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 |
|---|---|---|---|
| | S0421 | A. BUILDING: _____ B. WING _____ | C 05/02/2022 |

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| A 000 | Initial Comments<br><br>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.<br><br>Number of tenants without cognitive disorder: 36<br>Number of tenants with cognitive disorder: 2<br>Total census of Assisted Living Program: 38<br><br>The investigation of Complaint #98389-C was completed and no regulatory insufficiencies were identified. The recertification visit conducted to determine compliance with certification for an Assisted Living Program was also completed and the following regulatory insufficiencies were cited: | A 000 | | |
| A 150 | 481-67.2(3) Program Policies and Procedures<br><br>67.2(3) The program shall follow the policies and procedures established by the program.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on interview and record review the Program failed to follow its policy and procedure related to the completion of incident reports for 1 of 1 tenants reviewed who voiced a suicidal ideation (Tenant #1). Findings follow:<br><br>Review of the ALP Monitoring Entrance Form on 4-26-22 revealed the Program identified Tenant #1 had a history of suicidal ideation.<br><br>When interviewed on 4-27-22 at 10:24 a.m. Staff A revealed Tenant #1 had voiced a suicidal ideation.<br><br>Review of Tenant #1's file on 4-27-22 revealed | A 150 | The Plan of Correction is attached. | |

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| A 150 | Continued From page 1 | A 150 | | |

diagnoses including dementia and glaucoma. Tenant #1 was staged at a four on the Global Deterioration Scale, which indicated moderate cognitive decline.

Observations (narrative notes) indicated the following:
- On 3-19-22 Tenant #1 paged for staff assistance and staff responded in less than one minute. When staff responded she was observed outside of her apartment with the tenant from across the hall. She asked why staff had not responded when she pushed her pendant and staff assured Tenant #1 she had responded when the page was received. Tenant #1 went into her apartment and started to cry and said her television would not turn off. Staff assisted with turning off her television. Tenant #1 had been trying to shut off her television with her cell phone. Staff showed her the remote control and how to use it. Tenant #1 was tearful and said she could not understand she could not get her cell phone to work. Staff looked at her phone and noted it was charged and working. There were several placed calls to her family over the last hour. She said she not able to reach her family and it did not work. She said "I just want to go home. If i (sic) had a damn gun i (sic) would just shoot myself in the head and end it all. I dont (sic) want to live like this anymore." Tenant #1 cried the entire time. Tenant #1 asked staff to show her the remote again, staff did and she "burst into tears again."
- On 3-19-22 Tenant #1's primary care provider (PCP) was notified of her comments regarding shooting herself if she had a gun and the PCP instructed to send her to the emergency room (ER).
- On 3-19-22 Tenant #1's family was notified and would meet her at the ER.

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| A 150 | Continued From page 2<br><br>- On 3-19-22 paramedics arrived to take Tenant #1 to the hospital. Tenant #1 became upset when paramedics entered her apartment and became "irate" when they told her that her family and PCP said she needed to be checked out. After 15 minutes, the paramedics were able to get Tenant #1 ready to be transported. Tenant #1 swatted at them and yelled "yes someone would want to kill themselves if they had to go through this." Tenant #1 left the building with paramedics.<br>- On 3-20-22 a report was received from the ER nurse stating Tenant #1 had a urinary tract infection (UTI). There were no suicidal ideations when Tenant #1 was in the ER. The nurse reported Tenant #1 was very confused. An order was received for Macrobid and family was contacted to bring her back to the Program.<br><br>Continued record review revealed an incident report was not completed related to the incident that occurred with Tenant #1 on 3-19-22 as noted above.<br><br>Review of the Program's policy and procedure related to the completion of incident reports indicated staff would document unusual accidents and incidents that involved tenants, visitors, staff or other people that occurred at the building or on the grounds. Tenant accidents, incidents and medication errors would be documented using the incident report form.<br><br>When interviewed on 5-2-22 at 3:20 p.m. and approximately 5:40 p.m. the Director of Nursing confirmed an incident report was not completed related to the incident with Tenant #1. | A 150 | | |
| A 140 | 481-69.22(2) Evaluation of Tenant | A 140 | | |

