

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 770308	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/18/2013
--	---	--	---

NAME OF PROVIDER OR SUPPLIER RAMSEY VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 1611 27TH STREET DES MOINES, IA 50310
---	---

(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
R 000	Initial Comments The following deficiencies were cited during the survey conducted to determine compliance with licensing rules for a Residential Care Facility.	R 000	I have enclosed the Plan of Correction for the above-referenced facility in response to the Statement of Deficiencies. While this document is being submitted as confirmation of the facility's on-going efforts to comply with all statutory and regulatory requirements, it should not be construed as an admission or agreement with the findings and conclusions in the Statement of Deficiencies. In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation or findings, nor have we identified mitigating factors.	
R 147	57.12(3)a Personnel 481-57.12(135C) Personnel. 57.12(3) Personnel histories. a. Each health care facility shall submit a form specified by the department of public safety to the department of public safety, and receive the results of a criminal history check and dependent adult abuse record check before any person is employed in a health care facility. The health care facility may submit a form specified by the department of human services to the department of human services to request a child abuse history check. For the purposes of this subrule, "employed in a facility" shall be defined as any individual who is paid, either by the health care facility or any other entity (i.e., temporary agency, private duty, Medicare/Medicaid or independent contractors), to provide direct or indirect treatment or services to residents in a health care facility. Direct treatment or services include those provided through person-to-person contact. Indirect treatment or services include those provided without person-to-person contact such as those provided by administration, dietary, laundry, and maintenance. Specifically excluded from the requirements of this subrule are individuals such as building contractors, repair workers or others who are in a facility for a very limited purpose, are not in the facility on a regular basis, and who do not provide any treatment or services to the residents of the health care facility.	R 147	R147 - 481-57.12 As stated in the findings, the record check was completed seven months prior to the survey. The employee in question has no criminal record or abuse charges on file and no further action was necessary. The staff member assigned to this task that failed to complete it timely, is no longer employed by the facility. The facility has hired and trained a new Human Resources Director and conducted a full audit of all employee files. The audit was completed on 8/13/2013 with no adverse findings. Compliance will be monitored through the QA Program by the Administrator and the Department Manager prior to the start date of all new employees for the next 90 days and then randomly inspected thereafter.	

HEALTH FACILITIES

AUG 15 2013

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

Cheryl, Executive Director 8/13/2013

9/9/13
DA 9/3/13

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 770308	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/18/2013
--	--	--	--

NAME OF PROVIDER OR SUPPLIER RAMSEY VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 1611 27TH STREET DES MOINES, IA 50310
--	---

(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
R 147	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on staff interview and personnel record review, the facility failed to complete a criminal history check and dependent adult abuse record check prior to the employment of 1 of 3 new employee files reviewed. The facility reported a census of 32 residents. Findings include: On 7/17/13 at 10:12 a.m. personnel record review revealed Staff E was hired by the facility on 11/14/12. Record review revealed the criminal background check and the dependent adult abuse background checks were completed on 12/13/12. On 7/17/13 at 11:50 a.m. Staff B confirmed this finding.	R 147		
R 245	57.19(1)b(11) Drugs 481--57.19(135C) Drugs. 57.19(1) Drug storage. b. Drug storage for residents who are unable to take their own medications and require supervision shall meet the following requirements: (11) Inspection of drug storage condition shall be made by the administrator and a registered pharmacist not less than once every three months. The inspection shall be verified by a report signed by the administrator and the pharmacist and filed with the administrator. The report shall include, but not be limited to,	R 245	R245 - 481-57.19(1) The Director of Nursing Services has reeducated the Nurse Manager and Consultant Pharmacist on the need to review, inspect, and document the condition of all drug storage not less than once every three months. The Administrator has taken action to sign all current reviews and will sign future reviews directly on the document outlining the findings. The Consultant Pharmacist will sign all future reviews on the document outlining the findings. The Director of Nursing Services will be responsible for monitoring compliance on a quarterly basis through the Quality Assurance Program.	

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 770308	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/18/2013
--	--	---	--

NAME OF PROVIDER OR SUPPLIER RAMSEY VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 1611 27TH STREET DES MOINES, IA 50310
--	---

(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
--------------------	--	---------------	---	--------------------

R 245 Continued From page 2

certifying absence of the following: expired drugs, deteriorated drugs, improper labeling, drugs for which there is no current physician's order, and drugs improperly stored.

This REQUIREMENT is not met as evidenced by:
Based on staff interview and record review, the facility failed to ensure quarterly pharmacy inspections were completed as required. Findings include:

On 7/16/13 at 1:17 p.m. a review of the quarterly pharmacy inspection reports completed since the last survey revealed a gap between 6/14/2011 and 3/9/2012 in which it appeared no inspection was completed. In addition, the administrator failed to sign the inspection reports as required.

On 7/18/13 at 12:50 a.m. Staff A confirmed these findings.

R 245

R 281 57.19(3) Drugs

481--57.19(135C) Drugs.

57.19(3) Drug administration

j. An individual inventory record shall be maintained for each Schedule II drug prescribed for each resident.

This REQUIREMENT is not met as evidenced by:
Based on observation, staff interview and record review, the facility failed to maintain an accurate

R 281

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 770308	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/18/2013
--	--	---	--

NAME OF PROVIDER OR SUPPLIER RAMSEY VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 1611 27TH STREET DES MOINES, IA 50310
--	---

(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
--------------------	--	---------------	---	--------------------

R 281	<p>Continued From page 3</p> <p>inventory record of all Schedule II medications. Findings include:</p> <p>On 7/15/13 at 2:57 p.m. a review of Resident #2's controlled drug count sheet revealed a documented amount of 22.75ml of Morphine Sulfate oral solution 100 mg. per 5ml. This was documented on 7/15/13 at 1:15 p.m.</p> <p>On 7/15/13 at 2:57 p.m. observation of Resident #2's Morphine Sulfate oral solution revealed there was 22ml on hand. The documented amount recorded on the inventory sheet was off by .75ml.</p> <p>On 7/15/13 at 2:57 p.m. Staff A confirmed this finding.</p>	R 281	<p>R281 - 481-57.19(3)</p> <p>The Director of Nursing contacted the pharmacy, they confirmed that they are not able to provide a more "finite" measurement scale on their bottles but will be more cautious of label placement to reduce the possibility of a misreading the remaining dosage at the time of measurement.</p> <p>The facility has obtained a more accurate syringe for extraction of liquid oral medications to reduce the opportunity for misreading/wasting of product during administration.</p> <p>Staff have been reeducated on the importance of accuracy when recording remaining inventory. Compliance audits will be randomly conducted by the Nurse Manager on schedule II medications for the next 90 days.</p>	
-------	---	-------	--	--