DEPARTMENT OF INSPECTIONS AND APPEALS

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0139	A. BUILDING: _____ B. WING _____	05/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDENS AT RIDGECREST VILLAGE	4130 NORTHWEST BLVD DAVENPORT, IA 52806

(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: 2 Number of tenants with cognitive impairment: 11 Total census: 13 The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification of a Dedicated Dementia Specific Assisted Living Program:	A 000	POC 8/25/23	
A 285	481-67.5(2)f(4) Medications 67.5(2) Each program shall follow its own written medication policy, which shall include the following: f. When medications are administered traditionally by the program: (4) Medications and treatments shall be administered as prescribed by the tenant's physician, advanced registered nurse practitioner or physician assistant. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the Program failed to administer medications as ordered. This pertained to 1 of 2 two tenants observed on the medication pass that had eye drops administered (Tenant #4) and 1 of 3 tenants reviewed (Tenant #2). Findings follow:	A 285		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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A 285	Continued From page 1 1. When observed on 5/11/23 on the medication pass that started at 12:15 p.m. Staff F retrieved Tenant #4's oral medications from the locked medication cupboard and looked for Tenant #4's eye drops, Refresh Tears, but the bottle was not located in the bin with his medications. She looked in a different cupboard and bin and removed a different bottle of eye drops(Soothe Xtra Protection). After administering Tenant #4's oral medication she returned to the medication room/kitchenette area and took the Soothe Xtra Protection eye drops out to the dining room area. Tenant #4 was seated at the dining room table with three other tenants seated around him. Staff F administered one drop in each eye from the Soothe Xtra Protection bottle while he was seated at the table. She doffed her gloves and signed off the medication under Refresh Tears as administered. When interviewed on 5/11/23 at the time of the medication pass Staff F said Tenant #4 used to take those drops (Sooth Xtra Protection). Continued observation on 5/11/23 at 1:30 p.m. it was requested to see the bottle of the Soothe Xtra Protection eye drops that were administered to Tenant #4 during the lunch medication pass. Staff F said she reported to her nurse that she had administered the eye drops and should not have and the eye drops were thrown away. She retrieved them from an an open garbage in the kitchenette area. 2. Record review on 5/11/23 of Tenant #4's May 2023 medication administration records (MARs) reflected an order for Refresh Tears eyes drops, instill one drop in each eye, four times per day, including at midday. On 5/11/23 at midday the	A 285		

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A 285	Continued From page 2	A 285		

MAR reflected Staff F signed off the Refresh Tears drops; however the eye drops administered were Soothe Xtra Protection and no order was located on the MAR for those drops.

Continued record review revealed a Medication Error Incident Report was dated 5/11/23 indicated the date of the error was 5/11/23 and the time of the error was at the noon pass. The report indicated Tenant #4 was administered non-prescribed eye drops and not the prescribed eye drops.

3. Information was located online related to the the eye drop administered and the eye drop ordered indicated the following: The Soothe Xtra Protection was an emollient (lubricant) eye drop (eye drops administered without an order). The active ingredients included: light mineral oil (1%) and mineral oil (4.5%). Refresh Tears were a lubricant eye drop (eye drops ordered that were not administered) and the active ingredient was carboxymethylcellulose sodium (0.5%).

4. Record review on 5/15/23 of Tenant #2's file revealed Resident Notes dated 2/7/23 reflected new orders were received including a supplement twice daily.

Continued record review revealed March and April 2023 MARs reflected the order for the supplement twice daily. The May 2023 MARs did not reflect the order or administration of the supplement twice daily as ordered.

When interviewed on 5/15/23 at 12:00 p.m. the Licensed Practical Nurse (LPN) confirmed the order was not on the May 2023 MARs and she said it was not transferred over to the May MARs (change to an electronic record system).

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A 285	Continued From page 3 5. Continued record review of the Program's policy and procedure for medications indicated a medication aide under the supervision of the nurse would administer medications. A physician's order would be obtained for any medication administered by the Program. 6. When interviewed on 5/24/23 at 1:16 p.m. the Assisted Living Director confirmed all MARs and orders for the tenants listed above were provided.	A 285		
A 350	481-67.9(4)c 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: c. Training for noncertified staff shall include, at a minimum, the provision of activities of daily living and instrumental activities of daily living. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to provide training on activities of daily living (ADLs) for non-certified staff . This pertained to 3 of 3 staff reviewed that were non-certified staff (Staff A, C and D). Findings follow: 1. Record review on 5/10/23 and 5/11/23 of Staff A's training documented revealed a hire date of 10/19/22. Staff A had nurse delegation training completed within 30 days employment on 11/12/22; however, the training was not completed on all ADLs, including bathing,	A 350		

