DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0430	A. BUILDING: _____ B. WING _____	C 05/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAKWOOD PLACE 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 are defined by the type of population served. The census numbers were provided by the Program at the time of the on-site. Number of tenants without cognitive disorder: 35 Number of tenants with cognitive disorder: 0 Total census of Assisted Living Program: 35 The following regulatory insufficiencies were cited during the investigation of Complaint #102287-C and the recertification visit conducted to determine compliance with certification for an Assisted Living Program:	A 000	The Plan of Correction is attached	
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 interview and record review the Program failed to administer medications as ordered for 2 of 3 current tenants (Tenants #2 and #3) and 1 of 3 discharged tenants reviewed (Tenant C3). Findings follow: 1. Review of Tenant #2's file on 5/17/23 revealed a Physician's Order document reflecting an order	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	A 285		

for Calmoseptine Ointment to be applied to buttocks twice daily and as needed.

Continued record review revealed the March 2023 treatment administration record (TAR) reflected the Calmoseptine order and reflected staff administered it once daily, on second shift.

The April 2023 TAR reflected the order; however, staff had not completed the treatment as ordered. The TAR did not reflect any staff initials for completion twice daily or as needed for April 2023.

Continued record review of Tenant #2's file did not reveal an order change of the Calmoseptine Ointment from twice daily and as needed to as needed only. Tenant #2 did not receive the physician ordered treatment as prescribed.

2. Review of Tenant #3's file on 5/17/23 revealed a Physician's Orders document reflecting an order for compression stockings, apply in the morning and remove at night for edema.

Continued record review revealed the March and April 2023 TARs reflected the order and staff completion of the task. The May 2023 MAR did not reflect the order for compression hose or staff completion of the physician ordered task.

3. Review of Tenant C3's file on 5/18/23 revealed the November 2021 MAR reflected an order for lorazepam 0.5 milligram (mg), 1/2 tablet, twice daily as needed. The MAR reflected on 11/23/21 staff administered a full tablet of Lorazepam.

The Individual Patient's Narcotic Record also reflected staff administered one tablet of lorazepam and not the 1/2 tablet that was

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A 285	Continued From page 2 ordered. Further record review revealed a fax to the primary care provider (PCP) dated 2/7/22 indicating Tenant C3 requested her noon medications to be left with her morning medications. Tenant C3 took her morning and noon medications together. Tenant C3 received a double dose of Bupropion. Tenant C3 showed some confusion and was giggling and saw stuffed animals move. The February 2022 MAR reflected the following medications were scheduled to be given at 12:00 p.m.: a. Bupropion HCL XL, 150 mg tablet, one tablet twice daily (8:00 a.m. and 12:00 p.m.) b. Carbidopa-Levodopa, 25-100, two tablets, twice daily (12:00 p.m. and 8:00 p.m.) c. Ropinirole HCL, 1 mg tablet, four tablets, once daily (12:00 p.m.) Tenant C3's service plan dated 12/23/21 reflected staff administered her medications. The service plan did not include Tenant C3's requested noon medications to be left with her morning medications or that staff left medications with her to take independently. The service plan reflected to give morning medications at 7:00 a.m. and not 6:00 a.m. Tenant C3 did not receive physician ordered medications as prescribed. 4. When interviewed on 5/24/23 at 1:26 p.m. the Assisted Living Director confirmed all MARs and orders were provided for tenants listed above.	A 285		
A 325	481-67.9(1) Staffing	A 325		

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A 325	Continued From page 3 67.9(1) Number of staff. A sufficient number of trained staff shall be available at all times to fully meet tenants' identified needs. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to provide staff available at all times to meet the needs of the tenants, including medication administration on third shift. This potentially affected all tenants who received medication administration (24 tenants). Findings follow: 1. A community meeting was held on 5/16/23 at 2:30 p.m. with 19 tenants and 1 family member. The tenants voiced concerns with staffing and said more staff were needed, especially on overnights and weekends. Two tenants said medications could not be administered at night. One of those tenants said his/her medications could not be given on third shift as there was not someone available who could administer medications. 2. When interviewed on 5/17/23 at 3:10 p.m. Staff H said there was not a medication passer on third shift since last year. She said there was not usually a lot of medications on third shift. Staff was to supposed to call the nursing facility or one of the Program's nurses if an as needed medication needed to be administered. She had heard a few tenants that requested Tylenol did not get it as there was not a medication manager to give it. It happened last month. 3. When interviewed on 5/17/23 at 3:44 p.m. Staff I said almost everyday there was not a medication passer on third shift. It had been a few	A 325		

