

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0343	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/02/2021
NAME OF PROVIDER OR SUPPLIER FLOYD PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 403 C STREET SERGEANT BLUFF, IA 51054		
(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)
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>General Population Program</p> <p>Number of tenants without cognitive disorder: 16 Number of tenants with cognitive disorder: 4 Total Population of Program at time of on-site: 20</p> <p>TOTAL census of Assisted Living Program: 20</p> <p>The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification of an Assisted Living Program, the investigation of Complaints #95232-C and #95289-C and during the onsite infection control survey.</p>		A 000	<p>See Attached</p> <p>POC</p> <p>4/23/21</p>
A 150	<p>481-67.2(3) Program Policies and Procedures</p> <p>67.2(3) The program shall follow the policies and procedures established by the program.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to follow their policy and procedures for staff training and medication (med) error documentation. This pertained to 3 of 6 staff (Staff A, Staff B, and Staff D) reviewed and 2 of 2 tenants reviewed (Tenant #1 and Tenant #2) with medication errors. Findings follow:</p> <p>1. Record review of staff files on 2-3-21 revealed the following:</p> <p>a. Staff A was hired 11-30-2020. Records of</p>		A 150	

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

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

TITLE

(X6) DATE

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0343	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/02/2021
NAME OF PROVIDER OR SUPPLIER FLOYD PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 403 C STREET SERGEANT BLUFF, IA 51054		
(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 150	<p>Continued From page 1</p> <p>training to provide personal care could not be located.</p> <p>b. Staff B was hired 10-12-2020. Records of training to provide personal care could not be located.</p> <p>c. Staff D was hired 2-15-18. Records of training to provide personal care could not be located.</p> <p>Record review of the Program's policies and procedures revealed the following:</p> <p>a. Staffing for Care and Services policy indicated the Residence Director was responsible for ensuring staff were trained and qualified to provide care and services as required by state regulations, Residence policy, and training documentation was maintained.</p> <p>b. Staffing Management policy directed staff were to be trained to perform multiple tasks, such as personal care, responding to resident calls, and other tasks as required.</p> <p>c. Community and Region COVID-19 Protocol Checklist indicated during "Local Preparation" phase required eligible employees to be cross trained.</p> <p>When interviewed on 3-1-21 at 1:03 p.m. Staff A stated she was hired as the Community Relations Manager and confirmed she provided assistance with toileting and dressing a few times when no one else was available. She stated the previous Director asked her to help out when several staff were out sick with COVID-19.</p> <p>When interviewed on 2-3-21 at 10:43 a.m. Staff B stated she was hired as the Life Enrichment Coordinator. She confirmed she assisted tenants with getting dressed without the required training</p>	A 150		

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0343	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/02/2021
NAME OF PROVIDER OR SUPPLIER FLOYD PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 403 C STREET SERGEANT BLUFF, IA 51054		
(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 150	<p>Continued From page 2</p> <p>from a nurse to provide personal cares. She stated the previous Director asked her to cover shifts when several staff were out sick with COVID-19. She stated there was no nurse on staff but a regional nurse was available. Staff B did not know why training was not provided.</p> <p>When interviewed on 2-3-21 at 2:19 p.m. Staff D stated he was hired as the maintenance technician. He stated he filled in on some overnight shifts and in the kitchen when there was not enough staff. He confirmed he assisted tenants with toileting and getting dressed without the required training from a nurse to provide personal cares. He stated the previous Director asked him to cover shifts when several staff were out sick with COVID-19.</p> <p>When interviewed on 3-2-21 at 1:05 p.m. the Regional Executive Director confirmed these findings and stated the previous Director failed to follow policies to ensure staff received the required training. He confirmed a regional nurse was available to provide the required training and stated he was unsure why the training was not completed.</p> <p>2. Record review of Medication Administration Records (MAR) on 2-4-21 revealed the following:</p> <p>a. Tenant #1's MAR revealed the Program failed to administer 8:00 a.m. medications Norvasc (hyperlipidemia) and Lipitor (cholesterol) on 12/25/20 & 12/26/20 and 7:00 a.m. medications NP Thyroid on 12/25/20, 12/26/20, and 12/27/20.</p> <p>b. Tenant #2's MAR revealed the Program failed to administer Tramadol at 9:00 a.m., 1:00 p.m., 5:00 p.m., and 9:00 p.m. on 12/1/20 and 9:00</p>	A 150		

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0343	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/02/2021
NAME OF PROVIDER OR SUPPLIER FLOYD PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 403 C STREET SERGEANT BLUFF, IA 51054		
(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 150	<p>Continued From page 3</p> <p>a.m. on 12/2/20.</p> <p>Further review revealed Nurse's Medication Notes documented Tramadol was not available.</p> <p>Continued review revealed the Program failed to administer Tramadol at 9:00 a.m., 1:00 p.m., 5:00 p.m., and 9:00 p.m. on 1/1/21 and at 9:00 a.m. and 1:00 p.m. on 1/2/21. The Program also failed to administer Preservision (nutritional deficiency) on 1/2/21 - 1/8/21.</p> <p>Further review revealed Nurse's Medication Notes documented Tramadol and Preservision was not available.</p> <p>Record review of Medication Error policy revealed med errors included missed doses and required the physician to be notified and a First Responder Form completed.</p> <p>On 3-2-21 at 1:05 p.m. the Regional Executive Director confirmed no documentation of physician notification or First Responder Form/Incident Report could be located.</p>	A 150		
A 285	<p>481-67.5(2)f(4) Medications</p> <p>67.5(2) Each program shall follow its own written medication policy, which shall include the following:</p> <p>f. When medications are administered traditionally by the program:</p> <p>(4) Medications and treatments shall be administered as prescribed by the tenant's physician, advanced registered nurse practitioner or physician assistant.</p>	A 285		

