

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0357	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/23/2021
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NAME OF PROVIDER OR SUPPLIER SUITES OF ANKENY	STREET ADDRESS, CITY, STATE, ZIP CODE 420 NW ASH DRIVE ANKENY, IA 50023
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A 000	<p>Initial Comments</p> <p>The census numbers were provided by the Program at the time of the visit.</p> <p>Number of tenants without cognitive disorder: 27 Number of tenants with cognitive disorder: 0 Total census of Assisted Living Program: 27</p> <p>No regulatory insufficiencies were cited regarding the onsite infection control survey.</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		
A 270	<p>481-67.5(2)f(1) 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>(1) The administration of medications shall be provided by a registered nurse, licensed practical nurse or advanced registered nurse practitioner registered in Iowa, by an individual who has successfully completed a department-approved medication aide or medication manager course and passed the respective department-approved medication aide or manager examination, or by a physician assistant (PA) in accordance with 645-Chapter 327. Injectable medications shall be administered as permitted by Iowa law by a registered nurse, licensed practical nurse, advanced registered nurse practitioner, physician, pharmacist, or physician assistant (PA).</p>	A 270	<p>All staff administering medication as of 3/24/21 have completed required training to administer medication to AL tenants. All new staff that will administer medication will be signed up for Medication Manager class on orientation day. Each new staff member will be scheduled to take class at facility and complete with certificate and delegation prior to administering medications to tenants. Program Director and HR to monitor on a monthly basis for compliance and completion of class. Corporate nurse to monitor quarterly.</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 270	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the program failed to ensure 2 of 7 staff reviewed were properly trained before administering medication to tenants (Staff G and Staff I). Findings follow:</p> <p>Record review of personnel files on 3/22/21 revealed Staff G was hired on 5/4/20. She had not completed a medication manager course at the time of review.</p> <p>On 3/22/21, Staff I was interviewed and reported her job duties included administering medication to tenants residing at the program.</p> <p>On 3/21/21 at 9:50 AM, the Director reported Staff G and Staff I were currently taking a course on medication management but had yet to complete it. Prior to completing the course, the Director confirmed they had been administering medication to tenants of the program.</p>	A 270		
A 340	<p>481-67.9(4)a 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>a. The program's newly hired registered nurse shall within 60 days of beginning employment as the program's registered nurse document a review to ensure that staff are sufficiently trained and competent in all tasks that are assigned or delegated.</p>	A 340	<p>Newly hired RNs will ensure staff are sufficiently trained within 60 days of the nurse's start of employment. All current staff were compliant with delegation as of 3/25/21. HR and corporate nurse to audit employee files quarterly to ensure compliance.</p>	

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A 340	<p>Continued From page 2</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the newly hired registered nurse failed to ensure 4 of 7 universal workers reviewed were sufficiently trained to carry out all assigned tasks within 60 days of her date of hire (Staff B, C, G and H). Findings follow:</p> <p>Record review on 3/22/21 revealed the program hired the Registered Nurse (RN) Designee on 1/18/21. The RN Designee should have delegated all staff on their assigned tasks by 3/18/21.</p> <p>A review of the personnel files for Staff B, Staff C, Staff G and Staff H revealed there was no documentation they had been delegated on their assigned tasks by the RN Designee.</p> <p>The Administrator, RN Designee and Director confirmed these findings on 3/23/21 at 3:05 PM.</p>	A 340		
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:</p>	A 345	<p>All staff were compliant with delegation as of 3/25/21. RN designee and Program director to schedule all new employees for delegations prior to 30 days of employment. HR and corporate nurse to audit employee files quarterly for compliance.</p>	

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A 345	<p>Continued From page 3</p> <p>Based on interview and record review the program failed to ensure 5 of 7 staff reviewed were trained by the registered nurse (RN) within 30 days of employment (Staff C, Staff D, Staff F, Staff G, Staff H).</p> <p>Record review of personnel files on 3/22/21 revealed Staff C had a hire date of 3/26/20. There were no training records in her file.</p> <p>Staff D had a hire date of 10/2/20. There was documentation Staff D was trained on tenants' needs on 1/22/21 which was more than 30 days past her hire date.</p> <p>Staff F began working at the program on 12/12/19. There was documentation she was trained on 10/9/20. There was no documentation in her file she had been delegated by the nurse on tenants' needs within 30 days of her hire date.</p> <p>Staff G began working at the program on 5/4/20. There was documentation in her personnel chart she was trained by the RN on 10/20/20, but not within 30 days of her hire date.</p> <p>Staff H had a hire date of 8/26/20. She was delegated by the RN on tenants' need on 10/26/20, but not within 30 days of her hire date.</p> <p>The Director, RN Designee and Administrator confirmed these findings on 3/23/21 at 3:05 PM.</p>	A 345		
A 380	<p>481-67.9(6) Staffing</p> <p>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</p>	A 380		

