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
	S0454	A. BUILDING: _____ B. WING _____	06/22/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE SUMMIT OF BETTENDORF	4699 53RD AVENUE 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 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: 15 Number of tenants with cognitive disorder: 1 Total census of Assisted Living Program: 16 The initial certification visit conducted to determine compliance with certification for an Assisted Living Program was completed and the following regulatory insufficiencies were cited:	A 000		
A 150	481-67.2(3) Program Policies and Procedures 67.2(3) The program shall follow the policies and procedures established by the program. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the Program failed to follow policies regarding medication administration and incident reports for 3 of 4 tenants reviewed (Tenants #1, #4, #5). Findings follow: 1. When observed on 6-21-22 at 11:30 a.m. Staff C administered medications to four tenants, including Tenant #5. Staff C administered an oral medication to Tenant #5; however, there were several labeled medications sitting out (not secured) on the counter including: a wound cleanser, AREDS preservision, triamcinalone topical cream and ammonium lactate cream. When observed on 6-21-22 at 11:30 a.m. Staff C administered medications to four tenants,	A 150	The Plan of Correction is attached.	

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Executive Director — TITLE — (X6) DATE: 07/20/2022

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including Tenant #4. Staff C administered insulin (pen) to Tenant #4. Staff C retrieved the insulin pen from the refrigerator in Tenant #4's apartment. There were three insulin pens in refrigerator and none of the insulin pens were secured.

Review of the Program's policy and procedure related to medications revealed medications would be kept in a secure place not accessible to persons other than the staff responsible for managing the medication.

When interviewed on 6-22-22 at 12:53 a.m. and 4:40 p.m. the Executive Director confirmed medication administered by staff kept in the tenant's apartment should be secured.

2. Review of Tenant #1's file revealed diagnoses including major depressive disorder, hypertension, osteoarthritis and age-related osteoporosis without current pathological fracture. The Admission Record indicated Tenant #1 was full code regarding her resuscitation status.

Progress Notes indicated the following:
- On 6-15-22 at 12:52 p.m. Tenant #1 was sent out to the hospital via ambulance per her request. Tenant #1 reported chest/back pain and her blood pressure and pulse were elevated. Tenant #1's COVID-19 test was negative.
- On 6-15-22 at 2:13 p.m. it was noted Tenant #1 was admitted to the hospital and would "undergo cardiac cath due to NSTEMI."

When interviewed on 6-21-22 at Tenant #6 said the previous week his spouse, Tenant #1, pushed her pendant and waited for staff. She did not feel well and had not felt that way before. She thought she was having a heart attack. The staff

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A 150	Continued From page 2	A 150		

who responded said she would get a nurse. They waited awhile but no one came. Eventually a nurse came and the nurse called 911. Tenant #1 was still in the hospital at the time of the interview.

Continued record review revealed on 6-15-22 at 11:28 a.m. Tenant #1's pendant was activated and it was reset 31 minutes and 30 seconds later by staff who responded. On 6-15-22 at 12:08 p.m. the pendant was activated and it was reset 21 minutes and 34 seconds later.

On 6-21-22 at 4:25 p.m. the AL Manager said she was notified about Tenant #1 when family called the office after she waited 30 minutes for assistance. Tenant #1 had pushed her pendant, a staff member in training responded and told the Director of Nursing (DON) Tenant #1 had a headache. The DON was busy and did not immediately respond. The AL Manager said when she responded (after notification from family) she assessed her and Tenant #1 had elevated blood pressure and pulse. Tenant #1 was sent out to the hospital and was diagnosed with heart attack and a stent was placed right way. She was also diagnosed with congestive heart failure with no prior cardiac history.

Record review revealed Staff D was hired on 6-7-22 and self-terminated on 6-16-22. Staff D did not document in writing the event on 6-15-22 with Tenant #1.

Review of the Program's Accident/Incident Reporting Procedure revealed staff would communicate in writing occurrences that differed from a tenant's normal cognitive, health and functional status.

