STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165146	A. BUILDING _____ B. WING _____	C 06/16/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KAHL HOME FOR THE AGED & INFIRMED	6701 JERSEY RIDGE ROAD DAVENPORT, IA 52807

(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 7/5/17 VLK 7/5/17 The following deficiencies were identified during the investigation of complaint #68434. (See Code of Federal Regulations (42 CFR) Part 483, Subpart B-C).	F 000		
F 225 SS=D	483.12(a)(3)(4)(c)(1)-(4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS 483.12(a) The facility must- (3) Not employ or otherwise engage individuals who- (i) Have been found guilty of abuse, neglect, exploitation, misappropriation of property, or mistreatment by a court of law; (ii) Have had a finding entered into the State nurse aide registry concerning abuse, neglect, exploitation, mistreatment of residents or misappropriation of their property; or (iii) Have a disciplinary action in effect against his or her professional license by a state licensure body as a result of a finding of abuse, neglect, exploitation, mistreatment of residents or misappropriation of resident property. (4) Report to the State nurse aide registry or licensing authorities any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff. (c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:	F 225		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Adm — (X6) DATE: 7-5-17

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.

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F 225	Continued From page 1 (1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. (2) Have evidence that all alleged violations are thoroughly investigated. (3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress. (4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on record review, interview and review of facility policy and procedures, the facility failed to report an allegation of abuse immediately to the person in charge who shall then notify the Iowa Department of Inspection and Appeals within 24	F 225		

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F 225	Continued From page 2 hours (Residents #1, #2, #3). The sample consisted of 7 residents and the facility reported a census of 111 residents. Findings include: 1. An email dated 5/17/17, identified a college assistant director notified the facility Administrator of concerns the students observed on 5/10/17. The Intake Information sheet identified the facility made a report to the Iowa Department of Inspections and Appeals on 5/17/17 for mistreatment of Resident #1, #2 and #3 by two agency staff members working at the facility. On 6/16/17 at 2:05 p.m. the Administrator was interviewed and reported the facility reported the allegations as soon as they were informed of the alleged abuse. The Administrator reported the facility has a contract with the Community College. However, the current contract does not cover abuse reporting. The Administrator stated the facility has a plan to revise the contract. The Prevention, Identification, Investigation and Reporting of Abuse, Neglect, or Exploitation of a Resident or Misappropriation or Resident Property policy revised 11/28/16 revealed the staff which includes employees, consultants, contractors, volunteers and other caregivers, is expected to maintain an environment for residents that is safe and free from abuse or neglect. The policy directed the staff to immediately report suspicions of abuse, neglect or exploitation to the Supervisor or the Administrator.	F 225		
F 241	483.10(a)(1) DIGNITY AND RESPECT OF	F 241		

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F 241 SS=D	Continued From page 3 INDIVIDUALITY (a)(1) A facility must treat and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life recognizing each resident's individuality. The facility must protect and promote the rights of the resident. This REQUIREMENT is not met as evidenced by: Based on record review and resident, staff and nursing student interviews, the facility failed to display respect for residents when caring for and speaking about them in order to affirm their dignity as human beings (Resident #1, #2, #3). The sample consisted of 7 residents and the facility reported a census of 111 residents. Findings include: 1. Resident #3 had a MDS (Minimum Data Set) Assessment with a reference date of 3/9/17. The MDS identified Resident #3 had diagnoses which included non-Alzheimer dementia, anxiety, depression and history of a stroke (cerebral vascular accident). The resident required extensive assistance of 1 staff person for bed mobility, transfers, dressing and toilet use. The MDS indicated the resident had severe cognitive impairments. The Care Plan Summary updated 4/22/16 directed the staff to use a gait belt and a walker to stand-pivot/transfer Resident #1. On 6/15/17 at 10:30 a.m. Staff D (student CNA) was interviewed and reported she worked with Staff E (agency CNA) on May 10, 2017. Staff D stated Resident #3 made repetitive comments	F 241		

