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 |
|---|---|---|---|
| | S0481 | A. BUILDING: _____ B. WING _____ | 05/09/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| BIRKWOOD VILLAGE OF FORT MADISON MEI | 1702 41ST STREET FORT MADISON, IA 52627 |

| (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 |
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| A 000 | Initial Comments<br><br>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.<br><br>Number of tenants without cognitive impairment: 1<br>Number of tenants with cognitive impairment: 5<br>Total census: 6<br><br>The following regulatory insufficiencies were cited during the initial certification conducted to determine compliance with certification of an Assisted Living Program for People with Dementia. | A 000 | The Plan of Correction is attached. | |
| A 160 | 481-67.3(2) Tenant Rights<br><br>481-67.3 Tenant rights. All tenants have the following rights:<br><br>67.3(2) To receive care, treatment and services which are adequate and appropriate.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, interview and record review, the program failed to provide appropriate services for 2 of 3 tenants reviewed (Tenant #1 and Tenant #3). Findings follow:<br><br>1. On 5/08/24 record review revealed Tenant #1's April Medication Administration Record (MAR), included documentation of her blood sugar at 8:00 a.m., 12:00 p.m. and 5:00 p.m. The MAR | A 160 | | |

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| A 160 | Continued From page 1 | A 160 | | |

documented 15 times between 4/01/24 and 4/17/24 when Tenant #1's blood sugar levels were above 300 (hospitalized on the evening of 4/17/24). Of the 15 elevated blood sugar levels, six were in the 400's and two exceeded 500. Tenant #1 also had a blood sugar of 50 documented on 4/11/24 and 61 on 4/13/24. (According to the Mayo Clinic website, a normal blood sugar level is between approximately 80 to 140.)

Tenant #1's April MAR, physician's orders and service plan revealed no instructions/guidelines regarding when to notify the nurse and/or care provider of high or low blood sugar levels. Tenant #1's service plan dated 3/22/24 indicated she was diabetic and provided signs and symptoms of hyperglycemia (high blood sugar) and hypoglycemia (low blood sugar), but gave no information on what to do for high or low blood sugar.

Tenant #1's April nursing reviews, nursing progress notes and incident reports revealed very little documentation related to high or low blood sugars There were no incident reports written in April regarding blood sugars. A nursing progress note on dated 4/04/24 indicated the nurse was notified by staff at 8:00 p.m. regarding a blood sugar of 50. The nurse contacted the nurse practitioner and stabilized the blood sugar with food and drink. A nursing progress note dated 4/12/24 documented a blood sugar level of 523. The nurse contacted the nurse practitioner and received a one-time order for additional insulin. The nurse noted the blood sugar level was 563 when she re-checked it one hour after giving the additional insulin. The nurse documented she notified the nurse practitioner. No additional nursing notes or assessments could be located

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| A 160 | Continued From page 2 | A 160 | | |

regarding high or low blood sugar levels for Client #1 during the month of April.

Tenant #1's April MAR documented a blood sugar level of 576 on 4/16/24 at the 5:00 p.m. No nursing assessment, nursing notes or incident report could be located regarding the elevated blood sugar.

On 5/07/24 at 3:25 p.m. Staff A expressed concern regarding whether Tenant #1's medical needs were adequately met in the program. Staff A said Tenant #1 had diabetes, with fluctuating high and low blood sugar levels.

On 5/07/24 at 3:45 p.m. Staff B stated Tenant #1 needed more care than the program could provide. She noted Tenant #1 often needed the assistance of two staff to transfer. Staff B said Tenant #1 had issues with her blood sugar levels. Sometimes the blood sugar was over 400 and once it was 35. Staff B said Tenant #1's health care needs were above what the staff could provide.

On 5/08/24 at 3:55 p.m. Staff B stated she didn't know of any guidelines for when to contact the nurse regarding Tenant #1's blood sugar levels. Staff B said she had been trained at prior agencies to contact the nurse when the blood sugar was above 400.

On 5/08/24 at 3:50 p.m. Staff C said Tenant #1 had problems with high blood sugars during the month of April. Staff C stated she didn't know of any training or guidelines for staff regarding when they should notify the nurse regarding blood sugar levels. She said she had been trained at prior facilities to contact the nurse if a person's blood sugar was over 400.

