alzheimer's disease with early onset. Tenant #1 was staged at a six on the Global Deterioration Scale (GDS), which indicated severe cognitive decline. The ALP/ADS/EGH Monitoring Entrance Form reflected Tenant #1 has consistently refusing personal or health related care. When interviewed on 4-21-22 at 10:35 a.m. Staff A said Tenant #1 refused staff assistance with	A 350		

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perineal care. Staff applied a cream to his buttock and he was incontinent of bladder and bowel.

Progress Notes indicated the following:
- On 1-25-22 an order was received for physical therapy (PT)/occupational therapy (OT).
- On 2-13-22 it was noted Tenant #1 had "jerking episodes" for the past few days.
- On 2-14-22 it was noted Tenant #1 was agitated during cares and attempted to hit staff. Tenant #1's groin was excoriated and a new order was received for Resinol, twice daily.
- On 2-15-22 staff reported Tenant #1 became the most upset when a care needed to be completed and he needed help with completing the task. Staff reported "jerky" muscle movements were noted that morning.
- On 2-15-22 Tenant #1 refused all of his bedtime cares, was combative towards staff and told them to get out of this apartment.
- On 2-17-22 Tenant #1 had "jerky" movements during morning cares and was easily agitated.
- On 2-17-22 Tenant #1 refused to let staff evaluate his buttock or perineal area.
- On 3-21-22 an order was received for Triad wound dress paste to the buttocks twice daily and as needed.
- On 3-28-22 staff reported Tenant #1 had become more aggressive overnights, chased staff out of the apartment, and yelled when staff attempted to assist with perineal care related to his incontinence. Staff reported Tenant #1 had increased "jerky movements" at bedtime.
- On 4-14-22 staff reported Tenant #1 continued to refuse cares at bedtime and at times chased staff out of the apartment.
- On 4-19-22 staff reported Tenant #1 refused cares at bedtime, refused changing of his protective undergarment and perineal cares. He was agitated and was not sleeping.

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A 350	Continued From page 5 - On 4-21-22 his right glut was 1 x 0.7 x 0.01 centimeters (cm), there was no drainage and the wound bed was healthy/red. Tenant #1 denied pain to the area. Tenant #1 was encouraged to accept assistance at night to help the wound heal. - On 4-21-22 a new order was received to add Hydroxyine 10 milligram (mg) tablet, orally, every day to help with agitation at night with cares. When interviewed on 4-25-22 at approximately 2:45 p.m. the Director of Nursing (DON) confirmed PT/OT was discontinued for Tenant #1 on 3-16-22. Further record review revealed the service plan dated 4-20-22 reflected Tenant #1 needed staff assistance when he was incontinent and he was incontinent of bladder and bowel. The service plan reflected Tenant #1 had a history of physical aggression with other tenants. The service plan did not reflect Tenant #1's refusals of cares, including perineal care. The service plan also did not reflect Tenant #1's wound on the buttock. The service plan did not reflect the "jerky movements" as indicated in notes and the agitation and combativeness towards staff related to the provision of cares. The service plan reflected PT and OT; despite the discontinuation of the therapy. 2. Review of Tenant #2's file on 4-21-22 and 4-25-22 revealed diagnoses included altered mental status, dementia without behavioral disturbance and dementia with lewy bodies. Tenant #2 was staged at a five on the GDS, which indicated moderately severe cognitive decline. When interviewed on 4-21-22 at 10:38 a.m. Staff	A 350		

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A said Tenant #2 talked about wanting to die nearly every day.

When interviewed on 4-21-22 at 11:10 a.m. Staff B said Tenant #2 verbalized getting a gun and shooting others and himself. She said it occurred about everyday. Staff B said Tenant #2 was unpredictable and staff had needed to step in as he had hurt others.

Progress Notes revealed the following:
- On 2-12-22 Tenant #2 was agitated and said he hated "him" and "I'm going to shoot him." It was regarding wanting to "kill other male resident." Seroquel was administered as staff were unable to redirect Tenant #2.
- On 2-15-22 Tenant #2 became upset as another tenant dropped food on the floor. Staff redirected him to another activity.
- On 3-5-22 it was noted Tenant #2 had increased agitation earlier, was redirected but did not cooperate. A verbal order was received for a one time dose of Seroquel 25 mg for agitation.
- On 3-9-22 staff reported Tenant #2 made lots of threats and reported feelings of others wanting to fight him and that he would "take em out." A nurse approached him and he threw his hands up and used profanity.
- On 3-14-22 the PCP was notified of increased agitation, profanity, hitting walls, slamming doors and threatening other tenants.
- On 3-15-22 a psychiatry referral was received.
- On 3-29-22 Tenant #2 returned from psych appointment with new orders to increase Depakote from 250 mg at bedtime to 500 mg at bedtime.

