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
	S0453	A. BUILDING: _____ B. WING _____	C 04/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE SUMMIT OF BETTENDORF MC	4699 53RD AVE BETTENDORF, IA 52722

(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: 11 Total census: 14 No regulatory insufficiencies were cited during the investigation into Incident #113462-I or Manadatory Report #114628-M. The following regulatory insufficiency was cited during the investigation into Complaint #117407-C.	A 000		5/15/24
A 350	481-69.26(1) 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 update the service plan of 1 of 1 discharged tenants reviewed when she experienced a change in her health condition (Tenant C1). Findings include:	A 350	The Plan of Correction is attached	

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Matthew Gani — TITLE: ADMINISTRATOR — (X6) DATE: 5/6/24

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A 350	Continued From page 1 1) On 4/8/24 review of a Service Plan for Tenant C1 dated 8/15/23 identified she was diagnosed with unspecified atrial fibrillation, urinary tract infection (UTI), unspecified dementia, constipation and diarrhea. Tenant C1 received hospice services starting on 8/28/23. A review of Residential Communication Forms written by the Hospice Registered Nurse (RN) revealed on 9/11/23, Tenant C1 had +2 pitting edema in her bilateral extremities. On 9/18/23, staff reported Tenant C1 continued to have multiple, watery stools. The Hospice RN documented on 9/21/23 she continued to experience diarrhea multiple times a day. A new order was written for scheduled Loperamide (a medication used to control and relieve the symptoms of acute diarrhea) twice daily and as needed. On 9/25/23, the Hospice RN documented the program continued to assess the effectiveness of the Loperamide. Tenant C1 had +2 edema on 10/5/23. Staff informed the Hospice RN on 10/12/23 the tenant was experiencing fewer episodes of liquid or loose stools however she continued to experience audible abdominal growling due to hyperactive bowels. On 10/16/23, Tenant C1's edema was a +1 to her bilateral extremities. She reported stomach discomfort to the Hospice RN on 10/19/23. A hospice recertification note dated 11/1/23 recorded Tenant C1 had a 29 pound weight loss since her admission to hospice. She had poor intake most days. Her days and nights were mixed up and Tenant C1 had an increase in the amount of time she was sleeping. She continued to take Loperamide and there was a reduction in the episodes of loose stools. Tenant C1's edema was gone on 11/9/23. On 10/23/23, the Program Registered Nurse (RN)	A 350		

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A 350	Continued From page 2 documented Tenant C1 was sleeping more often than usual and eating less. On 10/26/23, the Program RN and Hospice RN discussed Tenant C1's weight loss and excessive sleeping during the daytime hours. A review of a Weights and Vitals Summary revealed Tenant C1 weighed 151 pounds on 8/12/23, 160 pounds on 9/12/23 and 131 pounds on 10/18/23. On 11/10/23, the Program RN updated Tenant C1's service plan to reflect the beginning of hospice services on 8/28/23. The plan noted Tenant C1 was independent with meals and needed no assistance from team members with eating except for reminders to attend meals. The plan did not identify Tenant C1's edema or issues with diarrhea. 2) The Program RN revised Tenant C1's service plan again on 2/7/24 to note she had frequent urinary tract infections. Team members were to notify the nurse of signs and/or symptoms such as burning, frequency, dysuria or foul odor with Tenant C1's urine. Tenant C1 was noted to be independent with mobility with the use of a walker and needed no assistance from team members. Documentation in program progress notes identified on 2/23/24, Tenant C1 had dark urine which had a strong odor. The Hospice RN obtained an order for Tenant C1 to have a urinalysis on 2/23/24. Tenant C1's urine sample was picked up by the lab on 2/26/24 and the program received the results were positive for a UTI on 2/29/24. The program provided this information to the Hospice RN on 2/29/24. Tenant C1 received antibiotic injections to treat the UTI on 3/1/24, 3/2/24 and 3/3/24.	A 350		

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A 350	Continued From page 3 Incident reports for Tenant C1 revealed the following: - on 11/5/23 the tenant notified staff she had fallen out of bed. A small amount of redness was noted to her forehead. - on 11/15/23 she became dizzy and went to sit down on a bench but missed it and slowly slid to the floor - the tenant was found laying on the floor in front of her dresser on 12/9/23. Abrasion noted on left knee. - on 2/29/24 she pulled her bathroom alarm. Tenant C1 was found lying on the floor playing with toilet water. She reported she did not fall but staff indicated the tenant was confused. - on 3/2/24 at 1:23 AM, 2:30 AM and 5:39 AM, staff found Tenant C1 on the floor crawling under her bed trying to reach something. Tenant C1 was noted to be very confused and was reportedly eating paper. There were no injuries noted. At 7:00 AM on 3/2/23, Tenant C1 was walking through the dining room, lost her balance and backed into chairs. - on 3/3/24, Tenant C1 was found on the floor in her apartment or fell at 4:30 AM, 10:56 AM, 3:23 PM and 10:18 PM. Tenant C1 fell on her bottom at 3:23 PM, but had no injuries resulting from the other incidents. - Tenant C1 was found on the floor on 3/7/24. No injuries were observed. - on 3/10/24 staff heard a loud bang and then Tenant C1 screaming. Staff found Tenant C1 on the floor in her room face down and refusing to change positions. Two nurses assessed Tenant C1. She was assisted off the floor and given morphine, per the Hospice RN. - staff reported Tenant C1 developed a bruise across the bridge of her nose and around her left eye on 3/13/24. Tenant C1 told staff this was the	A 350		

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A 350	Continued From page 4	A 350		

result of a fall.
- on 3/16/24 Tenant C1 went to sit in a living room chair, missed it and fell to the floor.
- on 3/19/24 staff heard a noise and went to check on Tenant C1. She was on the floor between her bed and window. A large bruise was noted on her left hip. Tenant C1 pointed to her hip and voiced it hurt. Her range of motion was her usual. There were three hematomas noted to the left side of her head. A large hematoma was found above her left eyebrow and temple. A smaller hematoma was noted a couple of inches from the hairline. Tenant C1 had a large bruise on the left lower side of her back which was purple. Tenant C1's right pointer finger was swollen, bruised and purple.