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A 150	Continued From page 3 On 6-22-22 at 12:53 p.m. and 4:40 p.m. the Executive Director confirmed there were no documentation from Staff D regarding this incident.	A 150		
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 interview and record review the Program failed to provide services that were adequate and appropriate for 2 of 3 tenants reviewed (Tenants #1 and #2) and potentially affected all of the tenants (census of 16). Findings follow: 1. Review of Tenant #1's file revealed diagnoses including major depression disorder, hypertension, osteoarthritis and age-related osteoporosis without current pathological fracture. The Admission Record indicated Tenant #1 was full code regarding her resuscitation status. Progress Notes indicated the following: - On 6-15-22 at 12:52 p.m. Tenant #1 was sent out to the hospital via ambulance per her request. Tenant #1 reported chest/back pain and her blood pressure and pulse were elevated. Tenant #1's COVID-19 test was negative. - On 6-15-22 at 2:13 p.m. it was noted Tenant #1 was admitted to the hospital and would "undergo	A 160		

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A 160	Continued From page 4 cardiac cath due to NSTEMI." When interviewed on 6-21-22 at Tenant #6 said the previous week his spouse, Tenant #1, pushed her pendant and waited for staff. She did not feel well and had not felt that way before. She thought she was having a heart attack. The staff who responded said she would get a nurse. They waited awhile but no one came. Eventually a nurse came and the nurse called 911. Tenant #1 was still in the hospital at the time of the interview. Continued record review revealed on 6-15-22 at 11:28 a.m. Tenant #1's pendant was activated and it was reset 31 minutes and 30 seconds later by staff who responded. On 6-15-22 at 12:08 p.m. the pendant was activated and it was reset 21 minutes and 34 seconds later. On 6-21-22 at 4:25 p.m. the AL Manager said she was notified about Tenant #1 when family called the office after she waited 30 minutes for assistance. Tenant #1 had pushed her pendant, a staff member in training responded and told the Director of Nursing (DON) Tenant #1 had a headache. The DON was busy and did not immediately respond. The AL Manager said when she responded (after notification from family) she assessed her and Tenant #1 had elevated blood pressure and pulse. She had also not been feeling well on Monday.(6-13-22). Tenant #1 was sent out to the hospital and was diagnosed with heart attack and a stent was placed right way. She was also diagnosed with congestive heart failure with no prior cardiac history. On 6-22-22 at 11:51 a.m. the DON said Staff D called and told her that Tenant #1 had a pressure headache or complained of pressure in her head.	A 160		

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She got a call an hour later from the AL Manager who said Tenant #1 was sent out to the hospital and she had a heart attack. She would have expected staff to call her again within 5 to 10 minutes once she hadn't responded.

In summary Tenant #1, with no prior cardiac history, called for staff assistance as she thought was having a heart attack. Pendant history indicated the pendant was not reset for 31 minutes and 30 seconds the first time and 21 minutes and 34 seconds the second time on 6-15-22 (prior to her going to the hospital). Staff who did respond called the DON and reported she had a pressure headache. The DON did not assess Tenant #1 and family called the AL Manager who responded and assessed Tenant #1. It was noted Tenant #1 had an elevated pulse and blood pressure. She was sent out to the hospital, was admitted and diagnosed with a heart attack and a stent was placed. Tenant #1 did not receive appropriate care, treatment or services related to the incident on 6-15-22, including the lack of initial prompt response to the pendant and then lack of nursing following up related to the condition change.

2. When interviewed on 6-21-22 at 11:30 a.m. Tenant #2's family member reported the tenant waited about 45 minutes to use the restroom early morning on 6-21-22. The family member said there were issues with pendant system and it logged people of the system if a call came in to the phone. The family member said there was another instance when Tenant #2 had pushed her pendant several times before a response was received.

A community meeting with five tenants was held on 6-21-22 at 3:30 p.m. The tenants said more

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staff was needed and two staff were needed during the hours of 6:00 a.m. to 6:00 p.m.

The ALP Entrance form indicated the current staffing ratio was one staff on each shift.

