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
	570617	A. BUILDING: _____ B. WING _____	C 06/09/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAYVIL	136 36TH AVENUE SW CEDAR RAPIDS, IA 52404

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R 000	Initial Comments The following deficiencies were cited during the investigation of complaint 67475-C.	R 000		
R 266	57.7(5)b General Requirements 481-57.7(135C) General requirements. 57.7(5) The licensee shall: b. Be responsible for compliance with all applicable laws and with the rules of the department. (I, II, III) This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure all employees received dependent adult abuse training as mandated by Chapter 235B. This affected 10 of 10 staff reviewed who had been employed at the facility for more than six months. Findings include: Chapter 235B requires employees to complete two hours of training relating to the identification and reporting of Dependent Adult Abuse within six months of initial employment and at least two hours of additional dependent adult abuse identification and reporting training every five years using an approved curriculum. - Review of personnel files failed to reveal any certification indicating Staff H attended two hours of dependent adult abuse training within 6 months of hire. Staff H had a hire date of 9/13/16.	R 266		

6/21/17

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R 266	Continued From page 1 - Review of personnel files failed to reveal any certification indicating Staff J attended two hours of dependent adult abuse training within 6 months of hire. Staff J had a hire date of 9/13/16. - Review of personnel files failed to reveal any certification indicating Staff M attended two hours of dependent adult abuse training within 6 months of hire. Staff M had a hire date of 10/13/16. - Review of personnel files failed to reveal any certification indicating Staff N attended two hours of dependent adult abuse training within 6 months of hire. Staff N had a hire date of 8/9/16. - Review of personnel files failed to reveal any certification indicating Staff O attended two hours of dependent adult abuse training within 6 months of hire. Staff O had a hire date of 10/13/16. - Review of personnel files failed to reveal any certification indicating Staff P attended two hours of dependent adult abuse training within 6 months of hire. Staff P had a hire date of 8/6/16. - Review of personnel files failed to reveal any certification indicating Staff Q attended two hours of dependent adult abuse training within 6 months of hire. Staff Q had a hire date of 4/21/16. - Review of personnel files failed to reveal any certification indicating Staff R attended two hours of dependent adult abuse training within 6 months of hire. Staff R had a hire date of 10/13/16.	R 266	See attached Plan of Correction DD 6/23/17	

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R 266	Continued From page 2 - Review of personnel files failed to reveal any certification indicating Staff T attended two hours of dependent adult abuse training within 6 months of hire. Staff T had a hire date of 9/24/16 - Review of personnel files failed to reveal any certification indicating Staff W attended two hours of dependent adult abuse training within 6 months of hire. Staff W had a hire date of 10/20/16. The Administrator and Staff C confirmed these findings in an interview on 5/9/17 at 2:20 PM.	R 266		
R 358	57.11(3) Personnel 481-57.11(135C) Personnel. 57.11(3) Employee criminal record checks, child abuse checks and dependent adult abuse checks and employment of individuals who have committed a crime or have a founded abuse. The facility shall comply with the requirements found in Iowa Code section 135C.33 as amended by 2014 Iowa Acts, chapter 1040, and rule 481-50.9(135C) related to completion of criminal record checks, child abuse checks, and dependent adult abuse checks and to employment of individuals who have committed a crime or have a founded abuse. (I,II, III) This REQUIREMENT is not met as evidenced	R 358		

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R 358	Continued From page 3 by: Based on interview and personnel record review, the facility failed to comply with requirements related to employee background checks found in Iowa Administrative Code 481- Chapter 50(9)3. Findings include: A review of personnel records revealed the facility failed to ensure criminal record, child abuse and dependent adult abuse checks were completed prior to hire as required by Iowa Code Administrative Code rule 481-50.9(3) for 22 of 26 employees reviewed (Staff A, B, C, D, E, F, G, H, I, J, K, L, N, O, P, Q, S, T, U, V, Y and Z). The Administrator confirmed this finding on 5/9/17 at 2:20 PM. See deficiencies under 50.9(3) and 50.9(5)	R 358		
R 580	57.16(2)c Medical Examinations 481-57.16(135C) Medical examinations. 57.16(2) Each resident admitted to a residential care facility shall have a physical examination prior to admission. (II, III) c. Screening and testing for tuberculosis shall be conducted pursuant to 481-Chapter 59. (I, II, III) This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to comply with requirements related to tuberculosis testing found in Iowa Administrative Code 481 - Chapter 59. Findings include:	R 580		