Further record review revealed an Incident Report dated 8-28-21 indicated Tenant #2 grabbed another tenant by his arm and was "in process" of

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pushing him down when staff intervened. An incident report dated 1-8-22 indicated Tenant #2 became angry when a tenant started talking to him. Tenant #2 "instantly" became angry and grabbed the other tenant by both arms, began using profanity towards the other tenant and threatened to punch him. Staff intervened.

The tenant's service plan dated 3-29-22 reflected Tenant #2 had a history of delusions and a history of physical altercations with a tenant who wandered into his apartment at night. Tenant #2 had increased agitation at times when he was not able to be redirected. The service plan did not reflected the verbal comments made regarding self-harm or harm to others or the extent of the aggressive behaviors as noted above and interventions to ensure Tenant #2's safety and the safety of others.

3. Review of Tenant #3's file on 4-25-22 revealed diagnoses included type 2 diabetes mellitus, pressure ulcer left ankle, pressure ulcer right buttock (stage 2) and pressure ulcer left buttock (stage 2). Tenant #3 was staged at a three on the GDS, which indicated mild cognitive decline.

Progress Notes indicated the following:
- On 1-21-22 a new order was received to paint Betadine to the left ankle wound, cover with Mepliex border, change every three days and as needed if loose or soiled.
- On 3-18-22 (move-in/return note) it was noted Tenant #3 had three wounds: left lateral malleolus "2/5x2/0.3", right buttock (circular) 0.4 cm x 0.01 cm and left buttock, 0.1 x 0.1 x 0.01 cm (Tenant #3 was out of the program from 2-8-22 to 3-18-22).
- On 3-23-22 a new order was received to discontinue the Triad wound paste to the left

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ankle wound. Change it to silicone gel, cover with 2 x 2 bordered and change every three days and as needed if loose or soiled. An order was also received for Triad wound dress paste to be applied topically to the left and right buttock every day and evening shift until healed.

Continued record review revealed a phone order was received dated 3-25-22 to paint Betadine to the left ankle wound, cover with a Mepliex border, change every three days and as needed if loose or soiled.

Progress Notes for April indicated the following:
- On 4-4-22 a new order was received to discontinue Betadine to the left ankle and change to impregnated silver ag, soaked in normal saline. The ankle was to be wrapped in Kerlix and changed twice per week.
- On 4-6-22 a new order was received to cover buttock wound with Mepliex 2 x 2, after the application of hydrogel directly to the wound the on the buttock. It was to be changed twice per week.
- On 4-11-22 a new order was received to discontinue current treatment to the left ankle and change to Medihoney/non-adherent pad and wrap with Kerlix everyday. An order was also received for doxycycline 100 mg tablet, twice daily for 10 days.
- On 4-21-22 a wound update indicated the left lateral malleolus wound was 1.4 x 1.4 x 0.3, there were rolled edges, minimal slough, and the wound bed was "beefy red healthy tissue." The right buttock wound was 1.7 x 1 x 0.2. The left buttock wound was excoriated and there was a telephone order to apply Resinol, twice daily to the left buttock.

Continued record review revealed Tenant #3 was

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A 350	Continued From page 9 discontinued from OT on 1-28-22. The service plan was updated on 3-18-22 and 4-21-22. The service plan reflected Tenant #3 had a history of pressure ulcers that required treatments and antibiotic therapy for infections (date revised 4-21-22). The service plan also reflected history of pressure wounds with current left lateral malleolus and buttock (date initiated 4-19-22). The service plan reflected to report any signs or symptoms of infection or worsening of wound. The service plan also reflected PT/OT. The service plan did not reflect the discontinuation of therapy services despite being discontinued on 1-28-22. It also did not reflect current wounds to the left ankle and buttocks until 4-19-22 and history of antibiotic therapy for infections until 4-21-22. The service plan did not provide additional information related to Tenant #3's wounds or treatment of the wounds. 4. When interviewed on 4-25-22 at 4:35 p.m. the DON confirmed all current service plans for the tenants listed above were provided.	A 350		
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 referrals as appropriate, and to monitor progress relating to previous recommendations at least every 90 days and whenever there are changes	A 430		

