

DEPARTMENT OF INSPECTIONS AND APPEALS

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  S0120	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  01/12/2023
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NAME OF PROVIDER OR SUPPLIER  CORNERSTONE ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 302 2ND STREET NE MASON CITY, IA 50401
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(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	<p>Initial Comments</p> <p>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.</p> <p>Number of tenants without cognitive impairment: 33</p> <p>Number of tenants with cognitive impairment: 1</p> <p>Total census: 34</p> <p>The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification rules for an Assisted Living Program.</p>	A 000	See Attached POC 5/25/23	
A 345	<p>481-67.9(4)b Staffing</p> <p>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:</p> <p>b. Within 30 days of beginning employment, all program staff shall receive training by the program's registered nurse(s).</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the Program failed to ensure documentation demonstrated staff were delegated by the Program's registered nurse (RN) within 30 days of beginning employment for 2 out of 6 staff reviewed (Staff B and Staff C) Findings include:</p> <p>1. On 1/11/23, a review of personnel records</p>	A 345		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Erica Daus RN Director Assisted Living*

5/17/2023

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A 345	Continued From page 1 revealed the following:  a.) Staff B was hired on 10/19/22 as a Resident Aide. Staff B had completed RN delegations on file; however, documentation lacked a noted completion date as well as an RN signature. It could not be determined when the delegations were completed.  b.) Staff C was hired on 10/18/21 as a Resident Aide. No documentation for RN delegations could be located in Staff C's personnel file.  2. On 1/12/23 at 1:35 pm, the Director confirmed these findings.	A 345		
A 361	481-67.9(4)f 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:  f. Services shall be provided to tenants in accordance with the training provided.  This STANDARD is not met as evidenced by: Based on observation, interview, and record review, Program staff failed to follow medication administration procedures as delegated by the RN for 1 out of 3 tenants observed during a noon medication pass (Tenant #5) Findings include:  1. On 1/11/23 at 11:03 am during a medication pass, Staff A entered the room of Tenants #5 and #6 with the RN present to observe. Staff A prepared and handed one 1000 mg Metformin	A 361		

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A 361	<p>Continued From page 2</p> <p>HCl tablet to Tenant #5 in a medication administration cup. Staff A asked Tenant #5 to please ingest the medication because she needed to observe him ingesting the medication. Tenant #5 became upset and stated no one had observed him take his medication in 10 years. Tenant #5 stated he would take his pill to the dining room with him at 11:30 am when he went out to eat lunch. Tenant #5 stated he was told by his physician to take the medication with food to avoid stomach discomfort. The RN told Staff A it was alright and they allowed for Tenant #5 to keep the medication on person.</p> <p>2. On 1/11/23 at 11:05 am, the RN stated it was normal procedure for staff to administer the medication to Tenant #5 and for him to keep it on person and administer it himself later during his meal. The RN confirmed staff were delegated to observe tenants ingest medicine that is administered.</p> <p>3. On 1/12/23 during a review of Staff A's personnel record, RN delegations for oral medication administration was found dated 10/6/20.</p> <p>4. On 1/11/23 a review of Tenant #5's record revealed an admission date of 3/21/22. Tenant #5 had type II diabetes according to his record. Physician's orders dated 10/10/22 indicated Tenant #5 took 1000 mg of Metformin HCl, 0.5 tablet orally once daily and one full tablet twice daily. Tenant #5's service plan dated 1/9/23 indicated staff were to administer Tenant #5's medications as ordered. Tenant #5's service plan indicated the Metformin could be administered in the dining room.</p> <p>5. On 1/11/23 at 3 pm, the Director confirmed</p>	A 361		

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A 361	Continued From page 3  medications administered by qualified staff should be observed until ingested by the tenant unless otherwise indicated in the service plan.	A 361		
A 480	481-69.28(6)b Food Service  69.28(6) Programs engaged in the preparation and service of meals and snacks shall meet the standards of state and local health laws and ordinances pertaining to the preparation and service of food and shall be licensed pursuant to Iowa Code chapter 137F. The department will not require the program to be licensed as a food establishment if the program limits food activities to the following:  b. Baked goods that do not require temperature control for safety and single-service juice or milk may be stored in the program's kitchen and provided as part of a continental breakfast.  This REQUIREMENT is not met as evidenced by: Based on observations and interviews, the Program failed to only store single-serve milk and juice as a kitchen that was not licensed under a food establishment license. Findings include:  1. On 1/11/23 at 11:30 am during a meal observation, Staff B was observed placing quart sized juice containers into the Program's 1st floor refrigerator in the food serving area. The full juice containers were recently delivered from the long term care side of the building which also provided the delivery of daily meals. Upon observation of the inside of the refrigerator, several gallons of milk and quart sized juice containers were observed. Observation of the serving kitchen area	A 480		

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A 480	Continued From page 4  also revealed no licensure of the Program's kitchen because food was delivered from the licensed long-term care kitchen.  2. On 1/11/23 at 11:36 am, Staff B stated the Program's serving kitchen always had gallons of milk and juice available in the refrigerator. Staff B stated the long term care kitchen delivered milk when supplies would run low or staff knew where to go and get more if they needed it in the long term care side of the building.  3. On 1/11/23 at 3:15 pm, the Director confirmed the Program currently stored larger sized milk and juice in the Program's refrigerators and did not store single serve items.	A 480		

Cornerstone Assisted Living, 300 2<sup>nd</sup> Street N.E. Mason City, Iowa 50401  
This plan of correction serves as Cornerstone's credible allegation of compliance.

**A345 481.67.9(4)b Staffing**  
**Correction date is May 25th, 2023**

1. The facility has developed a checklist form in which the Director of Assisted Living or designee will use to monitor personnel records to ensure documentation by the program's RN is completed within 30days of a new hire's employment. This checklist form will be used for all new hires. (Employee File Review Form implemented on 5/1/23).
2. The Director of Assisted Living or designee will monitor and trend the data monthly for 3 months or until substantial compliance is attained.

**A361 481-67.9(4)f Staffing**  
**Correction Date is May 25<sup>th</sup>, 2023**

1. Tenant #5's care plan was reviewed and updated on 5/1/23 by the Health Coordinator.
2. Effective 5/4/23 Tenant #5's Metformin will be kept in a separate facility approved locked med box which will be stored in the bottom locked cabinet of the RA utility cart. Medication will be administered by the RA in the dining room per MAR and according to tenant #5's service plan.
3. The Director of Assisted Living or designee will review weekly medication administration audits x4, then monthly x1 for compliance.
4. RN Health Coordinator or designee will educate nursing staff/resident aides on the facilities Medication Administration Policy during a mandatory all-staff in-service on May, 10<sup>th</sup>, 2023.
5. Annual competency evaluation will be conducted by the RN Health Coordinator or designee documenting the RA's ability to function appropriately under the Medication Administration protocol thru in-services and skills labs.

A480 418-69.28(6)b Food Service  
**Correction date is May 25th, 2023**

1. All gallon sized milk and juice carafes will be removed from program refrigerators on 5/11/2023. Single serve milk cartons and single serve juice cups will only be used and stored in the Program's refrigerators.
2. Current staff will be educated by the Director of Assisted Living on Regulation 481-69.28 during Mandatory all-staff in-service on May 10<sup>th</sup>, 2023.
3. The Director of Assisted Living or designee will complete weekly program refrigerator audits x4, then monthly x1 to ensure single serve milk and juice cartons are used.

Respectfully submitted,



Erica Davis, RN, Director Assisted Living

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