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R 580	Continued From page 4 A review of resident files revealed the facility failed to complete TB screenings as required by Iowa Code Administrative Code rule 481-59.8(2) for 8 of 10 residents reviewed admitted during the past three months (Residents #6, #7, #9, #10, #11, #13, #14 and #15). The DON confirmed this finding on 5/10/17 at 2:50 PM. See deficiency under 59.8 (2).	R 580		
R 640	57.17(3)d Records 481-57.17(135C) Records. 57.17(3) Incident record. d. An incident report shall be completed for every accident or incident where there is apparent injury or where an injury of unknown origin may have occurred. (II) This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to complete required incident reports for 1 of 2 residents reviewed regarding falls. Findings follow: Review of progres notes revealed Resident #6 was found laying on the floor on 4/28/17 with redness to the back of the head and a bruise on the left shoulder. On 4/29/17, Resident #6 was found laying on the floor. The resident was bleeding from the right side of the head. An ambulance was called and Resident #6 was admitted to the hospital and then transferred to a	R 640		

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R 640	Continued From page 5 nursing facility. No incident report was written for either fall. The DON confirmed this finding on 5/10/17 at 2:50 PM.	R 640		
R 726	57.19(3)a Drugs 481-57.19(135C) Drugs 57.19(3) Drug administration-authorized personnel. a. A properly trained person shall be charged with the responsibility of administering medications as ordered by a primary care provider. (II, III) This REQUIREMENT is not met as evidenced by: Based on interviews, the facility failed to ensure medications were always administered to residents by properly trained staff. Findings include: Confidential Interview #1 on 5/8/17 at 1:50 PM revealed this person did not have the proper education to administer medication to residents of the facility. He/she recalled being asked by a medication aide to admininister medication to two residents on one occasion when the medication aide was ill. The medication aide charted on the Medication Administration Record (MAR) that they had administered the medication themselves, according to the interviewee. The interviewee could not recall the specific date of	R 726		

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R 726	Continued From page 6 this incident. Confidential interview #2 on 5/9/17 at 8:10 AM revealed this person did not have the proper education to administer medication to residents of the facility. He/she recalled being asked by a medication aide to distribute medication to residents on "several" instances when the facility was short staffed. The medication aide charted on the MAR that they had administered the medication themselves, according to the interviewee. The interviewee could not recall any specific dates this occurred. Confidential interview #3 on 5/11/17 at 3:20 PM revealed this person recalled seeing individuals hired as Residential Aides (non medication aides) pass medication to residents on a few occasions. No specific dates were known. During an interview with the Administrator and DON on 5/8/17 at 3:40 PM, they denied being aware of a time when a non-certified medication aide administered medications to residents. The Administrator stated when a medication aide was unable to work, individuals from a temporary nursing agency were hired to fill in at the facility.	R 726		
C 203	50.9(3) Background checks 481-50.9(135C) Criminal, dependent adult abuse, and child abuse record checks. 50.9(3) Requirements for employer prior to employing an individual. Prior to employment of a person in a facility, the facility shall request that the department of public safety perform a criminal history check and the department of human services perform child and dependent	C 203		