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| A 140 | Continued From page 3<br>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.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on interview and record review the Program failed to complete evaluations within 30 days of taking occupancy for 2 of 3 recently admitted tenants reviewed (Tenants #1 and #4). Findings follow:<br><br>1. Review of Tenant #1's file on 4-27-22 revealed an admission date of 1-31-22. A Cognitive Ability Assessment was completed on 1-10-22, prior to taking occupancy. Health and functional evaluations (30 day evaluations) were completed on 3-2-22; however, a cognitive evaluation was not completed. A cognitive evaluation was not completed within 30 days of taking occupancy.<br><br>2. Review of Tenant #4's file on 4-27-22 revealed an admission date of 12-12-21. A Cognitive Ability Assessment was completed on 12-7-21, prior to taking occupancy. Health and functional evaluations (30 day evaluations) were completed on 1-11-22; however, a cognitive evaluation was not completed until 1-17-22, which was more than 30 days after taking occupancy.<br><br>3. When interviewed on 5-2-22 at 3:20 p.m. and approximately 5:40 p.m. the Director of Nursing confirmed the above finding. | A 140 | | |

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| A 145 | Continued From page 4 | A 145 | | |
| A 145 | 481-69.22(3) Evaluation of Tenant<br><br>69.22(3) Evaluation annually and with significant change. A program shall 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, a human service professional, or a licensed practical nurse via nurse delegation when the tenant has not exhibited a significant change. A licensed practical nurse shall not complete the evaluation when the tenant has exhibited a significant change.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on interview and record review the Program failed to complete evaluations annually or as needed for 2 of 4 tenants reviewed (Tenants #1 and #2). Findings follow:<br><br>1. Review of Tenant #1's file on 4-27-22 revealed diagnoses including dementia and glaucoma. Tenant #1 was staged at a four on the Global Deterioration Scale, which indicated moderate cognitive decline.<br><br>A review of Observations (narrative notes) revealed on 3-19-22 Tenant #1 paged for assistance with turning her television off. While staff was in her apartment the tenant cried and stated she could not get her cell phone to work. As staff helped her the tenant stated she just wanted to go home. She also stated if she had a gun she would shoot herself in the head as she didn't want to live like this anymore. The tenant's primary care provider (PCP) was notified and | A 145 | | |

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| A 145 | Continued From page 5<br>instructed staff to send her to the emergency room (ER). Paramedics transported the tenant to the ER. On 3/20/22 a report was received from the ER stating the tenant had a urinary tract infection (UTI). Macrobid was ordered to treat the UTI. The tenant displayed no suicidal ideations in the ER but was very confused. She returned to the Program on 3/20/22. Evaluations following this significant change could not be located.<br><br>2. Review of Tenant #2's file on 4-27-22 revealed health and functional evaluations (annual) were completed on 3-21-22. The most recent cognitive evaluation provided was dated 4-2-21. A cognitive evaluation was not completed annually.<br><br>3. When interviewed on 5-2-22 at 3:20 p.m. and approximately 5:40 p.m. the Director of Nursing confirmed the above finding. | A 145 | | |
| A 350 | 481-69.26(1) Service Plans<br><br>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.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on interview and record review the Program failed to update service plans as needed for 4 of 4 tenants reviewed (Tenants #1, #2, #3 and #4). Findings follow:<br><br>1. Review of Tenant #1's file on 4-27-22 revealed | A 350 | | |

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| A 350 | Continued From page 6 | A 350 | | |

diagnoses including dementia and glaucoma. Tenant #1 was staged at a four on the Global Deterioration Scale, which indicated moderate cognitive decline.

A review of Observations (narrative notes) revealed on 3-19-22 Tenant #1 paged for assistance with turning her television off. While staff was in her apartment the tenant cried and stated she could not get her cell phone to work. As staff helped her the tenant stated she just wanted to go home. She also stated if she had a gun she would shoot herself in the head as she didn't want to live like this anymore. The tenant's primary care provider (PCP) was notified and instructed staff to send her to the emergency room (ER). Paramedics transported the tenant to the ER. On 3/20/22 a report was received from the ER stating the tenant had a urinary tract infection (UTI). Macrobid was ordered to treat the UTI. The tenant displayed no suicidal ideations in the ER but was very confused. She returned to the Program on 3-20-22. The tenant's service plan was updated on 3-21-22 to reflect the diagnosis of a UTI and antibiotic therapy. It was also updated on 3-28-22 to reflect the completion of the antibiotic. The service plan was not updated to reflect Tenant #1's self-harm statement or interventions.

