

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/11/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165513	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/29/2016
NAME OF PROVIDER OR SUPPLIER LUTHER MANOR RETIREMENT HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 3131 HILLCREST ROAD DUBUQUE, IA 52001		
(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) COMPLETION DATE
F 000	INITIAL COMMENTS Correction Date <u>Oct 19, 2016</u>	F 000		
F 226 SS=D	The following information is related to the annual recertification survey conducted on 9/26-9/29/16. See Code of Federal Regulations (42 CFR) Part 483, Subpart B-C. 483.13(c) DEVELOP/IMPLIMENT ABUSE/NEGLECT, ETC POLICIES The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. This REQUIREMENT is not met as evidenced by: Based on employee file review, policy review and staff interview, the facility failed to timely obtain a criminal and abuse background check prior to hiring 1 of 7 new employees selected for review (Staff A). The facility identified a census of 96 residents. Findings Include: 1. Review of the personnel file for Staff A, Certified Nursing Aide (CNA), identified a hire date of 3/8/16. Further review of the file revealed a SING (Single Contact License and Background Check) report dated 9/23/16 for Criminal History Background Check and Abuse Registries Background Check. The SING check was completed more than 6 months after the staff's	F 226		

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

Laura Baclay

TITLE

(X6) DATE

Administrator

10-19-16

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

ok - Playshayla

10/19/2016

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F 226	<p>Continued From page 1 hire date, instead of prior to hire.</p> <p>An interview on 9/27/16 at 10:20 a.m., Staff B, Human Resources Director, reported Staff C, Human Resource Coordinator, last week discovered Staff A's employee record failed to have a background check completed. Staff C then completed a background check on 9/23/16. Staff B noted the employee's background check completed more than 6 months past the hire date. Staff B reported Staff C had placed her/his initials on the 'Job Offer Checklist' before completing the background check, thus thinking it had been completed.</p> <p>An interview on 9/27/16 at 12:25 p.m. Staff C reported randomly finding Staff A's employee record without the background check completed. Staff C remarked not knowing how she/he missed it, and she/he shouldn't have missed it. Staff C reported background checks are to be completed before a new employee is hired. Staff C noted she/he initiated the 'Job Offer Checklist' as completed before doing the background check and normally does not do it that way, therefore she/he missed doing the check.</p> <p>An interview on 9/27/16 at 9:45 a.m. the Administrator and the Human Resource Director reported background checks are to be completed before hiring a new staff person.</p> <p>The facility's Dependent Adult Abuse Prevention Policy, updated on 9/26/16, identified 'Prevention' as: one of the primary ways the facility will work to prevent abuse from occurring through the process used to hire employees. All potential new employees will be screened to determine if they have criminal records through criminal</p>	F 226		

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F 226 F 323 SS=D	<p>Continued From page 2</p> <p>record checks and a check will be made on the abuse registries to make sure the potential employee is not listed on the child abuse, sex abuse or dependent adult abuse registry.</p> <p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES</p> <p>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, document review, and staff interview, the facility failed to follow the State Fire Marshal's guidelines for the use electrical equipment into surge protectors. The facility reported a census of 96 residents.</p> <p>Findings Include:</p> <p>During observations of resident rooms during the initial resident tour on 9/26/16 at 10:05 a.m. to 11:05 a.m. in the Wendt Willows hallway of the facility revealed a metal surge protector with the facility's name on it in a resident's room. The surge protector noted to be placed along the east wall of the room on the floor next to a wardrobe and plugged in an outlet on the east wall behind the wardrobe. Further observation noted a Continuous Positive Airway Pressure(CPAP) machine, lamp and telephone plugged into the</p>	F 226 F 323		

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F 323	<p>Continued From page 3</p> <p>surge protector.</p> <p>During random observations of the room in the Wendt Willows hall on 9/27/16 at 8:30 a.m. and 12:45 p.m. and 9/28/16 at 8:25 a.m. revealed no changes of the same 3 items plugged into the surge protector.</p> <p>Review of the Department's website in the February 2004 Insight, the State Fire Marshal's Office documented clarification on use of surge protectors. The posted information documented the electrical surge protector shall be of metal or steel construction and approved by Underwriters Laboratories or another recognized laboratory. The clarification documented items that could be used with an electrical surge protector and items prohibited from use with a surge protector approved items included clocks, lamps, personal grooming and care devices, battery chargers, and motor drive appliances.</p> <p>During an interview on 9/28/16 at 10:00 a.m., the Environmental Services Director (ESD) went into the room on Wendt Willows hall to survey the situation of the metal surge protector, when notified that the surge protector noticed during the resident tour by the surveyor. The ESD acknowledged that the CPAP machine should not be plugged into the surge protector. The ESD stated they were aware of the letter from the Fire Marshal's Office in regards to what items are approved to be plugged in and actually had a copy of the letter. The ESD named the items prohibited from being plugged into the surge protector and said the CPAP is a prohibited item. Observed the ESD move the wardrobe away from the east wall and then plugged the CPAP into the socket in the wall directly.</p>	F 323		