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C 203	Continued From page 7 adult abuse record checks of the person in this state. This REQUIREMENT is not met as evidenced by: Based on interview and personnel record review, the facility failed to complete criminal history checks and/or child and dependent adult abuse registry checks prior to employment for 22 of 26 employees reviewed. Findings include: Review of employee files revealed the following: 1) Staff A (Administrator) was hired on 1/16/17. Child and dependent adult abuse registry checks were not completed through the Department of Human Services (DHS) until 1/20/17. A criminal history check was not completed through the Division of Criminal Investigation (DCI) until 5/9/17. 2) Staff B (Director of Nursing) was hired on 3/20/17. Child and dependent adult abuse registry checks were not completed through DHS until 5/10/17. 3) Staff C was hired on 3/6/17. Child and dependent adult abuse registry checks were not completed through DHS until 5/10/17. 4) Staff D was hired on 4/18/17. Child and dependent adult abuse registry checks were not completed through DHS until 5/10/17. A criminal history check was not completed through DCI until 4/24/17.	C 203		

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C 203	Continued From page 8 5) Staff E was hired on 2/28/17. Child and dependent adult abuse registry checks were not completed through DHS until 5/10/17. A criminal history check was not completed through DCI until 5/9/17. 6) Staff F was hired on 3/6/17. Child and dependent adult abuse registry checks were not completed through DHS until 5/10/17. A criminal history check not was completed through DCI until 5/9/17. This check revealed a criminal history. 7) Staff G was hired on 4/4/17. Child and dependent adult abuse registry checks were not completed through DHS until 4/10/17. The checks revealed the individual was on the child abuse registry. 8) Staff H was hired on 9/13/16. Child and dependent adult abuse registry checks were completed through DHS on 3/8/16, more than 30 days prior to employment. A criminal history check not was completed through DCI until 5/10/17. 9) Staff I was hired on 2/27/17. Child and dependent adult abuse registry checks were not completed through DHS until 5/10/17. 10) Staff J was hired on 9/13/16. Criminal, dependent adult abuse and child abuse record checks have not been conducted. 11) Staff K was hired on 12/12/16. A criminal history check not was completed through DCI until 5/9/17. This check revealed a criminal history.	C 203		

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C 203	Continued From page 9 12) Staff L was hired on 4/28/17. Child and dependent adult abuse registry checks were not completed through DHS until 5/10/17. A criminal history check not was completed through DCI until 5/9/17. This check revealed a criminal history. 13) Staff N was hired on 8/9/16. Child and dependent adult abuse registry checks were not completed through DHS until 8/10/16. A criminal history check not was completed through DCI until 8/10/16. 14) Staff O was hired on 10/13/16. Child and dependent adult abuse registry checks were not completed through DHS until 1/20/17. A criminal history check not was completed through DCI until 5/9/17. 15) Staff P was hired on 8/6/16. Child and dependent adult abuse registry checks were not completed through DHS until 5/11/17. A criminal history check not was completed through DCI until 5/11/17. 16) Staff Q was hired on 4/21/16. No child abuse or dependent adult record check had been completed. A criminal history check not was completed through DCI until 5/9/17. 17) Staff S was hired on 11/23/16. A criminal history check was not completed through DCI until 5/9/17. 18) Staff T was hired on 9/24/16. Child and dependent adult abuse registry checks were not completed through DHS until 5/10/17. A criminal history check was not completed through DCI	C 203		

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C 203	Continued From page 10 until 5/9/17. 19) Staff U was hired on 4/18/17. Child and dependent adult abuse registry checks were not completed through DHS until 5/10/17. A criminal history check was not completed through DCI until 4/24/17. 20) Staff V was hired on 3/16/17. Child and dependent adult abuse registry checks were not completed through DHS until 5/10/17. A criminal history check was not completed through DCI until 5/10/17. This check revealed a criminal history. 21) Staff Y was hired on 4/28/17. Child and dependent adult abuse registry checks were not completed through DHS until 5/10/17. The record check revealed the individual was on the child abuse registry. A criminal history check was not completed through DCI until 5/4/17. 22) Staff Z was hired on 5/5/17. Child and dependent adult abuse registry checks were not completed through DHS until 5/15/17. A criminal history check was not completed through DCI until 5/9/17. This check revealed a criminal history. Interview with Staff C on 5/9/17 at 3:55 revealed this person's job duties included sending out the background check requests to the Department of Human Services. Staff C reported she thought employees could start working as soon as the request was faxed to DHS, not after it was returned by DHS. The Administrator confirmed these findings in an interview on 5/9/17 at 2:20 PM. The	C 203		

