ok 4/2/20

PRINTED: 04/10/2020
FORM APPROVED

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
	S0423	A. BUILDING: _____ B. WING _____	C 01/30/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAND MEADOWS ASSISTED LIVING	5300 GRAND MEADOW DRIVE ASBURY, IA 52002

(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 are defined by the type of population served. The census numbers were provided by the Program at the time of the on-site. Number of tenants without cognitive disorder: 11 Number of tenants with cognitive disorder: 0 TOTAL census of Assisted Living Program: 11 The following regulatory insufficiencies were cited during the initial certification visit conducted to determine if the program is in substantial compliance with certification requirements for an Assisted Living Program - ALP.	A 000	POC 4/20/20	
A 083	481-69.26(1) Service Plans 481-69.26(231C) 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 consistently develop service plans based on identified tenant needs. This pertained to 1 of 2 tenants reviewed (Tenatn #1). Finding follows:	A 083	See attached. V 5/1/20	

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Kate Woosley — TITLE: Director — (X6) DATE: 04/15/2020

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A 083	Continued From page 1 Record review on 1/29/20 revealed Tenant #1's service plan dated 11/4/19 indicated Tenant #1 would be free from behaviors which presented a safety or dignity issue. Her service plan noted Tenant #1 required minimal assistance with resolving conflicts and had occasional inappropriate reaction to stress. A review of Interdisciplinary Notes revealed on 11/16/19, Tenant #1 received staff assistance for bed and became angry and hit staff. On 11/21/19, Tenant #1 refused to allow staff to help her with her evening cares and grabbed a staff member's arm really hard and shoved her away. Tenant #1 started yelling and pushing things on 11/28/19 in the common living space because she was upset a neighbor had the remote to the television. On 12/11/19, Tenant #1 met with a representative from an agency providing speech therapy about beginning this service. An order was sent to her physician and POA to start the therapy. Tenant #1 grabbed staff by their wrists and swatted at them at bedtime on 12/31/19. The Program and POA were notified on 1/27/20 speech therapy would be ending for Tenant #1 on 1/31/20. When interviewed on 1/28/20 at 2:25 p.m. Staff A reported Tenant #1 had a preference for certain staff members. If different staff members put her to bed, she would yell or hit them. Staff A said two of three times she put Tenant #1 to bed, Tenant #1 had yelled and hit her. When interviewed on 1/28/20 at 11:20 a.m. Staff	A 083		

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A 083	Continued From page 2 B reported Tenant #1 would grab at her wrists, kick or hit when she tried to put Tenant #1 to bed. She stated this happed a few nights a week. When interviewed on 1/29/20 at 4:20 p.m., the Director of Nursing (DON) stated Tenant #1 would swat at staff if she did not know a person or if she was in a mood but stated she did not punch at staff. She confirmed neither the physical aggression nor speech therapy were identified on the Service Plan.	A 083		
A 091	481-69.26(4)c Service Plans 481-69.26(231C) Service plans. 69.26(4) The service plan shall be individualized and shall indicate, at a minimum: c. The service provider(s), if other than the program, including but not limited to providers of hospice care, home health care, occupational therapy, and physical therapy This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to identify service providers on tenants' service plans for 2 of 2 tenants (Tenant #1 and Tenant #2). Findings follow: 1) Record review on 1/29/20 revealed Interdisciplinary Notes dated 12/12/19 included a signed order for speech therapy was received on that dated. A note dated 1/27/20 indicated 1/31/20 would be Tenant #1's last day of speech therapy. Tenant #1's service plan dated 11/4/19 failed to	A 091	See attached.	

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A 091	Continued From page 3 include Tenant #1 received speech therapy services and failed to identify the speech therapy provider. 2) Record review revealed Tenant #2's interdisciplinary note dated 11/29/19 indicated a hospice provider was at the program on that date for Tenant #2. Tenant #2's Assisted Living Level of Care Assessment dated 1/28/20 indicated she received hospice services due to a history of multiple myloma. Tenant #2's service plan dated 12/1/19 indicated home health was not needed. Tenant #2's hospice service and provider were not identified. Tenant #2's service plan dated 1/28/20 noted she required the services of a home health agency but did not identify the type of service she required or the name of the agency. The Administrator confirmed these findings on 1/29/20 at 3:50p.m.	A 091		

LUTHERMANOR
COMMUNITIES

HILLCREST CAMPUS
Care Center:
3131 Hillcrest Road, Dubuque, IA 52001
p:563.588.1413 | F:563.588.3875

Apartments:
3129 Hillcrest Road, Dubuque, IA 52001
p:563.588.1413 | F:563.588.3875

ASBURY CAMPUS
Assisted Living & Care Center:
5300 Grand Meadow Drive, Asbury, IA 52002
p:563.690.7150 | F:563.690.9348

The Residences:
5284 Grand Meadow Drive, Asbury, IA 52002
p:563.557.7662 | F:563.690.9348

5/1/20

LUTHER MANOR COMMUNITIES – GRAND MEADOWS ASSISTED LIVING PLAN OF CORRECTION

Please accept this as credible allegation of compliance for Luther Manor Communities – Grand Meadows Assisted Living.

A 083 481-69.26 (231C) SERVICE PLANS

On tenant #1, and all similarly situated residents, the program will develop service plans based on the evaluations conducted in accordance with sub-rules 69.22(1) and 69.22(2). The Policy and Procedure for Service Plans as submitted under Section G of the ALP application, was reviewed with the Program Director and Director of Nursing at a meeting on April 14, 2020. The Director of Nursing and/or designee will consistently design service plans based on identified tenant needs. The Program Director and/or designee will contact the Director of Nursing when a significant change has occurred.

The Director of Nursing and/or designee will conduct Nurse Reviews after 30 days from admission and every 90 days thereafter. The Nurse Review will include a Health, Functional, and Cognitive assessment. Upon completion of the Nurse Review, the service plan will be updated to reflect any changes and to ensure the service plans are appropriate and confirm the resident continues to meet the guidelines for Assisted Living level of care. The findings will be reported to the Program Director and communicated with the tenant and/or responsible party to obtain signatures for changes to the service plan when they occur.

The Director of Nursing and/or designee will conduct monthly audits in a Nurse Review and after three months, if no issues are noted, 90 day Nurse Reviews will be conducted to ensure orders are documented and being implemented. The findings will be reported to the Program Director and communicated to the tenant and/or responsible party to obtain signatures for changes on the service plan.

Completion Date: April 20, 2020

A 091 481.69.26 4(C) SERVICE PLANS

On tenant #1 and #2, and all similarly situated residents, the program will develop individualized service plans, including but not limited to providers of hospice care, home health care, occupational therapy, and physical therapy. The Policy and Procedure for Service Plans as submitted under Section G of the ALP application, was reviewed with the Program Director and Director of Nursing at a meeting on April 14, 2020. The Director of Nursing and/or designee will ensure physician orders are documented and implemented by the respective health care provider for services of physical, occupational and speech therapy; and hospice.

The Director of Nursing and/or designee will conduct Nurse Reviews after 30 days from admission and every 90 days thereafter. The Nurse Review will include a Health, Functional, and Cognitive assessment. Upon completion of the Nurse Review, the service plan will be updated to reflect any changes and to ensure the service plans are appropriate and confirm the resident continues to meet the guidelines for Assisted Living level of care. The findings will be reported to the Program Director and communicated with the tenant and/or responsible party to obtain signatures for changes to the service plan when they occur.

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Completion Date: April 20, 2020