DEPARTMENT OF INSPECTIONS AND APPEALS ok

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0443	A. BUILDING: _____ B. WING _____	C 03/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAND LIVING AT TOWER PLACE MC	540 S 51ST STREET WEST DES MOINES, IA 50265

(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: 3 Number of tenants with cognitive impairment: 21 Total census: 24 The following regulatory insufficiencies were cited during the investigation of Complaints #107887-C and #108037-C:	A 000	POC 7/6/23	
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 observations, interview and record review the Program failed to consistently administer medications as ordered by the physician. This affected 1 of 2 former tenants (Tenant C1). Finding follows:	A 285	In accordance with regulation 481-67.5(2)f(4) 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. Plan Of Correction: Medications to be reviewed weekly by Nurse using medication dashboard to ensure medications are administered and documented on correctly. .	

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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A 285	Continued From page 1 Record review on 3/15/23 revealed Tenant C1's service plan signed 7/25/22, documented the Program assumed responsibility to administer Tenant C1's medications per physician's orders. Further record review revealed Tenant C1's medication administration record (MAR) and medication passing detail. Staff documented "missed" on the following medications and dates according to the medication passing detail: a. Donepezil 10 mg at bedtime on 7/25/22, 7/29/22, 8/8/22, 9/18/22 and 9/24/22 b. Menantine HC 28 mg at 8:00 p.m. on 7/26/22, 7/28/22, 7/29/22, 8/4/22, 8/5/22, 8/8/22, 8/9/22, 8/11/22, 9/18/22, 9/24/22. Continued review revealed no notation by staff to document the reason staff failed to administer the medication other than missed. Additional record review on 3/15/23 revealed Staff J's initials recorded on 8/3/22 8:00 a.m. for Tenant C1's Aspirin Low 81 mg, Menantine 28 mg and Thera-M. When interviewed on 3/16/23 the Health and Wellness Coordinator explained Staff I must have administered the medication and Staff J must have forgot to sign out of the Program's documentation system so it recorded her initials. When interviewed on 3/15/23 at 1:15 p.m. the Health and Wellness Coordinator said staff documented missed when a tenant was out with family. When asked where this would be noted she explained her and the other nurses monitored the medications and this was how they knew tenants were out with family. Further review revealed staff also noted on the medication passing detail LOA (Leave of Absence). When asked why staff wouldn't use LOA if tenants were	A 285	Continued from page 1 Medications managers and medication aids have been given access and training to the medication's dashboard on 7/6/23 to ensure all medications have been administered for the shift and documented correctly. Medication managers and medications aids have been trained in proper documentation. On-going education and trainings to continue on a quarterly basis starting 8/2023	

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A 285	Continued From page 2 out with family the Health and Wellness Coordinator said staff do not always mark the right description. According to the six rights of medication administration "right documentation" is required of staff who administered medications. During the exit on 3/16/23 at 11:00 a.m. the Health and Wellness Coordinator confirmed standard practice for medication administration included right documentation.	A 285		
A 400	481-67.19(3) Record Checks 67.19(3) Requirements for employer prior to employing an individual. Prior to employment of a person in a program, the program shall request that the department of public safety perform a criminal history check and the department of human services perform child and dependent adult abuse record checks of the person in this state. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to consistently ensure staffing agencies completed criminal history and background checks with the required departments. This pertained to 1 of 2 Agency Staff (AS) E and potentially affected 24 of 24 tenants (Tenants #1-#24). Finding follows: Record review on 3/21/23 revealed AS E worked on 10/20/22. Further review revealed the agency failed to request the department of public safety and human services perform required checks. When interviewed on 3/21/23 at 11:15 a.m. the Health and Wellness Director confirmed she provided all the information the agency provided	A 400	In accordance with regulation 481-67.19(3) Record Checks 67.19(3) Requirements for employer prior to employing an individual. Prior to employment of a person in a program, the program shall request that the department of public safety perform a criminal history check and the department of human services perform child and dependent adult abuse record checks of the person in this state. Plan Of Correction The community no longer uses agencies. If an agency is needed, the nurse would ensure and obtain a copy of the mandatory record check for each employee to keep on file prior to agency staff working in community. Employee files will be audited quarterly by the business office manager to ensure all background checks have been completed and maintained in the file. DON to ensure background checks are obtained prior to the agency working in the community and given to the business office manager to keep on file.	

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A 400	Continued From page 3 her for AS E.	A 400	An audit was completed 6/30/23 and all files are up to date and all background checks completed.	
A 395	481-69.26(4)a 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 consistently ensure service plans included tenants identified needs and preferences for assistance. This pertained to 1 of 2 former tenants (Tenant C4). Finding follows: During an interview on 2/28/22 the interviewee said concerns were brought to the Program's attention regarding lack of activities. The concerns included operation of the tenant's television. According to the interviewee the Program had been asked to make sure Tenant C4's television remained on due to cognitive impairment and difficultly understanding the television system at the Program. The interviewee also mentioned many requests to have the tenant's shoes removed before bed time. Record review on 3/16/23 revealed Tenant C4's service plan. The service plan lacked information regarding Tenant C1's difficulty with the television and reminders to the tenant to remove his shoes at night. According to the interviewee lack of activities led to repeated calls when the staff could not assist the tenant with the television and	A 395	In accordance with regulation 481-69(4)a Service Plans 69.26(4) The service plan shall be individualized and shall indicate, at minimum: a. The tenant's identified needs and preferences for assistance Nurse to continually update all resident's service plans to include each resident's individualized needs and preferences by having monthly meetings with Luminations Director. Nurse to review SP with Luminations director during those meetings to ensure that it is accurate for each resident's preferences and identified needs. All services plans have been reviewed at this time and are accurate for each resident and families' preferences.	