2. Review of Tenant #2's file on 4-27-22 revealed the April 2022 medication administration records (MARs) reflected staff documented the completion of applying and removing Tenant #2's compression hose at 7:00 a.m. and 7:00 p.m. The MARs also reflected an order for Eliquis 2.5 milligram twice daily.

Tenant #2's service plan dated 3-21-22 reflected Tenant #2 wore compression hose and was

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| A 350 | Continued From page 7 | A 350 | | |

independent with the task. The service plan did not reflect staff assistance with the task. The service plan also reflected staff administered Tenant #2's medications; however, did not reflect the anti-coagulant medication and directives to staff related to the medication.

3. Review of Tenant #3's file on 4-27-22 revealed Observations (narrative notes) indicated the following:
- On 4-1-22 an order was received for physical therapy (PT) and occupational therapy (OT). An order was received for lymphedema therapy. The PCP indicated to complete PT/OT first and then lymphedema therapy after PT/OT.
- On 4-9-22 staff brought Tenant #3's meal to her apartment. Tenant #3 would not lean forward to move her walker close to her and "ordered" staff to move it for her. She had also been calling staff to come up and turn off lights for her. Tenant #3 was reminded that she needed to get up and move to help her mobility.
- On 4-10-22 it was noted Tenant #3 pressed her pendant and asked staff to turn down the heat.
- On 4-13-22 it was noted Tenant #3 had used her pendant four times to request staff to change the temperature.
- On 4-17-22 it was noted Tenant #3 did not want to come out for the meal so it was brought to her apartment. Tenant #3 told staff to move her walker in front of her even though the walker was next to her and within reach. Tenant #3 also declined to be weighed that afternoon.

Tenant #3's service plan dated 4-1-22 did not reflect the orders for PT/OT and the lymphedema therapy. The service plan also did not reflect Tenant #3 did not come down for meals at times or her requests of staff for non-care related tasks as noted above.

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| A 350 | Continued From page 8<br><br>4. Review of Tenant #4's file on 4-27-22 revealed Observations (narrative notes) indicated the following:<br>- On 1-6-22 it was noted Tenant #4 was walking with PT.<br>- On 1-11-22 an order for OT was received. A copy was sent to PT staff.<br><br>Tenant #4's service plan dated 1-11-22 reflected an update on 2-7-22 indicating Tenant #4 started with PT services. The service plan did not reflect OT services.<br><br>5. When interviewed on 5-2-22 at 3:20 p.m. and approximately 5:40 p.m. the Director of Nursing confirmed the above findings. | A 350 | | |
| A 385 | 481-69.26(3)d Service Plans<br><br>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.<br><br>d. The service plan updated within 30 days of the tenant's occupancy shall be signed and dated by all parties.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on interview and record review the Program failed to have the service plan updated within 30 days signed and dated by all parties for 1 of 2 tenants reviewed admitted in 2022 (Tenant #1). Findings follow: | A 385 | | |

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| A 385 | Continued From page 9<br><br>Review of Tenant #1's file on 4-27-22 revealed an admission date of 1-31-22. Her service plan was updated on 3-2-22 and was signed by the Assistant Director of Nursing, a licensed practical nurse, on 3-2-22. The service plan updated on 3-2-22 (30 day service plan) was not signed by Tenant #1 or Tenant #1's legal representative.<br><br>When interviewed on 5-2-22 at 3:20 p.m. and approximately 5:40 p.m. the Director of Nursing confirmed the above finding. | A 385 | | |
| A 390 | 481-69.26(3)e Service Plans<br><br>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.<br><br>e. The service plan shall be reviewed, updated if necessary, and signed and dated by all parties at least annually.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on interview and record review the Program failed to have the updated service plan signed and dated by all parties at least annually for 1 of 1 tenants reviewed due for an annual service plan review (Tenant #2). Findings follow:<br><br>Review of Tenant #2's file on 4-27-22 revealed a service plan was updated on 3-21-22 (annual) and was signed by the Assistant Director of Nursing, a licensed practical nurse, on 3-21-22. The service plan updated on 3-21-22 was not signed by Tenant #2 or Tenant #2's legal representative. | A 390 | | |