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| A 160 | Continued From page 3<br><br>On 5/08/24 at 2:50 p.m. when asked if there were guidelines for staff to follow regarding when to contact the nurse for high or low blood sugars, the Registered Nurse (RN) said the staff would contact her or another nurse if they had any concerns.<br><br>On 5/09/24 at 9:10 a.m. the Registered Nurse (RN) stated Tenant #1 had a urinary tract infection in April, which affected her blood sugar levels. The RN said she verbally told staff to contact her if Tenant #1's blood sugar was over 400, but had no documentation of that training. The RN said staff should have contacted her or nursing staff for blood sugar levels over 400. The nurse should contact the care provider and document the incident. The RN noted Tenant #1 was hospitalized on 4/17/24 and diagnosed with pneumonia. She had not returned to the program as of 5/09/24.<br><br>On 5/09/24 at 2:35 p.m. the RN verified she could not locate any additional nursing notes or assessments related to Tenant #1's blood sugars during the month of April.<br><br>2. On 5/08/24 from approximately 8:05 a.m. to 8:20 a.m. observation revealed Tenant #3 sat at the dining table for breakfast. Staff D sat next to Tenant #3 and prompted her to eat. Tenant #3 ate three bites of hot cereal during this time. Staff D said Tenant #3 needed consistent staff presence/prompts to eat and typically only ate a few bites of her meal.<br><br>On 5/08/24 at approximately 8:20 a.m. Staff C stated Tenant #3 usually ate less than 10% to 20% of her meal. Staff C said Tenant #3 did not receive a nutritional supplement, such as Boost | A 160 | | |

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| A 160 | Continued From page 4<br>or Ensure. She said Tenant #3 received a general diet.<br><br>On 5/08/24 record review revealed Tenant #3's discharge records from the long term care facility where she resided prior to moving to the program on 5/01/24. According the discharge records, Tenant #3 was on a mechanical soft diet and received nutritional supplements three times per day for weight loss.<br><br>Review of Tenant #3's documented weights revealed a weight of 130 pounds on 4/15/24 (prior to move in date) and a weight of 123 pounds on 5/08/24.<br><br>On 5/08/24 the RN indicated she wasn't aware Tenant #3 received a mechanical soft diet and nutritional supplements three times per day at the long term care facility. She stated Tenant #3's son gave her the discharge paperwork when Tenant #3 moved to the program on 5/01/24. The RN said she didn't see the information in the paperwork regarding Tenant #3's diet. | A 160 | | |
| A 155 | 481-69.23(1)b Criteria for Admission / Retention of Tenants<br><br>69.23(1) Persons who may not be admitted or retained. A program shall not knowingly admit or retain a tenant who:<br><br>b. Requires routine, two-person assistance with standing, transfer or evacuation<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on interview and record review, the | A 155 | | |

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| A 155 | Continued From page 5 | A 155 | | |

program program retained 1 of 3 tenants reviewed who routinely required the assistance of two staff for transfers (Tenant #3). Finding follows:

On 5/08/24 record review revealed Tenant #3 moved to the program from a long term care facility on 5/01/24. Her initial Health and Functional Assessment dated 4/15/24 indicated Tenant #3 needed occasional/minimal assistance with transfers. According to her most assessment dated 5/07/24, Tenant #3 needed routine assistance with transfers.

On 5/07/24 at 3:25 p.m. Staff A stated Tenant #3 needed two staff to assist her with transfers the majority of the time.

On 5/07/24 at 3:45 p.m. Staff B said Tenant #3 needed two staff to assist her with transfers over half of the time.

On 5/08/24 at 7:43 a.m. Staff C stated Tenant #3 needed two staff to assist her with transfers.

On 5/08/24 at 10:00 a.m. the Registered Nurse (RN) said she completed the pre-admission assessment based on information from Tenant #3's son. The RN did a re-assessment on 5/07/24 when it became evident the tenant's needs were higher than indicated by her son. The RN said she was able to transfer Tenant #3 without assistance on 5/07/24. The RN indicated she had not communicated with the staff regarding the amount of assistance routinely needed for transfers. She confirmed Tenant #3 exceeded the criteria for admission and retention if she required two-person assistance with transfers the majority of the time.

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| A 330 | Continued From page 6 | A 330 | | |
| A 330 | 481-69.25(1)q Tenant Documents<br><br>69.25(1) Documentation for each tenant shall be maintained by the program and shall include:<br><br>q. When the tenant is unable to advocate on the tenant's own behalf or the tenant has multiple service providers, including hospice care providers, accurate documentation of the completion of routine personal or health-related care is required on task sheets. If tasks are doctor-ordered, the tasks shall be part of the medication administration records (MARs)<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on interview and record review, the program failed to provide documentation of routine cares on task sheets for 1 of 3 tenants reviewed (Tenant #3). Finding follows:<br><br>On 5/08/24 record review revealed Tenant #3 had a score of 5 on the Global Deterioration Scale (GDS), indicating a moderately severe cognitive decline.<br><br>Tenant #3's initial service plan dated 4/15/24 indicated she needed assistance with bathing grooming and hygiene, dressing/undressing, transfers and ambulation, incontinence/toileting, meal reminders, housekeeping, laundry and medication administration.<br><br>Tenant #3's most recent service plan dated 5/07/24 noted she needed assistance in all of the areas listed in the initial service plan.<br><br>Tenant #3's task sheet for May 2024 listed only three tasks: meal reminders, two-hour safety | A 330 | | |