Tenant C1 passed away on 3/26/24.

On 4/9/24 at 10:40 AM the Clinical Resource Specialist stated it was not unusual for a tenant with health issues to have a 29 pound weight loss in two months. Tenant C1 had excessive fluid in her extremities (edema) and this was reviewed with the tenant's primary care provider. Tenant C1 had lab work completed and they monitored her diarrhea. There were times the DON was called in the middle of the night to address Tenant C1's sleep schedule. Tenant C1 did miss meals as a result of being up through the night and wanting to sleep in the day.
Tenant C1's family brought in Ensure at one point but it was hard to get her to drink it. Tenant C1 drank a lot of water. She was unable to sit for more than a couple of minutes at a time.

On 4/8/24 at 3:05 PM, Staff A reported Tenant C1 was a very picky eater. The majority of the time they had to prepare a different meal for Tenant C1 and if she liked it, she would eat. Once

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A 350	Continued From page 5 Tenant C1 got on hospice, or maybe shortly before, she started losing weight. Tenant C1's daughter and sister brought in Chobani yogurt which they fed her. She did not have any indication Tenant C1 was experiencing hunger related to her weight loss. Tenant C1 was well-liked so Staff A felt people really took good care of her. Tenant C1 started having falls 1-2 months ago. Prior to that, her mobility was fine. Tenant C1 had a walker they encouraged her to use. There was a week or two when she fell almost every day. On 4/8/24 at 3:50 PM, Staff B stated Tenant C1 was always a picky eater. Her sleep schedule was off toward the end of her life. Tenant C1 would be up all night and then sleep all day. They would offer her meals but Tenant C1 was often sleeping. Tenant C1 got food whenever she wanted it. On 4/9/24 at 9:40 AM, the Program RN reported staff always encouraged Tenant C1 to eat, but she didn't always appreciate the meals they served. A lot of time they grabbed Caesar salads for Tenant C1 because she did not like the foods offered. Her family brought in a lot of snacks. Tenant C1 had her days and nights flipped. She would often not want to come out for meals because she was sleeping. The aides and Program RN would take Tenant C1 her meals. Tenant C1 was often on the move and would get up from the table after a couple of minutes. If she got up, they took the tray to her room so she could eat later. The Program RN reported they believed Tenant C1's falls from 2/29/24 - 3/3/24 were a result of her urinary tract infection which was already addressed in the service plan. On 4/9/24 at 1:50 PM, the Hospice RN recalled	A 350		

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A 350	Continued From page 6 Tenant C1 was on hospice for heart failure. She also had significant dementia. Staff really had to cue Tenant C1 to eat. Staff took food to her. There was always Ensure, yogurts and applesauce available and they tried to coax her to eat. Tenant C1 would not sit at the table and eat. She was offered food all of the time. Tenant C1's falls were likely caused by a vicious cycle of dementia and agitation. The Hospice RN had no concerns about the supervision provided to Tenant C1 by program staff. The tenant experienced terminal restlessness in which her mind and body didn't communicate properly. Tenant C1 felt the need to get up frequently. There were times the Hospice RN thought she had Tenant C1 calmed down after applying lotion and doing a massage. Tenant C1 would say she was going to rest and then minutes after the Hospice RN left the apartment, Tenant C1 was up wandering around the unit again. The Program RN had documentation of implementing safety measures following most of the above listed falls, however, none of this information (including the fact the tenant was experiencing falls) was in the service plan. The plan did not include interventions to ensure Tenant C1 had adequate nutrition. It was not updated to reflect Tenant C1's diarrhea, edema or the addition of hospice in a timely manner. The service plan did not identify confusion was a symptom Tenant C1 experienced when she had a UTI.	A 350		

Preparation and execution of this response and plan of correction does not constitute an admission or agreement by The Summit-Sierra of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and / or executed solely because it is required by the provisions of federal and state law. For the purposes of any allegation that the center is not in substantial compliance with federal requirements of participation, this response and plan of correction is The Summit-Sierra Memory Support credible allegation of compliance

Plan of correction date: May 15th,2024

A350

1. Elements detailing how the Program will correct each regulatory insufficiency; including at the system level.
   - Tenant C1 is deceased
   - Significant condition changes and health concerns are added to Service Plan timely.
   - Education to AL Director related to service plan update and adding documented interventions in not only progress note but also Service Plan on 5/3/2024.
   - Auditing of existing Tenant's Service Plans completed to include addition of any identified health status changes to service plans-4/29/24 thru 5/15/24

2. Measures taken to ensure the problem does not recur
   - Auditing of existing Tenant's Service Plans completed to include addition of any identified health status changes to service plans-4/29/24 thru 5/15/24
   - AL Director or designee will complete routine auditing of Service Plans to include health status changes

3. How the Program plans to monitor performance to ensure compliance.
   - IDT team will review audits for accuracy and completeness routinely to ensure ongoing compliance.

4. The date by which the regulatory insufficiency will be corrected.
   - May 15th,2024.

✓ 6/27/24