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F 368 SS=E	<p>483.35(f) FREQUENCY OF MEALS/SNACKS AT BEDTIME</p> <p>Each resident receives and the facility provides at least three meals daily, at regular times comparable to normal mealtimes in the community.</p> <p>There must be no more than 14 hours between a substantial evening meal and breakfast the following day, except as provided below.</p> <p>The facility must offer snacks at bedtime daily.</p> <p>When a nourishing snack is provided at bedtime, up to 16 hours may elapse between a substantial evening meal and breakfast the following day if a resident group agrees to this meal span, and a nourishing snack is served.</p> <p> This REQUIREMENT is not met as evidenced by: Based on observation, staff interviews, and resident group interview, the facility failed to offer bedtime snacks to residents daily. The facility identified a census of 96 residents.</p> <p>Findings include:</p> <p>1. A resident group interview on 9/26/16 at 2:30 p.m. identified 6 out of 6 residents reported bedtime snacks are not offered to the residents. They reported the facility used to have a snack cart that went down the halls and offered residents snacks at bedtime but now there are two large snack carts at 2 nurses stations they can go get a snack. The resident group also reported those snack carts do not go down the</p>	F 368		

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F 368	<p>Continued From page 5</p> <p>hallways in the evening. The group all remarked you have to ask for a snack.</p> <p>Observation on 9/29/16 at 7:05 to 9:00 p.m. noted staff assisted residents with p.m. cares. With full vision of the three hallways, observation revealed staff did not go to the nursing stations to pass out snacks. The large snack carts did not leave their positions at the nursing stations.</p> <p>An interview on 9/26/16 at 3:20 p.m., Staff D, Certified Nursing Aide (CNA), reported in the past staff had a snack cart that went down the halls, but now there are snack carts located at the 2 nursing stations. Staff D remarked staff know which residents want snacks and will get them for those residents. Staff D also reported not asking every resident if they wanted a bedtime snack and had not received any instructions regarding bedtime snacks.</p> <p>An interview on 9/26/16 at 3:30 p.m., Staff E, CNA, reported residents can ask for bedtime snacks and they will get them from the snack carts located at the 2 nursing stations. Staff E noted special residents, as residents with Diabetes, do receive bedtime snacks. Staff only chart in the computer for those residents, they do not chart bedtime snacks for every resident. Staff E also reported of not receiving any instructions regarding bedtime snacks.</p> <p>An interview on 9/26/16 at 3:35 p.m., Staff F, CNA, reported to pass bedtime snacks, but remarked, sometimes when they are too busy, it doesn't always get done.</p> <p>An interview on 9/26/16 at 3:50 p.m., Staff G, CNA, reported it is policy to offer bedtime snacks.</p>	F 368		

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F 368	<p>Continued From page 6</p> <p>The snack carts are located at the 2 nursing stations.</p> <p>An interview on 9/27/16 at 3:30 p.m. Staff A, CNA, reported of not passing bedtime snacks to every resident and did not know if they had to pass out bedtime snacks.</p> <p>An interview on 9/29/16 at 7:52 a.m. the Director of Nursing, Registered Nurse, reported staff had received instructions on passing bedtime snacks. The DON reported staff don't document in the computers on every resident for bedtime snacks. The DON also remarked re-education will need to be completed.</p> <p>The facility's 'Meal Times' documented the meal times for 3 different dining rooms and at the bottom of the sheet noted HS (bedtime) snacks are passed at 7:15 p.m.</p>	F 368		



DEPARTMENT OF INSPECTION AND APPEALS
PLAN OF CORRECTION
OCTOBER 19, 2016

F000 Please accept this as Luther Manor's credible allegation of compliance as of October 19, 2016. ☺

F226 DEVELOP/IMPLEMENT ABUSE/NEGLECT, ETC POLICIES

Staff member A's background check was identified incomplete on September 23, 2016 and was processed immediately with no concerns.

A checkoff point for the completion of the background check was added to the orientation checklist to ensure it is completed prior to hire. A checkoff point for the completion of the background check is also on the hiring checklist.

The Director of Human Resources and/or designee will review all new hire documentation for the next four weeks to ensure a background check has been completed including the check off lists. If there are no issues, random checks will be done.

Any concerns will be addressed and monitored quarterly by the Quality Assurance Performance Improvement Committee.

Completion: September 23, 2016

F323 FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES

The surge protector was removed from the resident's room on September 28, 2016.

Surge protectors checks of the facility were added to a monthly audit by the maintenance team to ensure proper compliance of the use of surge protectors.

The Director of Environmental Services and/or designee will conduct weekly surveys for the use of surge protectors for four weeks. If no issue, random surveys will be done.

Any concerns will be addressed and monitored quarterly by the Quality Assurance Performance Improvement Committee.

Completion: September 28, 2016



LUTHERMANOR
COMMUNITIES

HILLCREST CAMPUS
3131 Hillcrest Road, Dubuque, IA 52001-3908
P: 563.588.1413 | F: 563.588.3875

ASBURY CAMPUS
Located on Grand Meadow Drive, Asbury, IA
P: 563.557.7662 | F: 563.588.3875

F368 FREQUENCY OF MEALS/SNACKS AT BEDTIME

The Dietary department will assume responsibility of ensuring that the evening snacks are passed. Each evening, a dietary staff member will offer snacks to all residents.

The evening snack pass was added to the Quality of Life PIP team to monitor the process.

The administrator and/or designee will monitor and interview a sample of 10 residents weekly for four weeks. If no issues, random monitor will be done.

Any concerns will be addressed and monitored quarterly by the Quality Assurance Performance Improvement Committee.

Completion: September 30, 2016

Laura Goelz,
Administrator