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A 350	Continued From page 4 dressing, undressing, toileting, hygiene and grooming. 2. Record review on 5/10/23 and 5/11/23 of Staff C's training documents revealed a hire date of 3/21/23. Staff C had nurse delegation training completed within 30 days employment on 4/5/23 and 4/10/23; however, the training was not completed on all ADLs, including bathing, dressing, undressing, toileting, hygiene and grooming. 3. Record review on 5/10/23 and 5/11/23 of Staff D's training documents revealed a hire date of 3/30/23. Staff D Staff A had nurse delegation training completed within 30 days employment on 4/12/23 and 4/13/23; however, the training was not completed on all ADLs, including bathing, dressing, undressing, toileting, hygiene and grooming. 4. When interviewed on 5/24/23 at 1:16 p.m. the Assisted Living Director confirmed all nurse delegation training for the staff listed above was provided.	A 350		
A 355	481-67.9(4)d 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: d. Certified and noncertified staff shall receive training regarding service plan tasks (e.g., wound care, pain management, rehabilitation needs and hospice care) in accordance with medical or nursing directives and the acuity of the tenants'	A 355		

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A 355	Continued From page 5 health, cognitive or functional status. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to provide nurse delegated training on service plan tasks including wound care. This pertained to 2 of 2 staff reviewed that assisted with medications and treatments (Staff B and Staff E). 1. When interviewed on 5/11/23 Staff F said Tenant #1's legs wept and she had a sore on her buttocks and chaffing. 2. Record review on 5/11/23 of Tenant #1's file revealed orders were received dated 4/19/23 to cleanse and cover areas on her buttocks, thigh and legs. Continued record review revealed the service plan dated 4/20/23 reflected Tenant #1's right inner thigh and right inner buttock had small areas of skin breakdown and to follow the treatment provided on the treatment administration record (TAR). Further record review revealed Tenant #1's April and May 2023 TARs reflected staff completed the treatment for the thigh, buttocks and legs. 3. When interviewed on 5/11/23 at 2:30 p.m. the Assisted Living Director said the order did not specify what to cover the affected area with and said staff was using a 4 x 4 square bandage. 4. Record review on 5/10/23 and 5/11/23 of Staff B's training documents revealed Staff B was a medication manager (MM) and was hired on 12/29/22. Nurse delegations were documented	A 355		

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A 355	Continued From page 6 as completed on 1/9/23 and 1/13/23; however, nurse delegated training was not completed related to the above treatment for Tenant #1. 5. Record review on 5/10/23 and 5/11/23 of Staff E's training documents revealed Staff E was a MM and was hired on 4/19/21. Nurse delegations were documented as completed on 12/21/21; however, nurse delegated training was completed related to the above treatment for Tenant #1. 6. When interviewed on 5/24/23 at 1:16 p.m. the Assisted Living Director confirmed the current delegations for staff did not include the treatment for Tenant #1. She also confirmed all delegations were provided for the staff listed above.	A 355		
A 380	481-67.9(6) Staffing 67.9(6) Dependent adult abuse training. Program staff shall receive training relating to the identification and reporting of dependent adult abuse as required by Iowa Code section 235B.16. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure staff completed the required dependent adult abuse training within six months of employment. This pertained to 1 of 2 staff reviewed hired in 2022 (Staff A). Findings follow: 1. Record review on 5/10/23 and 5/11/23 of Staff A's training documents revealed a hire date of 10/19/22. Staff A completed dependent adult abuse training on 5/10/23 (date staff files were requested); which was greater than six months	A 380		

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A 380	Continued From page 7 from her hire date. 2. When interviewed on 5/24/23 at 1:16 p.m. the Assisted Living Director confirmed all dependent adult abuse training was provided for the staff listed above.	A 380		
A 395	481-69.26(4)a Service Plans 69.26(4) The service plan shall be individualized and shall indicate, at a minimum: a. The tenant's identified needs and preferences for assistance This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to develop service plans that reflected the identified needs of tenants. This pertained to 3 of 3 tenant files reviewed (Tenants #1, #2 and #3). Findings follow: 1. Record review on 5/11/23 of Tenant #1's file revealed Resident Notes indicated the following: -On 2/10/23 it was noted Tenant #1 was found on the floor with her walker several feet away. Tenant #1 said she tripped over her feet and fell. Tenant #1 did not have any complaints of pain and no injury was noted. -On 2/15/23 it was noted staff found Tenant #1 on the floor with a large laceration to her right ankle. Tenant #1 was taken to the emergency department via ambulance and received sutures -On 2/23/23 it was noted Tenant #1's sutures	A 395		

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A 395	Continued From page 8	A 395		

were required to be removed however, it did not appear the sutures were ready to be removed. Tenant #1 had 2+ pitting edema to the bilateral lower extremities (BLE). It was noted the skin around the ankle was red, shinny and tight. A new order was received for doxycycline (antibiotic) and compression hose.