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| A 330 | Continued From page 7<br>checks and bathing.<br><br>On 5/09/24 the Registered Nurse (RN) confirmed the task sheet listed only three of the multiple services provided by staff. The RN said she didn't realize all of the services should be listed on the task sheet. | A 330 | | |
| A 395 | 481-69.26(4)a Service Plans<br><br>69.26(4) The service plan shall be individualized and shall indicate, at a minimum:<br><br>a. The tenant's identified needs and preferences for assistance<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on interview and record review, the program failed to develop service plans to adequately address the needs of 2 of 3 tenants reviewed (Tenant #1 and Tenant #3). Findings follow:<br><br>1. On 5/08/24 record review revealed Tenant #1's April Medication Administration Record (MAR), included documentation of her blood sugar at 8:00 a.m., 12:00 p.m. and 5:00 p.m. The MAR documented 15 times between 4/01/24 and 4/17/24 when Tenant #1's blood sugar levels were above 300 (hospitalized on the evening of 4/17/24). Of the 15 elevated blood sugar levels, six were in the 400's and two exceeded 500. Tenant #1 also had a blood sugar of 50 documented on 4/11/24 and 61 on 4/13/24. (According to the Mayo Clinic website, a normal blood sugar level is between approximately 80 to | A 395 | | |

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| A 395 | Continued From page 8<br>140.)<br><br>Tenant #1's April MAR, physician's orders and service plan revealed no instructions/guidelines regarding when to notify the nurse and/or care provider of high or low blood sugar levels. Tenant #1's service plan dated 3/22/24 indicated she was diabetic and provided signs and symptoms of hyperglycemia (high blood sugar) and hypoglycemia (low blood sugar), but gave no information on what to do for high or low blood sugar.<br><br>On 5/08/24 at 3:55 p.m. Staff B stated she didn't know of any guidelines for when to contact the nurse regarding Tenant #1's blood sugar levels. Staff B said she had been trained at prior agencies to contact the nurse when the blood sugar was above 400.<br><br>On 5/08/24 at 3:50 p.m. Staff C said Tenant #1 had problems with high blood sugars during the month of April. Staff C stated she didn't know of any training or guidelines for staff regarding when they should notify the nurse regarding blood sugar levels. She said she had been trained at prior facilities to contact the nurse if a person's blood sugar was over 400.<br><br>On 5/08/24 at 2:50 p.m. when asked if there were guidelines for staff to follow regarding when to contact the nurse for high or low blood sugars, the Registered Nurse (RN) said the staff would contact her or another nurse if they had any concerns.<br><br>On 5/09/24 at 9:10 a.m. the RN stated Tenant #1 had a urinary tract infection in April, which affected her blood sugar levels. The RN said she verbally told staff to contact her if Tenant #1's | A 395 | | |

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| A 395 | Continued From page 9 | A 395 | | |

blood sugar was over 400, but had no documentation of that training.

2. On 5/08/24 from approximately 8:05 a.m. to 8:20 a.m. observation revealed Staff D moved Tenant #3 in her wheelchair from her room to the dining room table for breakfast. Staff D sat next to Tenant #3 and prompted her to eat. Tenant #3 ate three bites of hot cereal during this time. Staff D said Tenant #3 needed consistent staff presence/prompts to eat and typically only ate a few bites of her meal.

On 5/08/24 record review revealed Tenant #3's most service plan, dated 5/07/24. According to the service plan, Tenant #3 needed moderate assistance of one person for transfers and to use her walker. The service plan noted for mealtimes, Tenant #3 needed mealtime reminders, assistance to open packages, cut up food and routine assistance with cueing during meals.

On 5/07/24 at 3:25 p.m. Staff A stated Tenant #3 needed two staff to assist her with transfers the majority of the time. He said Tenant #3 sometimes didn't to eat, so he fed her.

On 5/07/24 at 3:45 p.m. Staff B said Tenant #3 needed two staff to assist her with transfers over half of the time. She said Tenant #3 sometimes refused to eat. Tenant #3 refused to use her walker. Staff B said she used a wheelchair with the tenant.