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A 380	Continued From page 4 235B.16. This REQUIREMENT is not met as evidenced by: Based on interview and record review the program failed to ensure 4 of 7 staff reviewed received Dependent Adult Training within six months of hire and every three years thereafter, as required by Iowa Code section 235B.16 (Staff members A, C, F and G). Findings follow: Staff A had a hire date of 9/1/20. She completed her dependent adult abuse training on 3/2/21, which was more than 6 months past her hire date. Staff C was hired on 3/26/20. The program had no record of her dependent adult abuse training. Staff F began working at the program on 12/12/19 but did not complete her dependent adult abuse training until 9/21/20, more than six months past her hire date. Staff G had a hire date of 5/4/20. She had dependent adult abuse training prior to beginning employment at the program dated 2/24/16. There was no additional training in her record and the initial training from 2016 was expired at the time of the review. The Administrator, Director and RN Designee confirmed these findings on 3/23/21 at 3:05 PM.	A 380	All staff performing cares as of 3/31/21 have completed required training for Dependent Adult Abuse. All new staff that will be signed up for Dependent Adult Abuse class upon hire and will be scheduled to take class at facility and complete with certificate prior to the 6 months requirement for completion. Program Director and HR to monitor on a monthly basis for compliance and completion of class. Corporate nurse to monitor quarterly	
A 370	481-69.26(3)a Service Plans 69.26(3) When a tenant needs personal care or health-related care, the service plan shall be updated within 30 days of the tenant's occupancy	A 370		

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A 370	<p>Continued From page 5</p> <p>and as needed with significant change, but not less than annually.</p> <p>a. If a significant change triggers the review and update of the service plan, the updated service plan shall be signed and dated by all parties.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the program failed to ensure service plans were updated with significant change for 1 of 3 tenants reviewed who received personal care services (Tenant #2). Findings follow:</p> <p>Record review on 3/23/21 revealed Tenant #2 had a Nurses note dated 10/23/20 in which staff notified a nurse Tenant #2 had declined significantly within the past 24 hours. The nurse assessed the tenant and observed she did not know who the staff was. The tenant was hallucinating and had weakness in her lower extremities. The nurse contacted Tenant #2's primary care provider who instructed the nurse to send her to the emergency room. Tenant #2 was diagnosed with a urinary tract infection and treated with IV antibiotics. She returned to her apartment later in the day. Staff found Tenant #2 on the floor on 10/24/20. She continued to be confused. Tenant #2 was found on the floor again on 10/25/20. Staff members reported to the nurse Tenant #2 had increasing confusion on 11/2/20. The nurse was instructed to collect a sample Tenant #2's urine to test for an infection.</p> <p>On 12/17/20, staff observed a choking episode at lunch. Tenant #2 was able to clear her airway independently. The nurse placed a call to Tenant #2's primary care provider to request an order for</p>	A 370	<p>Facility wide review of service plans will be completed as of 6/20/21. Program director and RN designee will review any incidents or status changes in tenant condition weekly and as needed. Corporate nurse to audit quarterly for compliance.</p>	

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A 370	<p>Continued From page 6</p> <p>speech therapy to evaluate and treat.</p> <p>Tenant #2 had a physical therapy treatment encounter note dated 3/11/21 which identified she would benefit from a walking program when she was discharged from physical therapy. She had her final session of physical therapy on 3/17/21 and it was noted an AFO (ankle, foot, orthotics) brace was scheduled to arrive later in the day. The physical therapist was going to help her get it properly fit the following day, with program nursing staff helping Tenant #2 to follow through with recommendations for wearing the device.</p> <p>A nurse review dated 3/22/21 indicated Tenant #2 continued to be an assist of 1 for her activities of daily living and was working with speech therapy, occupational therapy and physical therapy.</p> <p>Tenant #2's most recent service plan dated was dated 7/20/20. The plan was not updated to address the tenant's changes in condition as noted above.</p> <p>The Administrator and Director confirmed these findings on 3/23/21 at 2:15 PM.</p>	A 370		
A 420	<p>481-69.27(1)a Nurse Review</p> <p>69.27(1) If a tenant does not receive personal or health-related care, but an observed significant change in the tenant's condition occurs, a nurse review shall be conducted. If a tenant receives personal or health-related care, the program shall provide for a registered nurse:</p> <p>a. To monitor, at least every 90 days, or after a significant change in the tenant's condition, any tenant who receives program-administered</p>	A 420		

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A 420	<p>Continued From page 7</p> <p>prescription medications for adverse reactions to the medications and to make appropriate interventions or referrals, and to ensure that the prescription medication orders are current and that the prescription medications are administered consistent with such orders</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the program failed to conduct nurse reviews every 90 days for 3 of 3 tenants reviewed who received health-related care services (Tenants #1, #2, #3). Findings follow:</p> <p>Record review on 3/23/21 revealed Tenant #1 had nurse reviews written on 10/20/20 and 3/9/21. They were not written every 90 days.</p> <p>Tenant #2 had a Service plan and nurse review written on 7/22/20. There were no nurse reviews in her record since that date.</p> <p>Tenant #3 had nurse reviews written on 8/21/20 and 2/23/21. There were no other nurse reviews in her record.</p> <p>The Administrator and Director confirmed these findings on 3/23/21 at 2:15 PM.</p>	A 420	<p>All current tenant's reviews are in compliance as of 3/24/21 and schedule of assessments was implemented to maintain compliance with tenant reviews. Program Director with the assistance of the RN designee to maintain schedule of assessments and add new tenants as needed. Corporate nurse to audit quarterly for compliance.</p>	