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A 395	Continued From page 4 deterioration of the tenant's functioning. When interviewed on 3/15/23 at 12:33 p.m. the Director of Facets confirmed staff should assist tenants with activities of daily living.	A 395		
A 525	481-69.29(3) Staffing 69.29(3) The owner or management corporation of the program is responsible for ensuring that all personnel employed by or contracting with the program receive training appropriate to assigned tasks and target population. This REQUIREMENT is not met as evidenced by: Based on interviews and record review the Program failed to consistently ensure all personnel, including agency/contract staff, were appropriately trained to meet tenant needs. This pertained to 2 of 2 agency/contract staff reviewed and potentially affected 24 of 24 tenants. Finding follows: Record review on 3/15/23 failed to reveal training documentation for Agency Staff (AS) AS D and AS E. Further record review on 3/21/22 failed to reveal Staff E's required training documentation for dependent adult abuse, food safety/sanitation and dementia-specific training. When interviewed on 3/15/23 at 11:15 a.m. the Director of Health and Wellness confirmed the Program did not provide agency staff with tenant/Program specific training.	A 525	In accordance with regulation 481-69.29(3) Staffing Community no longer using agency. In the event agency is needed, all documentation of training and orientation provided will be obtained and kept on file prior to employee working in community. Employee files will be audited quarterly by the business office manager to ensure all documentation of required training has been completed and maintained in the file. DON to ensure required training has been completed and obtained prior to the agency working in the community. Documentation will be given to the business office manager to keep on file. All files were audited by Business office manager in 5/23 and are up to date. All files will be audited quarterly starting 8/1/2023 by business office manager, ED and DON to ensure all required training are up to date. A Binder is now kept on the 2nd floor nurses station with all specific training provided by Grand Living for agency to review and sign off on prior to starting their 1st shift.	

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A 525	Continued From page 5 During an additional interview on 3/21/23 the Director of Health and Wellness confirmed the agency could not provide any additional training documentation for Staff E.	A 525		
A 685	481-69.34(1) Activities 69.34(1) The program shall provide appropriate activities for each tenant. Activities shall reflect individual differences in age, health status, sensory deficits, lifestyle, ethnic and cultural beliefs, religious beliefs, values, experiences, needs, interests, abilities and skills by providing opportunities for a variety of types and levels of involvement. This REQUIREMENT is not met as evidenced by: Based on observations, interview and record review the Program failed to provide and encourage tenants to participate in activities. This potentially affected 13 of 13 tenants who resided in the Monarch area of the Program. Finding follows: Intermittent observations on 3/13/23 from 4:25 p.m. - 5:32 p.m. revealed at 4:30 p.m. three staff sat at tables, and visited among themselves, in Monarch dining room. At 5:28 p.m. two female tenants slept in front of the television. At 5:32 p.m. observations revealed two staff on cell phones. Intermittent observations on 3/14/23 from 1:33 p.m. to 2:47 p.m. revealed at 1:33 p.m. three staff sat at a small table with a puzzle on it with one tenant. Tenant #3 laid on the couch near the television. At 2:02 p.m. a female tenant pointed out to staff another tenant had bowel movement	A 685	In accordance to regulation 481-69.34(1) Activities Community has hired a Luminations Director and facets assistant to ensure that activities are being offered as outline on calendar. Luminations Director is overseeing to ensure that staff are assisting with encouraging and engaging residents in purposeful and meaningful activities. Luminations Director obtains each resident's individualized interests and then they are added to each residents service plan.	

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A 685	Continued From page 6	A 685		

on the back of her pants. After changing clothes, the tenant returned to the table where a staff member ate crackers. Tenant #3 continued to lay on the couch. At 2:47 p.m. six tenants sat in the area with no activities or encouragement to participate in any activities.

Intermittent observations on 3/15/23 from 11:10 a.m. to 12:26 p.m. revealed three staff sat at a table with one tenant. Two staff enthusiastically chatted with each other while the tenant sat at the table with no interest in the puzzle. Another tenant sat at the table next to them asleep in her wheelchair. Staff failed to acknowledge the tenants as they carried on a conversation. At 12:25 p.m. two female staff carried on a conversation amongst themselves and Tenant #3 continue to lay on the couch.

Record review on 3/16/23 revealed the Program's Activity Calendar for March. According to the calendar the following activities were scheduled:
a. On 3/13/23- Magazine exploration at 4:00 p.m.
b. On 3/14/23 -Walking club at 1:00 p.m. and Devotions and Rosary at 2:00 p.m.
c. On 3/15/23 - Daily news and hydration at 10:30 a.m.

Further record review on 3/15/23 revealed Staff F's Grand Living Corrective Action Form for Verbal Connection subject policy/procedure violation dated 1/13/23, indicated Staff F failed to assist the Director of Facets (activities) to move and position tenants for an activity. Staff F claimed she was too tired and said the Director of Facets wasn't her manager. When asked by her supervisor to assist she refused again.

Record review on 3/15/23 revealed the Program's therapeutic programming policy. The Program's

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A 685	Continued From page 7 policy suggested staff find opportunities for tenants to participate therapeutic activities including activities of daily living, housekeeping, meal preparation, family visits, religious events, holiday celebrations, social outings, educational or entertainment activities, and fitness and wellness activities. The Program's policy indicated participation was therapeutic for tenants with dementia. According to the policy unless tenants were sleeping or resting, he or she should be involved in therapeutic programming. Therapeutic programming focused on the things a tenant could do and improved their quality of life. When interviewed on 3/15/23 at 12:33 p.m. the Director of Facets (activities) acknowledged Program staff should try to engage tenants in meaningful/purposeful activities.	A 685		