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C 203	Continued From page 11 Administrator stated records of background checks may have been misplaced by previous administrators.	C 203		
C 206	01-50.9(3)c Background Checks 481-50.9(135C) Criminal, dependent adult abuse, and child abuse record checks. 50.9(3) Requirements for employer prior to employing an individual. Prior to employment of a person in a facility, the facility shall request that the department of public safety perform a criminal history check and the department of human services perform child and dependent adult abuse record checks of the person in this state. c. If a person being considered for employment has been convicted of a crime. If a person being considered for employment in a facility has been convicted of a crime under a law of any state, the department of public safety shall notify the facility that upon the request of the facility the department of human services will perform an evaluation to determine whether the crime warrants prohibition of the person's employment in the facility. This REQUIREMENT is not met as evidenced by: Based on interview and personnel record review, the facility failed to ensure evaluations were	C 206		

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C 206	Continued From page 12 obtained from the Department of Human Services (DHS) for 3 of 8 employees reviewed who had a criminal history (Staff G, I, M). Findings include: Review of staff files revealed 8 employees who had a criminal history. The criminal history record checks for 5 of these individuals were completed on 5/9/17 therefore the facility had not yet been able to secure the required evaluation from DHS. Findings for the other 3 staff are as follows: a.) Staff G was hired on 4/4/17. A background check completed on 4/4/17 revealed a criminal record. The facility failed to secure an evaluation by DHS to determine whether or not the individual could work at the facility. b.) Staff I was hired on 2/27/17. A background check completed on 2/27/17 revealed a criminal record. The facility failed to secure an evaluation by DHS to determine whether or not the individual could work at the facility. c.) Staff M was hired on 1013/16. A background check completed on 10/12/16 revealed a criminal record. The facility failed to secure an evaluation by DHS to determine whether or not the individual could work at the facility. The Adminitrator confirmed these findings on 5/10/17 at 4:35PM.	C 206		
C 207	01-50.9(3)d Background Checks 481-50.9(135C) Criminal, dependent adult abuse, and child abuse record checks.	C 207		

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C 207	Continued From page 13 50.9(3) Requirements for employer prior to employing an individual. Prior to employment of a person in a facility, the facility shall request that the department of public safety perform a criminal history check and the department of human services perform child and dependent adult abuse record checks of the person in this state. d. If a person being considered for employment has a record of founded child or dependent adult abuse. If a department of human services child or dependent adult abuse record check shows that a person being considered for employment in a facility has a record of founded child or dependent adult abuse, the department of human services shall notify the facility that upon the request of the facility the department of human services will perform an evaluation to determine whether the founded child or dependent adult abuse warrants prohibition of the person's employment in the facility This REQUIREMENT is not met as evidenced by: Based on interview and personnel record review, the facility failed to ensure an evaluation was obtained from the Department of Human Services (DHS) for 1 of 2 employees reviewed on the child abuse registry (Staff G). Findings include: Review of staff files revealed 2 employees who were on the child abuse registry. The child abuse check for one of these staff was completed on 5/10/17 therefore the facility had not been able to secure the required evaluation from DHS.	C 207		

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C 207	Continued From page 14 Findings for the other staff are as follows: An abuse registry check completed on 4/10/17 revealed Staff G was on the child abuse registry. The facility failed to secure an evaluation by DHS to determine whether or not the individual could work at the facility. The Administrator confirmed the above finding on 5/10/17 at 4:35 PM.	C 207		
S 129	59.8(2) Baseline TB screening for residents 481-59.8(135B,135C) Baseline TB screening procedures for residents of health care facilities. 59.8(2) All residents shall be assessed for current symptoms of active TB disease upon admission. Within 72 hours of a resident's admission, baseline TB testing for infection shall be initiated unless baseline TB testing occurred within three months prior to the resident's admission. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to complete baseline tuberculosis (TB) testing for 8 of 10 residents reviewed admitted during the past three months (Residents #6, #7, #9, #10, #11, #13, #14 & #15). Baseline TB screening consists of two components: (1) assessing for current symptoms of active TB disease and (2) using two-step TST or a single IGRA to test for infection with M. tuberculosis. Findings include:	S 129		