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A 325	Continued From page 4 months. When someone was on hospice and needed medications the Assisted Living Director came in or would ask Staff I to stay late on her shift. She said one tenant received a narcotic medication and staff set it up and the tenant set her alarm and wakes up to take it. 4. Review of the schedule provided reflected there were six staff listed as third shift staff and none of the staff listed were a medication manager or certified medication aide. Continued record review of the Program's policy and procedure for medications revealed 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. 5. When interviewed on 5/24/23 at 1:26 p.m. the Assisted Living Director said a couple people on second shift stayed over until 2:00 a.m. but not all the time. She was not aware tenants were asking for medications on third shift and was not also not aware tenants were not receiving the medications requested on third shift.	A 325		
A 345	481-67.9(4)b 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: b. Within 30 days of beginning employment, all program staff shall receive training by the program's registered nurse(s).	A 345		

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A 345	Continued From page 5 This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to provide nurse delegation training within 30 days of employment for 1 of 4 staff hired in the last six months (Staff F). Findings follow: 1. Record review on 5/15/23 of Staff F's training documents revealed a hire date of 12/6/22. Nurse delegation training was not completed within 30 days of hire and was not found at the time Staff F's file was reviewed. 2. When interviewed on 5/15/23 at approximatley 3:45 p.m. the Assisted Living Director confirmed nurse delegations were not found for Staff F.	A 345		
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 2 of 2 non-certified staff reviewed (Staff A and Staff D). Findings follow: 1. Review of Staff A's documented training on 5/15/23 revealed a hire date of 4/11/23. Staff A	A 350		

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A 350	Continued From page 6 had nurse delegation training completed within 30 days employment on 4/17/23; however, the training was not completed on all ADLs, including bathing, dressing, undressing, toileting, hygiene and grooming. 2. Review of Staff D's training documents on 5/15/23 revealed a hire date of 10/31/22. Staff D had nurse delegation training completed within 30 days employment on 11/8/22; however, the training was not completed on all ADLs, including bathing, dressing, undressing, toileting, hygiene and grooming. 3. When interviewed on 5/24/23 at 1:26 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' 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	A 355		

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care for 2 of 2 staff reviewed who assisted with medications and treatments (Staff B and Staff E). Findings follow:

1. Review of Tenant #1's file on 5/16/23 and 5/17/23 revealed a Family Practice Office Note indicating an order for a wound clinic referral.

Continued record review revealed Tenant #1 had wound clinic orders dated 4/11/23, 4/25/23 and 5/9/23.

Tenant #1's May 2023 medication administration record (MAR) reflected the following order: to cleanse the lower left extremity (LLE) with saline, apply moistened Puracol, cover with Vaseline gauze and a non-adherent pad, wrap with stretch gauze and secure with paper tape. The frequency of the dressing was every three days and as needed. The May 2023 MAR reflected staff completed the dressing change.

Continued record review revealed the service plan dated 3/29/23 reflected Tenant #1's LLE wound and to treat the wound per the treatment administration record.

2. Review of Staff B's training documents on 5/15/23 revealed Staff B was a certified medication aide (CMA) and was hired on 4/13/21. Nurse delegations were documented as completed on 12/21/21 and 12/23/21; however, nurse delegated training was not completed related to the above treatment for Tenant #1.

3. Review of Staff E's training documents on 5/15/23 revealed Staff E was a CMA and was hired on 3/30/23. Nurse delegations were documented as completed on 4/4/23; however, nurse delegated training was completed related

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A 355	Continued From page 8 to the above treatment for Tenant #1. 4. When interviewed on 5/24/23 at 1:26 p.m. the Assisted Living Director confirmed the current delegations for staff did not include the wound care treatment for Tenant #1.	A 355		
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 the Program failed to provide services in accordance with the training provided. This pertained to 1 of 1 staff observed passing medications (Staff G). Findings follow: 1. When observed on 5/16/23 at 11:00 a.m. Staff G started the medication pass in the central medication room and prepared medications for Tenant #2 and Tenant #4. She placed their oral medications in small envelopes and put their first name on the envelopes. Staff G then left the central medication room and went to Tenant #5's apartment. She completed a blood glucose check for Tenant #5 in the apartment and did not sign off the blood glucose check after it was completed. Staff G then administered eye drops for Tenant #6 and signed off the eye drops after the drops were administered. She went to Tenant	A 361		