Record review of the pendant history from 6-12-22 12: 33 a.m. to 6-22-22 at 2:15 p.m. reflected the following:
- On 6-13-22 at 7:17 a.m. Tenant #2's pendant was activated and it was not reset for 326 minutes.
- On 6-13-22 at 7:18 a.m. a pendant (tenant not reviewed) was activated and it was not reset for 137 minutes.
- On 6-14-22 at 11:42 a.m. Tenant #2's pendant was activated and it was not reset for 186 minutes.
- On 6-14-22 at 1:46 p.m. a pendant (tenant not reviewed) was activated and it was not reset for 234 minutes.
- On 6-14-22 at 4:48 p.m. Tenant #2's pendant was activated and it was reset at 162 minutes.
- On 6-15-22 at 8:02 a.m. Tenant #2's pendant was activated and it was not reset for 431 minutes.
- On 6-16-22 at 7:02 p.m. Tenant #2's pendant was activated and it was not reset for 40 minutes.
- On 6-18-22 at 9:38 a.m. a pendant (tenant not reviewed) was activated and it was not reset for 32 minutes.
- On 6-18-22 at 4:42 p.m. Tenant #2's pendant was activated and it was not reset for 30 minutes.
- On 6-18-22 at 6:27 p.m. Tenant #2's pendant was activated and it was not reset for 17 minutes.
- On 6-19-22 at 8:45 a.m. Tenant #2's pendant was activated and it was not reset for 26 minutes.
- On 6-19-22 at 8:43 p.m. Tenant #2's pendant was activated and it was not reset for 34 minutes.
- On 6-19-22 at 9:03 p.m. Tenant #2's pendant

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A 160	Continued From page 7 was activated and it was not reset for 22 minutes. - On 6-20-22 at 7:55 p.m. Tenant #2's pendant was activated and it was not reset for 34 minutes. - On 6-21-22 at 5:52 a.m. Tenant #2's pendant was activated and it was reset at 38 minutes. 3. When interviewed on 6-21-22 at 2:42 p.m. Staff C said staff were told to check that they were logged into the pendant system. When interviewed on 6-22-22 at 12:53 p.m. and 4:40 p.m. the Executive Director said the expectation was that pendants were answered in 15 minutes or less. She received messages if pendants exceeded the 15 minutes and then she was notified every 5 minutes until it was reset. She did not have any saved alerts related to the pendants.	A 160		
A 345	481-67.9(4)b Staffing 67.9(4) Nurse delegation procedures. The program's registered nurse shall ensure certified and noncertified staff are competent to meet the individual needs of tenants. Nurse delegation shall, at a minimum, include the following: b. Within 30 days of beginning employment, all program staff shall receive training by the program's registered nurse(s). This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the Program failed to ensure staff received required nurse delegated training for 3 of 3 staff reviewed employed greater than 30 days (Staff A, B and C). Findings follow:	A 345		

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A 345	Continued From page 8 1. When observed on 6-21-22 at 11:30 a.m. Staff C administered insulin (pen) to Tenant #4. The June 2022 medication administration record (MAR) the tenant was to receive 5 units of insulin lispro solution at meals. The May 2022 MARs reflected an order for Levemir FlexTouch Solution Pen-injector 100 unit/ml, 10 units at bedtime. The May and June 2022 MARs reflected Staff A, B and C had administered insulin to Tenant #4. 2. Review of Staff A's record revealed nurse delegated training dated 1-7-22; however, the training did not include training on insulin administration. Review of Staff B's record revealed nurse delegated training dated 3-31-22; however, the training did not include training on insulin administration. Review of Staff C's record revealed a hire date of 2-3-22. Staff C did not have any documented nurse delegated training in her file. 3. When interviewed on 6-22-22 at 12:53 p.m. and 4:40 p.m. the Executive Director confirmed all nurse delegations for the staff listed above were provided.	A 345		
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	A 145		

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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 interview and record review the Program failed to complete evaluations as needed for 1 of 1 tenants reviewed who had a significant change (Tenant #3). Findings follow:

Review of Tenant #3's file on 6-22-22 revealed faxes to the primary care provider (PCP) indicated the following:
- A fax dated 4-15-22 indicated Tenant #3 had a yeast infection in his groin area. Terbinafine 1% cream, twice daily, until it was cleared was ordered. It also indicated to use talc, gold bond or drying powder as needed.
- A fax dated 5-3-22 indicated Tenant #3 had a large "boil" on his right arm and buttock. The areas were red, warm and painful. He was to receive warm compresses to the areas and an evaluation by a wound nurse.