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| A 390 | Continued From page 10<br><br>When interviewed on 5-2-22 at 3:20 p.m. and approximately 5:40 p.m. the Director of Nursing confirmed the above finding. | A 390 | | |
| A 710 | 481-69.35(1)b Structural Requirements<br><br>69.35(1) General requirements.<br><br>b. The buildings and grounds shall be well-maintained, clean, safe and sanitary.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, interview and record review the Program failed to have well-maintained grounds potentially affecting all tenants (census of 38). Findings follow:<br><br>1. When observed from 4-26-22 to 4-28-22 the sidewalk and parking lot of the building needed concrete repairs in multiple areas. The areas in need of repair in the parking lot were significant in terms of diameter and depth. The sidewalk had multiple areas that needed repair including missing/crumbling/loose concrete. The areas in the parking lot and sidewalk were a potential safety hazard for the tenants who traveled on the surfaces.<br><br>2. A community meeting was held on 4-27-22 at 2:30 p.m. with 12 tenants. Approximately 5 to 7 of the tenants who attended wanted repairs made to the concrete, including the sidewalk. One tenant said when she was on the sidewalk she had to pick up her walker to get over one of the spots that needed repaired. | A 710 | | |

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| A 710 | Continued From page 11<br><br>3. When interviewed on 4-27-22 at 10:24 a.m. Staff A said the parking lot and sidewalk had gotten worse over the winter. One tenant fell outside during a fire alarm.<br><br>When interviewed on 5-2-22 at 3:20 p.m. the Director of Nursing said the concrete had been that way since she started in July. She said the tenants were aware of the issues with the concrete and had brought up concerns. She said the Executive Director had received a bid for the concrete work; however the bid was not followed through.<br><br>When interviewed on 5-20-22 at 4:40 p.m. the Executive Director said she received a bid for the concrete (dated 7-5-21). The company said they would be out by November (2021) and then by December (2021). She contacted the company again last week. She also contacted two other concrete companies, one of which put them on the list for the fall.<br><br>4. Record review of a concrete bid dated 7-5-21, indicated the scope of work was to replace approximately 10 small patches and 9 bigger patches, with the drain as the largest. The measurement indicated 12 x 13 (drain).<br><br>5. Review of incident reports on 4-26-22 indicated on 4-3-22 at 1:15 p.m. during a fire drill Tenant #5 was outside visiting with other tenants. She tried to stand up, her walker titled and she fell on her right hip and struck her head on the sidewalk. Staff responded to help the other staff assist Tenant #5 to her apartment. Staff found an "egg" on her head and she voiced complaints of hip pain. | A 710 | | |

Pennsylvania Place
*Ottumwa's Premier Retirement Community*

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 Pennsylvania Place Assisted Living in Ottumwa, Iowa, I respectfully submit our Plan of Correction for your approval. This response is specific to the recertification report for the onsite visit between 04/26/22-5/2/22.

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.

**Program Policies and Procedures**

1. Elements detailing how the program will correct each regulatory insufficiency
    - Tenant #2 will have incident reports completed for all accidents, incidents, and unusual occurrences per policy.
2. Measures taken to ensure the problem does not recur
    - Staff will be re-educated on completing incident reports for any accident, incident, or unusual occurrences per policy.
3. How the Program Plans to monitor performance to ensure compliance
    - The Executive Director, Director of Nursing, and/or Nurse Designee will provide ongoing education to staff at least annually on the accident, incident, and medication error reporting policy.
    - At the time the Executive Director, Director of Nursing, and/or Nurse Designee become aware of any accident, incident, or unusual occurrence, they will ensure staff complete an incident report per the policy.
4. The date by which the regulatory insufficiency will be corrected
    - The regulatory insufficiency will be corrected on or before June 16, 2022

ok 6/3/22

**Evaluation of Tenant**

1. Elements detailing how the Program will correct each regulatory insufficiency
    - A health, functional, and cognitive evaluation of the tenant will be completed within 30 days of the tenant taking occupancy.
2. Measures taken to ensure the problem does not recur
    - The Director of Nursing and/or RN Designee will be re-educated on regulatory requirements regarding evaluations to include health, functional, and cognitive evaluation within 30 days of occupancy.
3. How the Program plans to monitor performance to ensure compliance
    - The Director of Nursing and/or Designee will perform ongoing internal audits of tenant charts will be completed at least quarterly to ensure compliance of tenant evaluations.
4. The date by which the regulatory insufficiency will be corrected
    - The regulatory insufficiency will be corrected on or before June 16, 2022.