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0343	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/02/2021
NAME OF PROVIDER OR SUPPLIER FLOYD PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 403 C STREET SERGEANT BLUFF, IA 51054		
(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 285	<p>Continued From page 4</p> <p>This REQUIREMENT is not met as evidenced by:</p>	A 285		
A 470	<p>481-69.28(5)a(1)(2)(3) Food Service</p> <p>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 in-service training on food protection.</p> <p>a. In addition to the requirements above, a minimum of one person directly responsible for food preparation shall have successfully completed a state-approved food protection program by:</p> <ul style="list-style-type: none"> (1) Obtaining certification as a dietary manager; or (2) Obtaining certification as a food protection professional; or (3) Successfully completing an ANSI-accredited certified food protection manager program meeting the requirements for a food protection program included in the Food Code adopted pursuant to Iowa Code chapter 137F. Another program may be substituted if the program's curriculum includes substantially similar competencies to a program that meets the requirements of the Food Code and the provider of the program files with the department a statement indicating that the program provides substantially similar instruction as it relates to sanitation and safe food handling. <p>This REQUIREMENT is not met as evidenced</p>	A 470		

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0343	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/02/2021
NAME OF PROVIDER OR SUPPLIER FLOYD PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 403 C STREET SERGEANT BLUFF, IA 51054		
(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 470	<p>Continued From page 5</p> <p>by:</p> <p>Based on interview and record review the Program failed to provide an orientation on sanitation and safe food handling prior to handling food. This pertained to 5 of 6 staff reviewed (Staff A, Staff B, Staff C, Staff D, and the Registered Nurse). Findings follow:</p> <p>Record review of staff files revealed the following:</p> <ul style="list-style-type: none"> a. Staff A was hired 11-30-2020 and no record of orientation on sanitation and safe food handling could be located. b. Staff B was hired 10-12-2020 and no record of orientation on sanitation and safe food handling could be located. c. Staff C was hired 11-9-2020 and no record of orientation on sanitation and safe food handling could be located. d. Staff D was hired 2-15-18 and no record of orientation on sanitation and safe food handling could be located. e. The Registered Nurse was hired 1-11-2021 no record of orientation on sanitation and safe food handling could be located. <p>On 3-2-21 at 1:05 p.m. the Regional Executive Director confirmed these findings.</p>	A 470		

April 9, 2021

[REDACTED]
Iowa Dept. of Inspections and Appeals
Lucas State Office Bldg., 3rd Floor
321 East 12th Street
Des Moines, IA 50319-0083

RE: Floyd Place Plan of Correction

Enclosed is the required Plan of Correction regarding the Survey which concluded March 2, 2021 at Floyd Place. Submission of this response of the Plan of Correction is not a legal admission that a deficient practice exists, or that the Statement of Deficiencies was correctly cited, and is also not to be construed as an admission against interest by the residence, or any employees, agents or other individuals who drafted or may be discussed in the response on the Plan of Correction. In addition, preparation and submission of the Plan of Correction does not constitute an admission of agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency. Rather, it is a submitted confirmation of our ongoing efforts to comply with statutory and regulatory requirements.

A 470 481-69.28(5)a(1)(2)(3)

- All staff were trained on Food Safety & Sanitation at all-staff meeting on 04/01/2021.
- Executive Director, Nurse, and Chef were trained and educated on state regulation 481-69.28(5) concerning the sanitation and safe food handling training requirements on 04/01/2021.
- Implemented procedure for all new employees to complete Food Safety & Sanitation training as required by 481-69.28(5) during the first 90 days of employment or prior to handling food, whichever comes first.
- All trainings are and will be documented with signature logs.

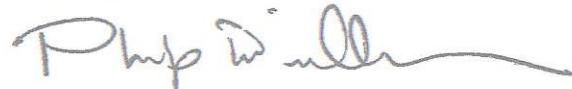
A 150 481-67.2(3)

- Nurse and all medication managers will be trained on med error policy before competency sign off and passing medications. All training will be completed by 04/23/2021.
- For three months, Nurse will conduct monthly review of medication management including medication error policy, then review quarterly for two quarters, and then review as needed.
- Nurse attended the AL regulatory/Nurse Delegation training on 04/07/2021.
- Procedure for all new employees providing direct care to residents be delegated by the nurse completed by 04/23/2021.
- All training will be documented with specialized task forms and competencies or signature logs.
- Training for all current medication managers on medication administration policy and procedure. All medication managers will be trained prior to giving medications. Documentation of training and education will be completed by 04/23/2021.
- The nurse or designee will complete weekly medication administration review audits for compliance.

- All training will be documented with specialized forms or competencies.

Please advise if any additional information is needed. We remain committed to the delivery of quality services and will continue to make changes and improvements to satisfy that objective. The date of completion for the Plan of Correction is April 23, 2021.

Sincerely,



Philip Miller
Regional Executive Director