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#3's apartment (Tenant #3 was not in the apartment) and prepared her medications and put them in a medication cup and labeled it with her apartment number. Staff G then dropped off Tenant #4's medications (prepared in the central medication room) in her apartment for her to take and signed off the medication. Staff G went to Tenant #7's apartment (Tenant #7 was not in the apartment) and prepared her medications and put them in a medication cup and labeled it with her apartment number. Staff G then went to the dining room and put Tenant #7's medications at the table (in the medication cup) for her to take. She administered Tenant #3's her medications at the dining room table (from the medication cup). Staff G then signed off Tenant #7's medications (medication cup provided in the dining room), signed off Tenant #5's blood glucose check (provided in her apartment) and Tenant #3's medications (medication cup administered in the dining room). The medications and blood glucose check were not signed off on the medication administration records (MARs) after they were administered. For example, Tenant #5's blood glucose check was completed and was not signed off until after Staff G administered or prepared medications for Tenants #3, #4, #6 and #7.

2. Review of Staff G's training documents indicated she was a certified medication aide (CMA) and had nurse delegation training for medication administration dated 12/21/21 and 12/22/21. Staff G had nurse delegated training as required for medication administration; however, did not provide services when observed on the medication pass, in accordance with the training provided.

Continued record review revealed the Medication

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A 361	Continued From page 10 Management & Safety Checks for Giving a Medication nurse delegation document indicated to put the medication directly from the pill bottle or cassette into the cup or envelope. Administer the correct medication and to stay with tenant to ensure the medication was swallowed. Initial on the MAR immediately after the medication was given. The Glucometer Tests-Procedure indicated to complete the blood glucose check and record the results on the MAR. 3. When interviewed on 5/24/23 at 1:26 p.m. the Assisted Living Director confirmed she would expect staff to sign off upon giving the medication.	A 361		
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 identified needs for 1 of 3 tenants reviewed (Tenant #3). Findings follow: 1. Review of Tenant #3's file on 5/17/23 revealed a Physician's Orders document reflecting the following orders: - Clopidogrel 75 milligram, take one tablet, once daily, ordered on 3/18/22 - Compression hose, apply in the morning and remove at night for edema, ordered on 1/6/23	A 395		

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A 395	Continued From page 11 The tenant's service plan dated 4/3/23 reflected Tenant #3 had bilateral edema and staff assisted with medication administration. The service plan did not reflect Tenant #1 was prescribed an anticoagulant medication and did not reflect staff assistance with compression hose. 2. When interviewed on 5/24/23 at 1:26 p.m. the Assisted Living Director confirmed all service plans were provided for tenants listed above.	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 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 an orientation on safe food handling and an annual in-service on food safety for 6 of 6 staff reviewed (Staff A, B, C, D, E and F). Findings follow: 1. When observed on 5/15/23 at approximatley 11:30 a.m. non-dietary staff entered the kitchen area without hairnets to retrieve plates from the serving line. Staff B and Staff E were two of the staff who assisted with serving food during the observation. 2. Record review on 5/15/23 of Staff A's training documents revealed Staff A's hire date was	A 465		

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A 465	Continued From page 12 4/11/23. 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 5/15/23 of Staff B's training documents revealed Staff B's hire date was 4/13/21. Staff B did not have food safety and sanitation training completed at the time of the review, prior to handling food or annually. 4. Record review on 5/15/23 of Staff C's training documents revealed Staff C's hire date was 3/16/23. 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 5/15/23 of Staff D's training documents revealed Staff D's hire date was 10/31/22. 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 5/15/23 of Staff E's training documents revealed Staff E's hire date was 3/30/23. Staff E did not have food safety and sanitation training completed at the of the review or prior to handling food. 7. Record review on 5/15/23 of Staff F's training documents revealed Staff F's hire date was 12/6/22. Staff F did not have food safety and sanitation training completed at the time of the review or prior to handling food. 8. When interviewed on 5/24/23 at 1:26 p.m. the Assisted Living Director confirmed the staff listed above served food and no food safety training was completed.	A 465		