Continued record review revealed outside provider documentation indicated the following:
- On 4-14-22 the tenant was admitted to physical therapy (PT). Staff requested assistance with a small open area to the left groin. Tenant #3 reported he had a yeast infection for the past three weeks and used an ointment.
- On 4-15-22 it was noted occupational therapy (OT) was referred by the PCP due to falls and issues with balance impairments. The plan was for one time per week for four weeks.
- On 4-29-22 (OT document) indicated Tenant

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#3 got into the shower when OT staff arrived and it was "very unsafe." He needed a wheelchair or walker in the bathroom and needed supervision and cues for safety. Tenant #3 was a high risk for falls. The anticipated discharge date from therapy was 5-13-22.
- On 5-5-22 (PT document) indicated the anticipated discharge date from therapy was 5-18-22.
- On 5-6-22 (OT document) indicated recommendations included to have a grab bar by the toilet and assistance for showers due to safety concerns. It indicated Tenant #3 was resistant to safety recommendations and instruction and would remain at a "calculated fall risk." The anticipated discharge date was 5-13-22.
- On 5-30-22 (wound nursing document) indicated the frequency of the visits was twice weekly. The wound on the left buttock measured 3.3 x 2.4 x 0.1. The anticipated discharge date was when the wound was healed.

Tenant #3's Progress Notes indicated the following:
- On 4-5-22 Tenant #3 fell sometime during the night, time unknown. He did not use his pendant.
- On 4-17-22 Tenant #3 used his pendant and staff responded. He was found laying on the floor in the kitchen in his apartment.
- On 5-27-22 Tenant #3 was outside for a party on the campus. He was in his electric scooter and went off the curb and fell out of the scooter.

Staff communication records indicated the following:
- On 4-8-22 an OT wheelchair assessment was completed. Tenant #3 was not safe to use the power wheelchair at that time.
- On 4-18-22 Tenant #3 reported "hurting really

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A 145	Continued From page 11 bad on his butt." Tenant #3 had a taken a pain pill and had been sleeping all afternoon. Staff noted Tenant #3 was very tired. Evaluations were most recently completed on 4-11-22 (30 day evaluations). Evaluations were not completed as needed with Tenant #3's falls, the addition of outside providers including OT, PT and nursing services and the wound and treatment. When interviewed on 6-22-22 at 5:10 p.m. the Clinical Care Specialist confirmed the 4-11-22 evaluations provided for Tenant #3 were the most current evaluations.	A 145		
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 service plans as needed for 1 of 1 tenants reviewed who had a significant change (Tenant #3). Findings follow: Review of Tenant #3's file on 6-22-22 revealed faxes to the primary care provider (PCP) indicated the following: - A fax dated 4-15-22 indicated Tenant #3 had a yeast infection in his groin area. Terbinafine 1%	A 350		

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cream, twice daily, until it was cleared was ordered. It also indicated to use talc, gold bond or drying powder as needed.
- A fax dated 5-3-22 indicated Tenant #3 had a large "boil" on his right arm and buttock. The areas were red, warm and painful. He was to receive warm compresses to the areas and an evaluation by a wound nurse.