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A 430	Continued From page 10 in the tenant's health status; This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to complete nurse reviews related to wound care and treatments for 2 of 2 tenants reviewed with skin wounds (Tenants #1 and #3). Findings follow: 1. Review of Tenant #1's file on 4-21-22 revealed diagnoses included Alzheimer's disease with early onset. Tenant #1 was staged at a six on the Global Deterioration Scale (GDS), which indicated severe cognitive decline. The ALP/ADS/EGH Monitoring Entrance Form reflected Tenant #1 has consistently refusing personal or health related care. When interviewed on 4-21-22 at 10:35 a.m. Staff A said Tenant #1 refused staff assistance with perineal care. Staff applied a cream to his buttocks and he was incontinent of bladder and bowel. Progress Notes indicated the following: - On 2-14-22 it was noted Tenant #1 was agitated during cares and attempted to hit staff. Tenant #1's groin was excoriated and a new order was received for Resinol, twice daily. - On 3-15-22 staff notified the Director of Nursing (DON) of two small open areas on Tenant #1's buttocks and a fax was sent to obtain orders. - On 3-21-22 an order was received for Triad wound dress paste to the buttocks twice daily and as needed. - On 4-21-22 his right glut was 1 x 0.7 x 0.01 centimeters (cm), there was no drainage and the	A 430		

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wound bed was healthy/red. Tenant #1 denied pain to the area. Tenant #1 was encouraged to accept assistance at night to help the wound heal.

There were no additional nurse reviews from the time the wound was noted on 3-15-22 until the most recent nurse's note related to Tenant #1's wound on 4-21-22. Nurse reviews were not completed as needed related to Tenant #1's wound and treatment.

2. Review of Tenant #3's file on 4-25-22 revealed diagnoses included type 2 diabetes mellitus, pressure ulcer left ankle (unstageable), pressure ulcer right buttock (stage 2) and pressure ulcer left buttock (stage 2). Tenant #3 was staged at a three on the GDS, which indicated mild cognitive decline.

Progress Notes indicated the following:
- On 1-21-22 a new order was received to paint Betadine to the left ankle wound, cover with Mepliex border, change every three days and as needed if loose or soiled.
- On 3-18-22 (move-in/return note) it was noted Tenant #3 had three wounds: left lateral malleolus "2/5x2/0.3", right buttock (circular) 0.4 cm x 0.01 cm and left buttock, 0.1 x 0.1 x 0.01 cm (Tenant #3 was out of the program from 2-8-22 to 3-18-22).
- On 3-23-22 a new order was received to discontinue the Triad wound paste to the left ankle wound. Change it to silicone gel, cover with 2 x 2 bordered and change every three days and as needed if loose or soiled. An order was also received for Triad wound dress paste to be applied topically to the left and right buttock every day and evening shift until healed.

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Continued record review revealed a phone order was received dated 3-25-22 to paint Betadine to the left ankle wound, cover with a Mepliex border, change every three days and as needed if loose or soiled.

Progress Notes for April indicated the following:
- On 4-4-22 a new order was received to discontinue Betadine to the left ankle and change to impregnated silver ag, soaked in normal saline. The ankle was to be wrapped in Kerlix and changed twice per week.
- On 4-6-22 a new order was received to cover the buttock wound with Mepliex 2 x 2, after the application of hydrogel directly to the wound. It was to be changed twice per week.
- On 4-11-22 a new order was received to discontinue current treatment to the left ankle and change to Medihoney/non-adherent pad and wrap with Kerlix everyday. An order was also received for doxycycline 100 mg tablet, twice daily for 10 days.
- On 4-21-22 a wound update indicated the left lateral malleolus wound was 1.4 x 1.4 x 0.3, there were rolled edges, minimal slough, and the wound bed was "beefy red healthy tissue." The right buttock wound was 1.7 x 1 x 0.2. The left buttock wound was excoriated and there was a telephone order to apply Resinol, twice daily to the left buttock.