On 5/08/24 at 7:43 a.m. Staff C stated Tenant #3 needed two staff to assist her with transfers and used a wheelchair for mobility.

On 5/08/24 at 10:00 a.m. the Registered Nurse

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| A 395 | Continued From page 10<br>(RN) said she completed the pre-admission assessment based on information from Tenant #3's son. The RN did a re-assessment on 5/07/24 when it became evident the tenant's needs were higher than indicated by her son. The RN indicated she had not communicated with the staff regarding the amount of assistance routinely needed. | A 395 | | |

Department of Inspections and Appeals
Attn: Catie Campbell
6200 Park Avenue Suite 100
Des Moines, Iowa 50321

Dear Ms. Campbell:

On behalf of Birkwood Village of Fort Madison Memory Care, Iowa, I respectfully submit our Plan of Correction for your approval. This response is specific to the Initial Certification Visit, for the onsite visit 5/07/2024-5/09/2024. Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider of the truth of the alleged facts or conclusions set forth in the statement of insufficiencies. The Plan of Correction is executed solely because it is required by the provisions of Iowa Law.

Service Plans 69.26 (4) A Service Plans. The service plan shall be individualized and shall indicate, at a minimum: The tenant's identified needs and preferences for assistance.

1. Elements detailing how the Program will correct each regulatory insufficiency
    a. Tenant #3 service plan was updated on 5/9/2024 to reflect the tenant's level of assistance with transfers and ambulation.
    b. Tenant #1 was discharged from the program 5/31/2024.
2. Measures taken to ensure the problem does not recur
    a. The Director of Nursing was re-educated on developing an individualized service plan for each tenant.
    a. Service Plans will be based on the evaluation, individualized, updated whenever changes are needed and at least annually in accordance with regulation.
3. How the Program plans to monitor performance to ensure compliance
    a. The Director of Nursing and/or Designee will provide ongoing audits of tenant service plans to ensure they are following regulatory requirements.
4. The date by which the regulatory insufficiency will be corrected
    a. The regulatory insufficiency will be corrected on or before September 1, 2024.

Task Sheets 69.25 (1) q Taks Sheets. When the tenant is unable to advocate on the tenant's own behalf or the tenant has multiple service providers, including hospice care providers, accurate documentation of the completion of routine personal or health-related care is required on task sheets. If tasks are doctor-ordered, the tasks shall be part of the medication administration records (MARs).

2. Elements detailing how the Program will correct each regulatory insufficiency
    a. Tenant #3 task sheet was updated on 5/9/2024 to reflect the tasks provided by the program.
3. Measures taken to ensure the problem does not recur
    a. The Director of Nursing was re-educated on developing tasks list.
4. How the Program plans to monitor performance to ensure compliance

a. The Director of Nursing and/or Designee will perform ongoing audits of tenant tasks list to identify tenant needs, following regulatory requirements.

5. The date by which the regulatory insufficiency will be corrected
    b. The regulatory insufficiency will be corrected on or before September 1, 2024.

Tenant Rights 67.3 (2) Tenant Rights. To receive care, treatment and services which are adequate and appropriate.

1. Elements detailing how the Program will correct each regulatory insufficiency
    a. Tenant #3 was discharged from the program on 5/14/2024.
    b. Tenant #1 was discharged from the program 5/31/2024.
    c. Each tenant will be evaluated and assessed to receive care, treatment, and services which are adequate and appropriate.
2. Measures taken to ensure the problem does not recur
    a. The Director of Nursing was re-educated on tenant rights.
    b. Program staff were provided re-education on when to notify the nurse.
3. How the Program plans to monitor performance to ensure compliance
    a. The Director of Nursing and/or Designee will monitor for compliance every 90-days.
4. The date by which the regulatory insufficiency will be corrected
    c. The regulatory insufficiency will be corrected on or before September 1, 2024.

Admission and Retention 69.23 (1) b Criteria for admission and retention of tenants. Requires routine, two-person assistance with standing, transfer or evacuation.

1. Elements detailing how the Program will correct each regulatory insufficiency
    - Tenant #3 was discharged from the program on 5/14/2024.
2. Measures taken to ensure the problem does not recur
    - The Director of Nursing was re-educated on admission and retention criteria.
3. How the Program plans to monitor performance to ensure compliance
    - The Director of Nursing and/or Designee will audit tenant health, functional and service plans ongoing to ensure they are following regulatory requirements, related to admission and retention criteria, following regulatory requirements.
4. The date by which the regulatory insufficiency will be corrected
    - The regulatory insufficiency will be corrected on or before September 1, 2024.

If you have any questions regarding this plan of correction, please contact me at (319) 372-8021.

Respectfully submitted,

Brenda Graham