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
	S0450	A. BUILDING: _____ B. WING _____	C 04/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDENCREST AT THE TUSCANY MC	1600 8TH STREET SE ALTOONA, IA 50009

(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 Assited 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 onsite review. Memory Care Number of tenants without cognitive disorders: 1 Number of tenants with cognitive disorders: 13 Total: 14 The following regulatory insufficiency was cited during the investigation of complaint #103845.	A 000		
A 160	481-67.3(2) Tenant Rights 481-67.3 Tenant rights. All tenants have the following rights: 67.3(2) To receive care, treatment and services which are adequate and appropriate. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record reviewed the Program failed to provide adequate and appropriate care and services to 1 of 1 tenants reviewed (Tenant #1). Findings follow: Record review of Tenant #1's file revealed she was admitted on 4/4/22 and had a diagnosis of Alzheimer's disease. The service plan dated 4/4/22 noted she ambulated independently without an assistive device and had a history of falls.	A 160		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0450	A. BUILDING: _____ B. WING _____	C 04/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDENCREST AT THE TUSCANY MC	1600 8TH STREET SE ALTOONA, IA 50009

(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 160	Continued From page 1	A 160		

Review of Incident Report dated 4/6/22 documented Tenant #1 reported to staff she fell out of bed. It noted a cut on right side of her head and was bleeding a little. She was alert and talking to staff but refused vitals and assessment for injuries. She was transported to the emergency room due to complaints of her head hurting and a laceration.

An observation of Tenant #1's apartment revealed small blood spots on the carpet and a small amount of blood smeared on the bottom edge of the molding in the tenant's closet.

The program's policy on accidents and emergency response indicated if the nurse is not present and there is evidence of a head injury such as laceration, abrasion, bump on the face, neck or scalp, staff will notify the community nurse of the situation. An evaluation at the ER or Urgent care is recommended. The family shall be notified of the situation by the nurse or staff as designated by the nurse.

When interviewed on 4/19/22 the Nurse Practitioner (NP), who treated tenant #1 at the ER on 4/7/22, confirmed Tenant #1 had three different wounds on her head. Two on her scalp and one on her lip. The NP reported ten to twelve staples were needed to close the tenant's wounds.

When interviewed on 4/12/22 Staff A stated on 4/7/22 at approximately 5:00 a.m., Tenant #1 approached her and said, "Oh I fell!" Staff A walked with Tenant #1 to her room and changed her clothes because there was a little blood on her shirt. She reported there was not much bleeding and Tenant #1 refused to let her look at her stating, "Oh no I am OK." She stated she

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0450	A. BUILDING: _____ B. WING _____	C 04/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDENCREST AT THE TUSCANY MC	1600 8TH STREET SE ALTOONA, IA 50009

(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 160	Continued From page 2	A 160		

called the on-call RN sometime after 5:00 a.m. to report the fall and there was no answer. She did not believe the wound was serious and made no additional attempts to contact the RN or the Administrator. She reported to the oncoming staff about the fall and admitted she left immediately.

When interviewed on 4/12/22 Staff B said she came to work at the facility at 6:00 a.m. and Staff A reported Tenant #1 had fallen. Tenant #1 told her a man hit her when asked what happened. Staff B described the wound as a cut from the right front side of her head to the back of her head. She noted the wound was "not bleeding a lot" and there was a small amount of blood on her shirt. Staff B stated she called the on-call RN twelve times within a few minutes and she did not answer. She called the assistant administrator and the on-call RN returned her call at this time. Staff B reported the RN asked her if she thought the tenant needed to go to the hospital by ambulance and to call 911. She noted it was 6:40 a.m. when she called 911.

When interviewed on 4/11/22 interview, Staff C confirmed she arrived at the facility at 6:20 a.m. and Staff A reported Tenant #1 fell out of her bed. She stated Tenant #1 met her and Staff B at the door. She described the wound as a big gash along the hairline on the left side of her skull and a minimal amount of dried blood in her hair. She observed no blood on her shirt. Staff C said she went to the tenant's room and found a silver dollar size amount of blood on a disposable chuck. Staff C stated Staff B called the on-call RN twelve times from 6:35 a.m. to 6:41 a.m. She added when the RN answered the phone, Staff B told her "yes she needed to go to the emergency room". Staff C noted she went back to the tenant's room with a firefighter found a small

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0450	A. BUILDING: _____ B. WING _____	C 04/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDENCREST AT THE TUSCANY MC	1600 8TH STREET SE ALTOONA, IA 50009

(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 160	Continued From page 3	A 160		

amount of blood with hair on the front bottom corner the closet.

When interviewed on 4/12/22 RN stated she received a call from the night staff at 5:25 a.m. and failed to hear the phone ring. The RN said the day staff called her several times in a short period of time and confirmed she did not hear the calls because she was in the shower. When she contacted Staff B, she instructed her to call for an ambulance. The RN remarked, after she talked to Staff B, she noticed the call from Staff A. She returned the call to Staff A and asked her what happened to Tenant #1. Staff A informed her of the fall and she had a little cut. She added Staff A told her she did not think it was an emergency and that was why she did not call her again that morning. The RN added it was "common sense" to call the community director when/if staff could not reach her.

When interviewed on 4/11/22 and 4/18/22 the Administrator stated Tenant #1 had very thick hair and Staff A may not have noticed the wound to her head. She confirmed Staff A should have called her if she could not reach the RN. The Administrator noted management staff numbers were posted in the front lobby and it would be common sense for staff to call her or the assistant administrator if they could not reach the on-call person. The administrator confirmed no procedure was available if/when staff were unable to contact the on-call person at the time of the incident.