An evaluation was completed on 3-18-22 with Tenant #3's return to the program (out from 2-8-22 to 3-18-22), which indicated the three wounds. A nurse's note/wound update was completed on 4-21-22 which provided measurements of the wounds and a description of the ankle wound. There were no other documented nurse reviews completed related to Tenant #3's three wounds since her return to the

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 _____	04/25/2022

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 430	Continued From page 13 Program to 4-21-22. Nurse reviews were not completed as needed related to Tenant #3's wounds and treatment. 3. When interviewed on 4-25-22 at 4:35 p.m. and 4:55 p.m. the DON confirmed there were no other nurse reviews for Tenant #1 and Tenant #3 related to the wounds.	A 430		

Department of Inspections and Appeals
Attn: Deb Dixon
Lucas State Office Building
321 East 12th Street
Des Moines, Iowa 50319

Dear Ms. Dixon:

On behalf of MeadowView Memory Care Village in Marion, Iowa, I respectfully submit our Plan of Correction for your approval. This response is specific to the recertification report for the onsite visit between 04/20/2022-04/25/2022.

Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider of the truth of the alleged facts or conclusions set forth in the statement of insufficiencies. The Plan of Correction is executed solely because it is required by the provisions of Iowa Law.

Medications

1. Elements detailing how the program will correct each regulatory insufficiency
    - Physician orders will be followed as prescribed for Tenant #2 including documentation on the MAR.
    - Tenant #3 will have medications and/or treatments administered as prescribed by the physician and properly documented on the MAR or TAR.
2. Measures taken to ensure the problem does not recur
    - The Director of Nursing and Nurse Designee will be re-educated on physician orders.
    - The medication manager staff will be re-educated on Medication Administration per physician orders and proper documentation as indicated on the MAR and/or TAR.
3. How the Program Plans to monitor performance to ensure compliance
    - The Director of Nursing and/or Nurse Designee will audit MAR/TAR weekly for accurate documentation and provide immediate education to staff out of compliance.
    - The Director of Nursing and/or Nurse Designee will provide ongoing education regarding physician orders and proper MAR documentation to staff who are certified to administer medications at least annually.
4. The date the regulatory insufficiency will be corrected
    - The regulatory insufficiency will be corrected on or before June 15, 2022.

Service Plans

1. Elements detailing how the program will correct each regulatory insufficiency
    - The service plan for Tenant #1 will be updated to reflect history of refusal of cares including perineal care, jerky body movements, and agitation/combativeness toward staff with cares and provide interventions for staff to utilize. In addition, Tenant #1's service plan will be updated to remove Outside Service Providers PT and OT therapy.

ok 5/20/22

- The service plan for Tenant #2 will be updated to reflect history of verbalizing self-harm or harm to others and what the staff will monitor for and report to the RN. In addition, further information regarding the extent of the aggressive behaviors and interventions for staff to utilize.

2. Measures taken to ensure the problem does not recur
    - The Director of Nursing and Nurse Designee will be re-educated regarding Service Plans and the regulatory requirements contained in Chapter 69.26.
    - Service plans will be developed for each tenant and will be based on the evaluation, individualized for each tenant, updated whenever changes are needed and at least annually in accordance with regulation.
3. How the Program plans to monitor performance to ensure compliance
    - The Director of Nursing and/or Nurse Designee will review the service plans for all tenants receiving personal or health-related cares at least quarterly and when changes are needed.
    - The Director of Nursing and/or Nurse Designee will review the service plans of all tenants at least annually and when changes are needed.
4. The date by which the regulatory insufficiency will be corrected
    - The regulatory insufficiency will be corrected on or before June 15, 2022.

Nurse Reviews

1. Elements detailing how the Program will correct the regulatory insufficiency
    - Nurse reviews will be completed for Tenant #1 and Tenant #3 as necessary including but not limited to wound care and treatments.
    - Nurse reviews will be completed for all tenants as applicable per Chapter 69.27(1).
2. Measures taken to ensure the problem does not recur
    - The Director of Nursing and Nurse Designee will be re-educated on Nurse Reviews per regulation.
3. How the Program plans to monitor performance to ensure compliance
    - The Director of Nursing and/or Nurse Designee will complete a Nurse Review for any tenant who receives personal or health-related cares at least every 90 days.
    - The Director of Nursing and/or Nurse Designee will complete a Nurse Review for any tenant who does not receive personal or health-related cares with any significant change in the tenant's condition.
    - Ongoing chart audits will be completed by the Director of Nursing and/or Nurse Designee at least quarterly.
4. The date by which the regulatory insufficiency will be corrected
    - The regulatory insufficiency will be corrected on or before June 15, 2022.

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

Respectfully submitted,

Morgan Brunscheen