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
	520921	A. BUILDING: _____ B. WING _____	11/16/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ATRIUM VILLAGE INC	117 S 3RD ST MILLS, IA 52338

(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
L 000	Initial Comments Correction date 12-15-16 The following deficiencies relate to the facility's licensed only survey.	L 000	See Attached	
L 261	58.11(3) Personnel 481-58.11(135C) Personnel. 58.11(3) Personnel histories. This Statute is not met as evidenced by: Based on observation, interview and record review, the facility failed to complete 3 of 7 employees' Single Contact License & Background Checks (SING) within 30 days before hire. The facility also failed to obtain more information and clearance on a possible abuse hit. The facility reported a census of 16 residents. Findings include: 1. Review of the Dietary Supervisor's employee file revealed the Personal Cover Sheet documented a hire date of 5/2/16. Further review revealed the file lacked a SING dated before 5/2/16. Review of the payroll records dated 5/2/16 and 11/14/16 revealed the Dietary Supervisor worked at the facility both days. 2. Review of the Administrator's employee file revealed the Personal Cover Sheet documented a hire date of 10/24/16. The file also contained a SING dated 9/1/16. The SING identified a "Possible Hit" and directed the facility to initiate a request for Dependent Adult Abuse Registry	L 261		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Mary Kay | TITLE: Administrator | (X6) DATE: 12/16/16

STATE FORM 6899 | 6ITN511 | If continuation sheet 1 of 5

OK-PCampbell 12/2/16

Atrium Village Care Center

Plan of Correction

Survey November 14-16, 2016

L251 – Completion Date – November 16, 2016

1. Administrator ran SING check on 11/14/16 on Staff A. Results obtained on 11/14/16 indicating no records were found.

2. Administrator ran SING check on 11/16/16 on Staff B. Results obtained 11/16/16 indicating possible hit for Dependent Adult Abuse. Business Office Manager submitted Form 470-0673 on 11/16/16 and results obtained on 11/30/16 indicating "contains no information pertaining to this individual."

3. Administrator ran SING check on 11/16/16 on Staff C. Results obtained 11/16/16 indicating no records were found.

New Administrator, hired on 10/24/16, provided written and oral education to all department heads on 11/15/16 regarding requirement of SING checks to be completed within 30 days of hire. Administrator and Business Office Manager will ensure this is accomplished with all new hires. Administrator created and implemented a personnel cover sheet with a checklist of requirements to be completed on all new hires before employee is able to begin work. Administrator will review all personnel files of current employees to ensure that timely SING checks were completed.

L437 – Completion Date – December 15, 2016

1. Resident #4 will be offered restorative exercises per physical therapy recommendations. The certified nursing assistant completing the restorative program with the resident will document completion in the restorative binder after each occurrence.

Facility put into effect a restorative aide position. The Restorative Aide will complete each resident's restorative exercise program per the therapist's recommendations and document such in the restorative binder. The Administrator will monitor completion of the program on a monthly basis.

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ATRIUM VILLAGE INC	117 S 3RD ST HILLS, IA 52235

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L 251	Continued From page 1 Information. The employee record lacked any further information regarding the "Possible Hit," or a fully completed SING check within 30 days of hire. Review of the payroll records dated 10/16/16 - 10/29/16, revealed Staff B started working on 10/24/16. 3. Review of Staff C, Certified Nursing Assistant's employee file revealed the Personal Cover Sheet documented a hire date of 3/3/16. The file also contained one SING dated 10/22/15. The file failed to contain a SING completed within thirty days prior to hire. Review of the payroll records dated 3/3/16 and 9/3/16, revealed Staff C worked both days. During an interview on 11/14/16 at 2:50 p.m., the Administrator reported Staff C applied in October of 2015 and the facility planned to hire the CNA at that time, but Staff C took another job. The Demonstrator also reported Staff C did begin to work at the facility in May of 2016, but the facility failed to recheck the SING. The facility provided an undated Resident Rights Policy. The policy directed facility staff to conduct background checks on every employee prior to employment.	L 251		
L 437	58.20(15) Duties of health service supervisor 481-58.20(135C) Duties of health service supervisor. Every nursing facility shall have a health service supervisor who shall: 58.20(15) Teach and coordinate rehabilitative health care including activities of daily living,	L 437	See attached	

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ATRIUM VILLAGE INC	117 S 3RD ST IOLLA, IA 02236

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L 437	Continued From page 2 promotion and maintenance of optimal physical and mental functioning; (III) This Statute is not met as evidenced by: Based on observation, clinical record review, resident and staff interview, the facility failed to provide restorative care as planned for one of five residents reviewed. (Resident #4) The facility census was 16 residents. Findings include: 1. The Medication and Treatment Physician Order sheet dated 9/1/16-12/31/16, documented Resident #4 had diagnoses that included depression, Parkinson's disease and constipation. A Brief Interview for Mental Status assessment completed on 8/14/16 reveals a score of 15, indicating intact cognition. A care plan updated on 8/17/15, revealed the resident as a risk for falls and directed staff to transfer and ambulate the resident with 1-2 person assistance. A care plan update on 9/16/15 directed staff to encourage the resident to attend exercise when offered, attempt to ambulate times one with assistance of one once daily per Physical Therapy recommendation and attempt to do range of motion (ROM) exercises per Physical Therapy recommendations 2-3 times a week. Review of the Residents Ambulation Progress Notes and ROM Progress Notes for November 2016 documented the following exercises: a. Attempt to ambulate the resident 2-3 times daily in the hallway with one person assistance with the wheeled walker. The form had initialed entries with distance on 11/2/16, 11/7/16, 11/9/16, 11/10/16, 11/11/16, 11/12/16 and 11/14/16. b. Attempt to have the resident do exercises at rail (hand rail) 2-3 times weekly. The form had no	L 437		

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ATRIUM VILLAGE INC	117 S 3RD ST HILLS, IA 52240

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L 437	Continued From page 3 entries to indicate completion. c. Attempt to have the resident do NuStep 3-4 times weekly for 15 minutes. The form had no entries to indicate completion. During observation on 11/14/16 at 3:15 p.m., the resident was ambulating in the hallway with staff assisting. The Resident was wearing a gait belt and using a wheeled walker. During interview on 11/15/16 at 1:00 p.m., the resident stated they were supposed to be getting therapy on the NuStep and walk in the hallway twice a day but stated they were not getting all of that. During another interview on 11/16/16 at 10:15 a.m., the resident stated they hated to ask about walking or exercising as they know staff was busy with other residents. The resident stated he/she gets told they can ambulate after supper but then it does not always happen. The resident stated he/she has gotten to do rail exercises the most but was aware staff must be present when using the NuStep, ambulating, or doing rail exercises. During interview on 11/16/16 at 10:05 a.m., Director of Nursing stated the Certified Nurse Aides completed the restorative programs for the residents. The DON acknowledged the absence of initials on the three restorative care forms. The DON stated the CNA probably did not complete restorative care due to time issues. During interview on 11/16/16 at 10:30 a.m., Staff D, Licensed Practical Nurse stated the residents restorative care was not completed often due to time constraints and care needs of other residents and the need to prioritize workload. During interview on 11/16/16 at 10:40 a.m., Staff E, CNA stated restorative care was not always able to be completed due to care needs of other residents. During interview on 11/16/16 at 11:35 a.m., the Administrator stated they were not aware	L 437		

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L 437	Continued From page 4 restorative care was not being completed or why it was not being done.	L 437		