-On 2/23/23 it was noted a change of condition was completed related to the BLE edema and cellulitis.

Continued record review revealed Tenant #1's service plan reflected BLE edema, compression stockings, and cellulitis. The service plan did reflected Tenant #1 was independent with mobility and transfers. The service plan did not reflect Tenant #1 had a history of falls, including one fall that required Tenant #1 to be sent to the ED and receive sutures.

2. When interviewed on 5/11/23 at 10:30 a.m. Staff E said Tenant #2 pushed the door until it alarmed.

When interviewed on 5/11/23 Staff F said Tenant #2 read the posted signs about the door alarms and pushed the door because it was what the sign indicated. She said there were no issues with her safety.

Record review on 5/15/23 of Tenant #2's file revealed Tenant #2 was staged at a four on the Global Deterioration Scale, which indicated moderate cognitive decline. The service plan indicated Tenant #2 was a risk of wandering; however, the service plan did not reflect Tenant #2 pushed the doors and set off the door alarms.

3. Record review on 5/15/23 of Tenant #3 file

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A 395	Continued From page 9 revealed a Physician's Orders document reflected staff administered Tenant #3's medications, including Clopidogrel 75 milligram (mg), once daily ordered on 6/14/22. The service plan reflected staff administered Tenant #3's medications; however, did not reflect Tenant #3 took an anticoagulant medication. Continued record review revealed Resident Notes dated 3/16/23 indicated Tenant #3 left the memory care unit without staff knowledge and was found outside of the unit (in the attached Assisted Living) by staff. Progress Notes dated 5/11/23 indicated Tenant #3 left the memory unit without staff knowledge and was observed by staff outside of the door to the memory care unit. A visitor had just left the unit and was with Tenant #3. Further record review revealed the service plan reflected Tenant #3 eloped on 3/16/23 and to start checks every 15 minutes if an elopement occurred. The service plan did not reflect any additional interventions for Tenant #3's safety and elopements. 4. When interviewed on 5/24/23 at 1:16 p.m. the Assisted Living Director confirmed all service plans for the tenants listed above was provided.	A 395		
A 465	481-69.28(5) Food Service 69.28(5) Personnel who are employed by or contract with the program and who are responsible for food preparation or service, or both food preparation and service, shall have an orientation on sanitation and safe food handling prior to handling food and shall have annual	A 465		

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A 465	Continued From page 10 in-service training on food protection. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the Program failed to provide staff an orientation on safe food handling and an annual in-service on food safety. This pertained to 5 of 5 staff reviewed (Staff A, B, C, D and E). Findings follow: 1. When observed on 5/11/23 at 11:30 a.m. Staff E served food to the tenants at the lunch meal. 2. Record review on 5/10/23 and 5/11/23 of Staff A's training documents revealed Staff A's hire date was 10/19/22. Staff A did not have food safety and sanitation training completed at the time of the review or prior to handling food. 3. Record review on 5/10/23 and 5/11/23 of Staff B's training documents revealed Staff B's hire date was 12/29/22. Staff B did not have food safety and sanitation training completed at the time of the review or prior to handling food. 4. Record review on 5/10/23 and 5/11/23 of Staff C's training documents revealed Staff C's hire date was 3/21/23. Staff C did not have food safety and sanitation training completed at the time of the review or prior to handling food. 5. Record review on 5/10/23 and 5/11/23 of Staff D's training documents revealed Staff D's hire date was 3/30/23. Staff D did not have food safety and sanitation training completed at the time of the review or prior to handling food. 6. Record review on 5/10/23 and 5/11/23 of Staff E's training documents revealed Staff E's hire	A 465		

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A 465	Continued From page 11 date was 4/19/21. Staff E did not have food safety and sanitation training completed at the of the review, including prior to handling food or annually. 7. When interviewed on 5/24/23 at 1:16 p.m. the Assisted Living Director confirmed the staff listed above served food and no food safety training was completed.	A 465		
A 545	481-69.30(1) Dementia Specific Education for Personnel 69.30(1) All personnel employed by or contracting with a dementia-specific program shall receive a minimum of eight hours of dementia-specific education and training within 30 days of either employment or the beginning date of the contract, as applicable. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure staff completed eight hours of dementia-specific education and training within 30 days of employment. This pertained to 4 of 4 staff reviewed hired in 2022 and 2023 (Staff A, B, C and D). Findings follow: 1. Record review on 5/10/23 and 5/11/23 of Staff A's training documents revealed Staff A's hire date was 10/19/22. Staff A did not have eight hours of dementia training completed within 30 days of employment. 2. Record review on 5/10/23 and 5/11/23 of Staff B's training documents revealed Staff B's hire date was 12/29/22. Staff B did not have eight	A 545		