**Evaluation of Tenant**

1. Elements detailing how the Program will correct each regulatory insufficiency
    - Tenant #1 and Tenant #4 will have a health, functional, and cognitive evaluation of the tenant will be completed as needed with significant change, but not less than annually.
2. Measures taken to ensure the problem does not recur
    - The Director of Nursing and/or RN Designee will be re-educated on regulatory requirements regarding evaluations to be completed annually or as needed with significant change.
3. How the Program plans to monitor performance to ensure compliance
    - The Director of Nursing and/or RN Designee will perform ongoing internal audits of tenant charts will be completed at least quarterly to ensure compliance of tenant evaluations.
4. The date by which the regulatory insufficiency will be corrected
    - The regulatory insufficiency will be corrected on or before June 16, 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 self-harm statements and interventions of what the staff will monitor for and report to the RN.
    - The service plan for Tenant #2 will be updated to reflect that staff assists tenant with applying and removing compression hose. In addition, the service plan will be updated for tenant #2 to reflect that tenant is taking a blood thinner as well as interventions of what staff will monitor for related to risk of bleeding to report to the nurse.
    - Tenant #3 service plan will be updated as needed including but not limited to outside providers such as PT/OT, the request by tenant to eat some meals in her apartment, and that tenant has history of asking staff to perform non-health related tasks.

- Tenant #4 service plan will be updated as needed to include outside providers such as PT/OT.

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
    a. 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.
    b. 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
    a. The regulatory insufficiency will be corrected on or before June 16, 2022

**Service Plans**

1. Elements detailing how the Program will correct each regulatory insufficiency
    - The service plan for Tenant #1 will be signed by tenant, Director of Nursing and/or designee, and Tenant #1 legal representative (if applicable).
2. Measures taken to ensure problem does not occur
    - The Director of Nursing and Nurse Designee will be re-educated regarding Service Plans and the regulatory requirements contained in Chapter 69.26(3)d.
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 to assure required signatures are obtained in accordance with regulation
4. The date by which the regulatory insufficiency will be corrected
    - The regulatory insufficiency will be corrected on or before June 16, 2022

**Service Plans**

1. Elements detailing how the Program will correct each regulatory insufficiency
    - The service plan for Tenant #2 will be signed by tenant, Director of Nursing and/or designee, and Tenant #1 legal representative (if applicable).
2. Measures taken to ensure problem does not occur
    - The Director of Nursing and/or Nurse Designee will be re-educated regarding Service Plans and the regulatory requirements contained in Chapter 69.26(3)e.
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 to assure required signatures are obtained in accordance with regulation

4. The date by which the regulatory insufficiency will be corrected
    - The regulatory insufficiency will be corrected on or before June 16, 2022

**Structural Requirements**

1. Elements detailing how the Program will correct each regulatory insufficiency
    - The sidewalk and parking lot repairs have been completed as of 5/23/22.
2. Measures taken to ensure the problem does not recur
    - The Executive Director/Maintenance Supervisor have been re-educated on the structural items being repaired in a timely manner.
3. How the Program plans to monitor performance to ensure compliance
    - The Executive Director/Maintenance Supervisor or designee will review the building and grounds monthly to maintain a clean and safe environment.
4. The date by which the regulatory insufficiency will be corrected
    - The regulatory insufficiency will be corrected on or before May 23, 2022.

Pennsylvania Place
*Ottumwa's Premier Retirement Community*

June 3, 2022

Deb Dixon
c/o DIA

Hi Deb:

Upon further review of our sidewalk situation for Assisted Living, the cement company is still planning to return to do further, enhanced cement repairs. The parking lot is finished – but we're still awaiting all sidewalk repairs to be completed to meet our satisfaction. Please accept this Amended Plan of Correction. Thank you!

**Structural Requirements**

1. Elements detailing how the Program will correct each regulatory insufficiency
    - The parking lot repairs have been completed as of 5/23/22.
    - The sidewalk area will be patched until permanent repairs are made.
2. Measures taken to ensure the problem does not recur
    - The Executive Director/Maintenance Supervisor have been re-educated on the structural items being repaired in a timely manner.
3. How the Program plans to monitor performance to ensure compliance
    - The Executive Director/Maintenance Supervisor or designee will review the building and grounds monthly to maintain a clean and safe environment.
4. The date by which the regulatory insufficiency will be corrected
    - The regulatory insufficiency will be corrected on or before June 16, 2022.