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A 710	Continued From page 13	A 710		
A 710	481-69.35(1)b Structural Requirements 69.35(1) General requirements. b. The buildings and grounds shall be well-maintained, clean, safe and sanitary. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the Program failed to maintain a clean and sanitary building. This potentially affected all tenants (census of 35). Findings follow: 1. On 5/15/23 at approximately 11:30 a.m. the dining room and beverage/serving area off of the kitchen were observed. The carpet going into the beverage/serving area was stained. In the beverage/serving area (off of the Assisted Living kitchen) the garbage was full, and the floor, cabinets and sink were visibly soiled. The serving carts located in the area were dirty and had food debris. One of the carts appeared to have dried catsup and pepper on it. There were stains on the floor including what appeared to be coffee. Staff were observed taking plates from the Assisted Living kitchen through the beverage/serving area to the tenants. Staff were also observed using the microwave oven and preparing drinks from the beverage/serving area. 2. When interviewed on 5/16/23 at 10:09 a.m. Staff B said the beverage area was not clean, the sink was not clean, dirty dishes were left in the area, coffee was left in the machine, the floor was not clean and was sticky. She said dietary staff were supposed to clean the area. 3. When interviewed on 5/16/23 at 9:42 a.m.	A 710		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0430	A. BUILDING: _____ B. WING _____	C 05/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAKWOOD PLACE 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 710	Continued From page 14 Staff G said the kitchen area was not kept clean since a certain staff had left. That included wiping down the refrigerator and carts. 4. Review of the Program's Meal Time Policy indicated meals would be prepared in the licensed kitchen and brought to the dining room in hot and cold carts to be served from the hot and cold serving tables. 5. When interviewed on 5/24/23 at 1:26 p.m. the Assisted Living Director indicated dietary staff was supposed to clean the beverage/serving area.	A 710		

A285:

Updated medication management and safety checks for giving medication 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 to be 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.

A325:

Paper notices delivered to each resident's room on June 21, 2023 reiterating that medication is always available to them on any shift. This information will also be re-announced at upcoming resident council on July 11, 2023. Two staff currently (6/14/23) in process of medication management course/ delegation for third shift and looking for additional candidates. Re-educated staff on June 21, 2023 that the proper process is to call the on-call nurse if there is no medication manager present in the building at time of request. This will be monitored through discussion of how this process is going with residents during resident council meetings.

A345:

All current staff files audited, and all were complete excluding staff F; delegations completed on June 14, 2023. Excel spreadsheet created with all existing staff members including details and dates of 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.

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 to be 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:

Tenant #1 saw wound care on June 7, 2023, and all wound care treatments and visits were discontinued. All other current resident wound orders evaluated and any that are more complex than a basic dressing had delegations created and all medication managers to be re- educated and delegated on current treatments on June 27th, 28th, or 29th of 2023 at all-staff skills fair. Monthly audit to be conducted by program nurse to ensure that current delegations and training appropriately meet resident needs, as well as meeting appropriate educational needs of staff on current wounds. New delegations will be created with accompanying education provided when needed.

A361:

Updated medication management and safety checks for giving medication delegation with specifics and additional focus on proper steps to safely administer medication to residents including steps to prepare properly labeled medication envelopes; signing off medications only when and directly after medication is administered; staying with resident until medication is safely swallowed unless otherwise service planned. All medication managers to be re- educated and delegated on medication management and safety checks for giving medication delegation 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.

Re-education and delegation regarding glucometer test procedures (including completing glucose check and charting it in the eMAR directly after) occurring with all medication managers 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.

A395:

Tenant #3's service plan was updated on 6/19/23 to reflect that they wear TED hose, applied upon rise and off at hour of sleep. Tenant #3's service plan was updated on 6/19/23 to reflect taking blood thinner medication Clopidogrel. All tenant's service plan will be reviewed to ensure accuracy by July 8, 2023. This will be monitored monthly going forward to ensure the tenant's service plan accurately reflects their current status.

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 are due 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.

All staff re-educated through weekly huddle and informational hand-out not to enter kitchen or prepare food without hair net being worn and until food safety course is completed.

A710:

Through collaboration with dietary manager Tom, daily cleaning schedule implemented for service/ beverage area accompanied by log to be initialed upon completion. Log and quality of work will be assessed weekly with quality being checked bi-monthly and as needed by myself. This became effective June 8, 2023.

Carpet bids are being reviewed for replacement at this time (6/14/23), until that time through collaboration with housekeeping/ laundry manager, carpet will have liquid extracted and be cleaned once monthly and as needed. Quality and completion of work to be checked once monthly by Melissa and once monthly by myself. This became effective June 13, 2023.

ok