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A 545	Continued From page 12 hours of dementia training completed within 30 days of employment. 3. Record review on 5/10/23 and 5/11/23 of Staff C's training documents revealed Staff C's hire date was 3/21/23. Staff C did not have eight hours of dementia training completed within 30 days of employment. 4. Record review on 5/10/23 and 5/11/23 of Staff D's training documents revealed Staff D's hire date was 3/30/23. Staff D did not have eight hours of dementia training completed within 30 days of employment. 5. When interviewed on 5/24/23 at 1:16 p.m. the Assisted Living Director confirmed all dementia training for the staff listed above was provided.	A 545		

A285:

Updated medication management, safety checks for giving medication, and medication disposal delegation with specifics and additional focus on only giving medication to or leaving medication with resident for unsupervised administration if they are service planned through doctor's order and if any questions are present to call nurse on call before administration. Special instructions in care profile on point click care updated to include information on those who may have medication left with them and those who self-administer. Also updated medication management and safety checks for giving medication delegation with additional focus on multiple checks between eMAR and prescription label; only administering exactly what is prescribed and to call nurse immediately and before administration with questions. All medication managers re- educated and delegated on medication administration on June 27th, 28th, or 29th of 2023 at the all-staff skills fair, and re-educated on a bi-annual and as needed basis going forward.

Medication error form completed for medication error on tenant #4, primary care physician, POA, and resident made aware. Resident had no adverse reactions to this error.

Tenant #2's MAR updated on 5/15/23 to reflect the supplement order that was missed in transition to electronic health system. All resident electronic orders reviewed with previous paper MAR and physician orders to ensure accuracy by 8/25/23. This will be monitored monthly and as needed going forward to ensure accuracy and completeness of orders.

A350:

Current list of delegations improved by adding:

Nurse Delegation for Cleaning Upper or Lower Denture or Partial

Nurse Delegation for Assistance with Transfers and Mobility

Nurse Delegation for Personal Hygiene:

- Eye Glass Care
- Hair Care
- Shaving
- Hearing Aid Insertion and Removal
- Bathing
- Fingernail Care (updated)

Nurse Delegation for Assisting with Dressing and Undressing a Resident:

- Lower Body
- Upper Body
- Socks and Shoes

All staff re-educated and delegated on these tasks on June 27th, 28th, or 29th of 2023 at the all-staff skills fair and then annually and as needed going forward.

A355:

Delegation created June of 2023 for the specific wound instructions for tenant #1's wound care and all medication managers delegated at skills fair. I learned through the survey process that each individual wound (if it requires more than a basic dressing) requires specific delegation creation and education and delegation to staff. We have no other residents with wounds at this time; however when wounds are identified, I will create specific delegations with accompanying education and delegation to staff for the wound care orders (if there is not an existing delegation) requiring more than a basic dressing. All wound delegations to be reviewed with medication managers at skills fairs, with additional education and delegation annually and as needed.

A380:

All current staff training records audited, and all were completed in compliance excluding staff A. Excel spreadsheet created with all existing staff members including dates of hire, due dates of all required training, and training completion dates. New hires will be added upon completing organizational orientation and files will be audited monthly by myself to ensure accuracy and completion.

A395:

Tenant #1's service plan updated to reflect history of falls upon return to AL from current inpatient hospitalization (not related to falls); tenant #2's service plan updated to reflect history of elopement-type behaviors 5/18/23; tenant #3's service plan updated to reflect anticoagulation therapy by 8/25/23. Tenant #3's elopement situations were carefully reviewed and a process/environmental problem was identified. Tenant's first elopement occurred when ancillary staff heard the door alarming and shut it off without looking outside or alerting Oakwood staff. The second elopement occurred when the resident followed a visitor out of the unit. To address this problem, the door code to the memory care unit was changed and only Oakwood staff has this code. A doorbell was installed to alert staff that someone needs to come in or leave so that there is a staff member present any time the door is being used for safety with education to visitors and staff regarding the change in this process.

All resident service plans to be reviewed to ensure accurate reflection of resident's status and needs by 8/25/23. This will be carefully reviewed and updated by completing nurse upon each full assessment (30d, annual, significant change) moving forward.

A465:

Relias course "Handling Food Safely Part 1" and "Handling Food Safely Part 2" assigned to all current staff members on May 11, 2023, and were completed on June 30, 2023. These courses were added to the new hire assigned learning list as well as the annual re-assignment list. This will be verified by myself when each new hire begins and audited monthly for completion with other Relias training.

A545:

All current employee training audited, all staff to be in compliance by 8/25/23. Excel spreadsheet created with all existing staff members including details and dates of hire all required training. New hires will be added upon completing organizational orientation and files will be audited monthly by myself to ensure accuracy and completion. Working with the Alzheimer's Association to bring in once-monthly training sessions dependent on leader availability; have successfully had 2 so far.