

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>S0211</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/31/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CEDAR VALE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>100 POPPE LANE NASHUA, IA 50658</b>
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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><b>Initial Comments</b></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 disorder: 16 Number of tenants with cognitive disorder: 0</p> <p>TOTAL census of Assisted Living Program: 16</p> <p>There were no regulatory insufficiencies cited during the onsite infection control survey completed from 8/19/21 to 8/31/21.</p> <p>The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification for an Assisted Living Program:</p>	A 000	<p><b>POC</b> <b>12/2/21</b></p>	
A 290	<p><b>481-69.25(1)i Tenant Documents</b></p> <p>69.25(1) Documentation for each tenant shall be maintained by the program and shall include:</p> <p>i. When any personal or health-related care is delegated to the program, the medical information sheet; documentation of health professionals' orders, such as those for treatment, therapy, and medication; and nurses' notes written by exception</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to document nurses' notes by exception. This pertained 1 of 1 former tenant reviewed (Tenant C1) . Finding follow:</p>	A 290	<p>A290—Cedar Vale does maintain documentation for tenants. Nurse Manager to review regulation for A290 and educate on why this should have been documented. Measures taken so does not recur will include weekly review on all tenants by nurse manager to ensure that all changes have been documented. These weekly reviews will be documented that have been done on a type of spreadsheet. Cedar Vale will have program manager monitor spreadsheet 2 times month to make sure reviews are being done. Program Manager will initial when her review has been done on spreadsheet.</p>	

DIVISION OF HEALTH FACILITIES - STATE OF IOWA  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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A 290	<p>Continued From page 1</p> <p>Record review on 8-30-21 of Tenant C1's file revealed revealed the following new orders were received:</p> <p>a. On 7-5-21 a new order was received for cephalexin 500 milligram (mg), one capsule orally twice daily for seven days.</p> <p>b. On 7-11-21 a new order was received for cephalexin 500 mg, one capsule orally every 12 hours for seven days (to be started after the current prescription was completed).</p> <p>c. On 7-16-21 Tenant C1 was diagnosed with shingles. New orders included: valacyclovir HCl 1 gram tablet orally three times per day for seven days. Tenant C1 was to avoid being around pregnant individuals and those individuals that were immunocomprised due to risk of transmission. The area was to be kept clean, dry and covered, especially if it was draining due to the high risk of transmission.</p> <p>When interviewed on 8-31-21 at 10:58 a.m. the Nurse Manager reported the antibiotic was prescribed to Tenant C1 due to a rash on her foot that was thought to be a fungal infection. She was prescribed two rounds of antibiotics and then was diagnosed with shingles.</p> <p>Continued record review revealed Nurse's Notes indicated on 7-6-21 it was noted Tenant C1's family had taken her to a walk in clinic over the weekend and she was started on cephalexin 500 mg twice daily for seven days.</p> <p>Further record review revealed nurses' notes were not documented by exception including, the reason for the antibiotic therapy on 7-5-21, the new order and diagnoses related to new antibiotic</p>	A 290		

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A 290	Continued From page 2  order on 7-11-21 or the diagnoses of shingles with new orders on 7-16-21.  When interviewed on 8-31-21 at 10:58 a.m. the Nurse Manager confirmed the above finding.	A 290	<b>POC 12/2/21</b>	
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 to reflect the identified needs of the tenants. This pertained to 1 of 2 current tenants reviewed (Tenant #1) and 1 of 1 former tenant reviewed (Tenant C1) . Findings follow:  1. Record review on 8-30-21 of Tenant #1's file revealed the service plan reflected staff provided assistance with bathing twice per week and as needed.  When interviewed on 8-19-21 at 2:15 p.m. Staff A said Tenant #1 refused bathing assistance. Staff A said Tenant #1 received showers about twice per month.  Continued record review revealed Service Provided Sheet documents reflected the following:  a. The document for August 2021 reflected from	A 395		A395 Cedar Vale does develop service plans to reflect need of tenants. Nurse Manager to review regulation for A395 and educate on why this these should have been added to service plans. Measures taken so does not recur will include weekly reviews on all tenants by nurse manager to ensure that all changed needed to services plan have been added as needed. These weekly reviews will be checked off on a type of spreadsheet. Cedar Vale will have program manager follow these spreadsheets 2 times month to ensure weekly reviews are being done.

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A 395	<p>Continued From page 3</p> <p>8-1-21 to 8-26-21 there was one documented shower on 8-12-21 and one sponge bath on either 8-23-21 or 8-24-21. The other entries on the service record for bathing were charted as refusals.</p> <p>b. The document for July 2021 reflected one sponge bath on 7-8-21 and one documented shower on 7-16-21. The other entries on the service record for bathing were charted as refusals.</p> <p>c. The document for June 2021 reflected two showers were completed on 6-1-21 and 6-24-21. The other entries on the service record for bathing were charted as refusals.</p> <p>Further record review revealed Tenant #1's most recent service plan, signed on 6-3-21, reflected staff should provide safety in and out of the shower, twice per week and as needed. Staff also assisted Tenant #1 with washing hard to reach areas. Tenant #1's routine bathing refusals were not reflected on the service plan.</p> <p>2. Record review on 8-30-21 of Tenant C1's file revealed the following new orders were received:</p> <p>a. On 7-5-21 a new order was received for cephalexin 500 milligram (mg), one capsule orally twice daily for seven days.</p> <p>b. On 7-11-21 a new order was received for cephalexin 500 mg, one capsule orally every 12 hours for seven days (to be started after the current prescription was completed).</p> <p>c. On 7-16-21 Tenant C1 was diagnosed with shingles. New orders included: valacyclovir HCl</p>	A 395		

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A 395	<p>Continued From page 4</p> <p>1 gram tablet, orally three times per day for seven days. Tenant C1 was to avoid being around pregnant individuals and those individuals that were immunocomprised due to risk of transmission. The area was to be kept clean, dry and covered, especially if it was draining due to the high risk of transmission.</p> <p>When interviewed on 8-31-21 at 10:58 a.m. the Nurse Manager said the antibiotic was prescribed to Tenant C1 due to a rash on her foot that was thought to be a fungal infection. She was prescribed two rounds of antibiotics and then was diagnosed with shingles.</p> <p>Continued record review revealed Nurse's Notes indicated the following:</p> <p>a. On 7-6-21 it was noted Tenant C1's family had taken her to a walk in clinic over the weekend and she was started on cephalexin 500 mg, twice daily for 7 days.</p> <p>b. On 7-8-21 it was noted a telephone call received that indicated physical therapy (PT) would start their first visit (with Tenant C1) today.</p> <p>Further record review revealed Tenant C1's most recent service plan was signed on 6-25-21. The service plan failed to reflect Tenant C1 had shingles or the needed precautions and treatment. The service plan also did not reflect PT services.</p> <p>3. When interviewed on 8-31-21 at 10:58 a.m. the Nurse Manager confirmed the above finding.</p>	A 395		
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