Continued record review revealed outside provider documentation indicated the following:
- On 4-14-22 the tenant was admitted to physical therapy (PT). Staff requested assistance with a small open area to the left groin. Tenant #3 reported he had a yeast infection for the past three weeks and used an ointment.
- On 4-15-22 it was noted occupational therapy (OT) was referred by the PCP due to falls and issues with balance impairments. The plan was for one time per week for four weeks.
- On 4-29-22 (OT document) indicated Tenant #3 got into the shower when OT staff arrived and it was "very unsafe." He needed a wheelchair or walker in the bathroom and needed supervision and cues for safety. Tenant #3 was a high risk for falls. The anticipated discharge date from therapy was 5-13-22.
- On 5-5-22 (PT document) indicated the anticipated discharge date from therapy was 5-18-22.
- On 5-6-22 (OT document) indicated recommendations included to have a grab bar by the toilet and assistance for showers due to safety concerns. It indicated Tenant #3 was resistant to safety recommendations and instruction and would remain at a "calculated fall risk." The anticipated discharge date was 5-13-22.
- On 5-30-22 (wound nursing document) indicated the frequency of the visits was twice

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0454	A. BUILDING: _____ B. WING _____	06/22/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE SUMMIT OF BETTENDORF	4699 53RD AVENUE 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 350	Continued From page 13	A 350		

weekly. The wound on the left buttock measured 3.3 x 2.4 x 0.1. The anticipated discharge date was when the wound was healed.

Tenant #3's Progress Notes indicated the following:
- On 4-5-22 Tenant #3 fell sometime during the night, time unknown. He did not use his pendant.
- On 4-17-22 Tenant #3 used his pendant and staff responded. He was found laying on the floor in the kitchen in his apartment.
- On 5-27-22 Tenant #3 was outside for a party on the campus. He was in his electric scooter and went off the curb and fell out of the scooter.

Staff communication records indicated the following:
- On 4-8-22 an OT wheelchair assessment was completed. Tenant #3 was not safe to use the power wheelchair at that time.
- On 4-18-22 Tenant #3 reported "hurting really bad on his butt." Tenant #3 had a taken a pain pill and had been sleeping all afternoon. Staff noted Tenant #3 was very tired.

The service plan most recently reviewed and signed dated 5-9-22 reflected Tenant #3 did not have any assistance from outside providers, showered independently, was independent with mobility using an assistive device and staff administered eye drops and topical medication for eczema. The service plan was not updated as needed and did not reflect Tenant #3's history of falls and interventions, outside providers including OT, PT and nursing services and their recommendations and the wound and treatment.

When interviewed on 6-22-22 at 5:10 p.m. the Clinical Care Specialist confirmed the service plan provided for Tenant #3 was the most current

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0454	A. BUILDING: _____ B. WING _____	06/22/2022

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

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A 350	Continued From page 14 service plan.	A 350		
A 360	481-69.26(3) Service Plans 69.26(3) When a tenant needs personal care or health-related care, the service plan shall be updated within 30 days of the tenant's occupancy and as needed with significant change, but not less than annually. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to develop a service plan within 30 days of taking occupancy for 1 of 3 tenants reviewed regarding service plans (Tenant #3). Findings follow: Review of Tenant #3's file on 6-22-22 revealed an admission date of 3-14-22. A service plan signature page indicated the service plan was reviewed on 5-9-22, which was greater than 30 days after taking occupancy. The service plan was not developed within 30 days of taking occupancy. When interviewed on 6-22-22 at 5:10 p.m. the Clinical Care Specialist said the 5-9-22 signature page was the 30 day service plan review.	A 360		

Preparation and execution of this response and plan of correction does not constitute an admission or agreement by The Summit-Ridge 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-Ridge credible allegation of compliance

A150
The Summit-Ridge Assisted Living follows policies related to incident report and completion

1) The program will correct this insufficiency utilizing education and auditing
    - 6/29/22 Assisted Living Ridge team members received education on Assisted Living Policy & Procedure as it related to incident report completion, witness statements, time frame required, and Communication portal update & medication storage
    - Education on Policy Continued 6/29/22 thru 7/20/22
    - ALRN or designee will review written report and complete data entry of Incident Report into EHR, and confirm that communication portal has been updated related to differences in a resident's normal cognitive, health, and functional status routinely
    - AL Apartments have been fitted with larger cabinet that locks to ensure all items that The Ridge administers will remain secured by 7/13/22