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
	570617	A. BUILDING: _____ B. WING _____	C 06/09/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAYVIL	136 36TH AVENUE SW CEDAR RAPIDS, IA 52404

(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
S 129	Continued From page 15 Resident #6's file revealed an admission date of 3/29/17. No TB screening was completed. Resident #7's file revealed an admission date of 3/16/17. No TB screening was completed. Resident #9's file revealed an admission date of 4/14/17. No TB screening was completed. Resident #10's file revealed an admission date of 4/13/17. No TB screening was completed. Resident #11's file revealed an admission date of 2/14/17. No TB screening was completed. Resident #13's file revealed an admission date of 3/17/17. No TB screening was completed. Resident #14's file revealed an admission date of 4/28/17. No TB screening was completed. Resident #15's file revealed an admission date of 2/14/17. No TB screening was completed. Interview with the DON on 5/9/17 at 3:40 PM revealed she was not aware of Chapter 59 and the requirement for TB screenings for newly admitted residents. The DON confirmed the findings during an interview on 5/10/17 at 2:50 PM.	S 129		

6/23/17

Facility will ensure that all employees receive dependent adult abuse training as mandated by Chapter 235B. Chapter 235B requires that employees complete two hours of training relating to the identification and reporting of Dependent Adult Abuse within six months of initial employment and at least two hours of additional dependent adult abuse identification and reporting training every five years using an approved curriculum.

In respect to R000 – R 266

To correct this deficiency, a senior staff member has taken the "train the trainer" class through the Department of Human Services and gotten approval to use the Curriculum APPROVAL NUMBER: **#3902** EFFECTIVE DATES: **May 15, 2017- May 15, 2020.**

Several class times have been posted and all staff are required to sign up for one of the classes, or to bring in a certificate showing that they have completed the dependent adult abuse course during the last 5 years. The plan is to offer these classes going forward every 4 months so that new employees can attend as well as other employees that need to renew their certificate.

Facility will complete Employee criminal record checks, child abuse checks and dependent adult abuse checks and employment of individuals who have committed a crime or have a founded abuse. The facility shall comply with the requirements found in Iowa Code section 135C.33 as amended by 2014 Iowa Acts, chapter 1040, and rule 481-50.9(135C) related to completion of criminal record checks, child abuse checks, and dependent adult abuse checks and to employment of individuals who have committed a crime or have a founded abuse.

In respect to R000 – R358, C203, C206, & C207

To correct this deficiency the administration has accessed the SING website (Single Contact License & Background Check). This website allows the administration, once a release form has been filled out and signed by prospective employees, to run criminal background checks and child abuse or dependent adult abuse checks quickly before hiring employees. Those applicants that have been convicted of a crime will fill out an evaluation form that will be sent to the Department of Human Services to determine whether the crime warrants prohibition of the persons employment in the facility. Those applicants that have been found to be on the child abuse registry or the dependent adult abuse registry will also fill out an evaluation form that will be sent to the Department of Human Services to determine whether the abuse warrants prohibition of the persons employment in the facility.

In respect to S129

All new residents will be screened for TB within 72 hours of admission into the community. The first step to the assessment will be observation for possible symptoms, along with a 2 step TB testing method. All information, observations and results will be documented within the residents' chart.

In respect to R640

Every incident/accident will have an incident/accident report filled out immediately after the occurrence has been found and the situation made safe for both staff and resident. These reports include any incident even if it was unobserved and the injury found was of unknown origin. These reports will be filled out by the CMA, LPN or Nurse on duty at the time of

6/23/17

the incident, with statements attached written by the person who found the resident. Family or POA and the primary physician will be notified immediately once the situation has been made safe, and charting will be completed in the residents file.

Accordig to correspondence with the Administrator, the POC implimentation is 6/22/17. The Administrator will ensure compliance with the POC.

DJ — 6/23/17