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 12/18/2023

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 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: 20 Number of tenants with cognitive impairment: 23 TOTAL census: 43 The following regulatory insufficiencies were cited during the investigation of Incident #117321-I and Complaint #116335-C.	A 000	See Attached POC 4/13/24	
A 145	481-69.22(3) Evaluation of Tenant 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. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the	A 145		

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A 145	Continued From page 1 Program failed evaluate a tenant's functional, cognitive and health status as needed with a significant change to determine the tenant's continued eligibility for the Program and to determine any changes to services needed on 1 of 3 files reviewed. Findings include: On 12/13/23 at 9:57 a.m. record review revealed Tenant #2 was discharged from hospice services on 6/22/2023. An evaluation of Tenant #2's functional, cognitive and health status to determine the tenant's continued eligibility for the Program and to determine any changes to services needed could not be located. On 12/14/23 at 2:15 p.m. the Director confirmed this finding, the evaluations had not been completed and the service plan had not been updated following her discharge from hospice services.	A 145		
A 320	481-69.25(1)o Tenant Documents 69.25(1) Documentation for each tenant shall be maintained by the program and shall include: o. Incident reports involving the tenant, including but not limited to those related to medication errors, accidents, falls, and elopements (such reports shall be maintained by the program but need not be included in the tenant's medical record) This REQUIREMENT is not met as evidenced by: Based on interview and record review the program failed to ensure incident reports were maintained by the Program. This affected 1 of 1	A 320		

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A 320	Continued From page 2 tenant identified as a result of self-reported incident # Findings include: Record review on 12/11/23 revealed Tenant #1's progress notes on 12/4/23 at 7:00 p.m. documented a change in condition for Tenant #1 and a comprehensive assessment completed following an elopement. Progress notes continued noting staff were alerted at 6:20 p.m. Tenant #1's daughter picked him up outside of the building. Continued record review failed to produce an incident report regarding Tenant #1's elopement on 12/4/23. Record review revealed the Program's incident reporting policy, effective 8/1/21, indicated an incident report should be completed to document what occurred for any incident to a resident. When interviewed on 12/12/23 at 11:14 a.m. the Director reported the incidents involving Tenant #1 were noted in the progress notes and confirmed an incident report was not completed.	A 320		
A 635	481-69.32(2) Life Safety - Emergency Policies / Structure 69.32(2) An operating alarm system shall be connected to each exit door in a dementia-specific program. This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interview the program failed to ensure the alarm system connected to each exit door in the	A 635		

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A 635	Continued From page 3	A 635		

dementia-specific program operated properly. This affected 1 of 1 tenant (Tenant #1) identified as a result of self-reported incident #117321-I and potentially affected 23 tenants with cognitive impairment. Findings include:

Observation on 12/11/23 at 11:49 a.m. revealed the door did not alarm when used. When further tested, the door did not sound when opened and did not alarm to the iPad worn by staff.

Record review on 12/11/23 revealed Tenant #1's progress notes on 12/4/23 at 7:00 p.m. documented a change in condition for Tenant #1 and a comprehensive assessment completed following an elopement. Progress notes continued noting staff were alerted at 6:20 p.m. Tenant #1's daughter picked him up outside of the building. No injuries were noted.

Record review revealed Tenant #1's diagnoses included dementia. His service plan, dated 11/28/23, indicated independence with mobility noted he may require prompts for safety and used a walker for long distances. According to the service plan, Tenant #1 a history of occasional disruptive, aggressive, or socially inappropriate behavior and further noted a history of wandering outside that did not jeopardize his health or safety. Tenant #1 had moderate cognitive impairment, which his service plan defined as difficulty remembering and using information and requiring some direction and reminding from others. He scored at five on the Global Deterioration Scale.

When interviewed on 12/11/23 at 11:36 a.m. the Director revealed the staff person working the floor on the evening of 12/04/23 reported the courtyard exit door alarm did not sound when

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A 635	Continued From page 4 Resident #1 exited the building. The Director confirmed Staff C's report of the alarm not working when he tested it himself.	A 635		

Tuscany STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	PROVIDER/SUPPLIER/CLIA INDENTIFICATION NUMBER: S0450	DATE SURVEY COMPLETE 12/11/23-12/18/23

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Tag#l	481-69.22(3) Evaluation of Tenant 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 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.	**Tag#l A145**	**What initial correction was made?** Tenant #2 had a comprehensive assessment completed.	**How will we ensure and maintain compliance going forward?** The Edencrest at Tuscany Community changed to PointClickCare as the EHR on 01/01/2024. All Assisted Living and Memory Care tenants have had comprehensive assessments completed in the new EHR The new Director of Wellness has been trained on evaluations annually and significant change criteria. This is audited monthly.	**Implementation Date:** 04/13/2024 **Completion Date:** Ongoing **Responsible Party:** Director or Designee

Compliance Date:_04/13/2024_____

Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of regulatory insufficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of state law.

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Tag#2	481-69.25(1)o Tenant Documents 69.25(1) Documentation for each tenant shall be maintained by each program and shall include: o. Incident reports involving the tenant, including but not limited to those related to medication errors, accidents, falls, and elopements (such reports shall be maintained by the program but need not be included in the tenant's medical record.)	**Tag#2 A320**	**What initial correction was made?** Tenant # 1 has been re-evaluated.	**How will we ensure and maintain compliance going forward?** Incident Reports are now completed in PointClickCare. The new Director of wellness has been trained on Incident Report criteria, as well as how to complete an Incident Report. Incident Reports are monitored monthly and as needed.	**Implementation Date:** 04/13/2024 **Completion Date:** Ongoing **Responsible Party:** Director or Designee

Compliance Date:_04/13/2024_____

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Tag#3	481-69.32(2) Life Safety- Emergency Polices/Structure 69.32(2) An operating alarm system shall be connected to each exit door in a dementia-specific program	**Tag#3 A635**	**What initial correction was made?** Exit door alarm to the 500 hall Memory Care were fixed. They now alarm and go to Resident Assistance tablets.	**How will we ensure and maintain compliance going forward?** All exit doors to both Memory Care patios and out to Assisted Living portion of the community alarm. These are checked weekly per the Maintenace Life Safety Check. Elopement drills occur every quarter on varying shifts.	**Implementation Date:** 04/13/2024 **Completion Date:** Ongoing **Responsible Party:** Director or Designee

Compliance Date:_04/10/2024_____

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