2) The program has taken measures to ensure that this does not recur
    - ALRN or designee reviews each Incident Report written for completeness and accuracy
    - ALRN or designee will provide ongoing review of all Incident Reports
    - Policy will be reviewed thru scheduled Ridge Team Member meetings at least quarterly
    - Leadership will complete weekly rounding to monitor compliance with medication storage

3) The program will monitor performance to ensure compliance
    - IDT will review incident report completion & medication storage audits ongoing

4) Date Of Compliance
    - August 2nd ,2022

A160
The Summit-Ridge Assisted Living provides services that are adequate & appropriate

1) The program will correct this insufficiency utilizing education & auditing
    - Tenant # 1 no longer resides in The Summit-Ridge
    - Team Members received education on prompt notification to ALRN or designee related to follow up and assessments of residents on 6/29/22
    - Team Members received additional training on Arial Pendant use and notification on 7/8/22
    - Education has been ongoing 6/29/22 thru 7/20/22

2) The program will take the following measures to ensure the problem does not recur
    - Routine monitoring of Pendant Activation and Response times by Leadership Team
    - Team Members received additional training on Arial Pendant use and notification on 7/8/22
    - Arial Pendant activations are now forwarded to ED, ALRN & D.O.N on 7/17/22

3) The program will monitor performance to ensure compliance
    - IDT reviews pendant responses routinely

4) Date of Compliance
    - August 2nd,2022

ok 9/1/22

A345
The Summit-Ridge Assisted Living ensures that delegation by ALRN are completed timely

1) The program has corrected this insufficiency thru education & process changes
    - ALRN/People & Culture/Scheduler received education on delegation completion expectations on 7/13/22
    - Process has been changed to ensure completion of Delegations prior to any independent work assignment
    - All existing team member received delegations from 6/23/22 thru 7/30/22
2) Measures taken to ensure problems does not recur
    - Education on 7/13/22
    - ALRN has maintained tracking & tracking is reviewed routinely with ED
3) The program will monitor performance to ensure compliance
    - Executive director or designee will audit to ensure ongoing compliance
4) Date of Compliance
    - August 2nd ,2022

A145
The Summit-Ridge will complete evaluations of residents who have significant changes

1) The program has corrected the insufficiency thru education
    - Resident #1 evaluation and service updated 7/17/22
    - ALRN has received education on Service Plan/Evaluations completion on 7/13/22

2) The program took the following measure to ensure problem does not recur
    - 100% audit of all Service Plans/Evaluations has occurred thru 7/22/22
    - Team Members have been educated tenant evaluations on 7/13/22
    - ALRN or designee reviews Communication portal & New Orders routinely
3) The program will monitor performance to ensure compliance
    - Executive Director or designee will audit to ensure ongoing compliance
4) Date of Compliance
    - August 9th,2022

A350
The Summit-Ridge completes Service Plan updates with significant changes

1) The program has corrected the insufficiency thru education
    - Resident #3 have had service plans updated to reflect wound care and outside services on 7/17/22
    - ALRN has received education on Service Plan completion on 7/13/22

2) The program took the following measure to ensure problem does not recur
    - 100% audit of all Service Plans has occurred thru 7/22/22
    - ALRN or designee reviews Communication portal & new orders routinely

3) The program will monitor performance to ensure compliance
    - Executive Director or designee will conduct audit routinely

4) Date of Compliance
    - August 2nd ,2022

A360
The Summit-Ridge completes service plans within 30 days of occupancy

1) The program has corrected the insufficiency thru education
    - Resident#3 Service was updated timely and signed by Resident and family
    - ALRN received education on Service Plan completion on 7/13/22
    -
2) The program took the following measure to ensure problem does not recur
    - 100% audit of all Service Plans has occurred thru 7/22/22
    - ALRN or designee reviews Communication portal & new orders routinely

3) The program will monitor performance to ensure compliance
    - Executive Director or designee will conduct audit routinely

4) Date of Compliance
    - August 2nd ,2022