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F 241	Continued From page 4 when staff were in the room. Staff E kept repeating Resident #3's name loudly, attempting to make Resident #3 quit talking and then Staff E told Resident #3 to shut up. Staff E commented to Staff D not to do what he did, but it's the only way to get Resident #3 to stop the repetitive comments. Staff E completed perineal cares with Resident #3 reclined in the Broda chair. Staff E stated, "Just what I (expletive) "f-----g" wanted to do tonight." Resident #3 asked what happened. Staff E told Resident #3 he/she had (expletive) "s--t" his/her pants. Staff D reported Resident #3 looked uncomfortable. Staff E told Staff D to go watch for the nurse so he "could do what he/she had to do." Staff E picked Resident #3 up in his arms and carried Resident #3 to the bed. Staff E was interviewed on 6/15/17 at 4:20 p.m. and reported she floated to all 6 units at the Kahl Home. She was aware of the resident's care needs. Staff E reported the resident required the assistance of one staff and a gait belt for transfers. Staff E recalled a student was with her on 5/10/17. Staff E reported she assisted the resident to bed. The resident sat in the Broda chair. Staff E reported the resident made repetitive statements. Staff E denied repeating the resident's name. Staff E denied telling the resident to shut up, cursing, having the student watch for the nurse by the door and did not cradle transfer the resident. Staff E stated he informed the student it is hard not to blow up sometimes and upset that another aide went home with a headache. 2. According to the Minimum Data Set (MDS) assessment dated 6/1/17, Resident #1 had diagnoses which included heart failure, diabetes mellitus, non-Alzheimer's dementia, malignant	F 241		

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F 241	Continued From page 5	F 241		

neoplasm of the large intestine (abnormal growth of tissue, mass, tumor) and muscle weakness. The resident required extensive assistance of 2 staff members for bed mobility, transfers, dressing and toilet use. The MDS indicated the resident had moderately impaired decision making skills.

An interview on 6/15/17 at 12:47 p.m. Staff A (nurse aide student) reported she worked along with Staff B (agency aid) during the training rotation at the facility on May 10, 2017. Staff A reported Staff B showed Staff A how to empty Resident #1's ileostomy bag and prior to emptying the bag Staff B told Staff A, that emptying the bag was probably the worst part of the day and it was gross. Staff A stated this was said in the presence of Resident #1.

On 6/15/17 at 2:26 p.m. Staff B (agency CNA) was interviewed. Staff B stated when she emptied the colostomy by, she voiced there was an odor and then she told Staff A that it was the grossest thing he would probably have to do.

3. Resident #2 had a MDS assessment with a reference date of 3/30/17. The MDS identified the resident had diagnoses which included diabetes mellitus, arthritis, anxiety and depressed mood. The resident required extensive assistance of 2 staff for bed mobility, transfers, toilet use and dressing. The MDS indicated the resident was alert and oriented.

According to Staff C's (nurse aide instructor) written statement dated 5/17/17 revealed Staff C observed Staff B (agency aide) assist Resident #2 with incontinence cares. Resident #2 told Staff B (agency aide) he/she pushed the call light for a

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long time and made a mess in his/her pants. Staff B commented to the resident, "You made a huge mess everywhere". According to Staff C, during the cares Staff B told Resident #2 that it was taking forever because he/she had (expletive) "s--t" everywhere. Staff C reported Resident #2 became very quiet after that comment. Staff C reported Staff B made a third comment about cleaning the resident up. Staff C reassured Resident #2 that it was okay and accidents happened. Staff C wanted to make Resident #2 feel better as she felt embarrassed for the resident. Staff B informed the nurse aide instructor, the resident had bad skin irritation because the resident had stool everywhere.
On 6/15/17 at 2:26 p.m., Staff B was interviewed and stated Resident #2 had 1 or 2 bowel movements that shift on 5/10/17. Staff B confirmed the resident said she/he had made a mess and she (staff B) agreed with the resident and they both laughed. Staff B stated she apologized to the resident and said it was alright.

On 6/15/17 at 11:10 a.m. Resident #2 was interviewed and stated the staff are in a hurry when they provide cares and she/he tells them to slow down.

On 6/16/17 at 2:05 p.m. the Administrator was interviewed and stated an expectation of the staff is to treat the residents with dignity and respect at all times. The Administrator stated the incidents with Resident #1, Resident #2 and Resident #3 occurred on May 10, 2017.

The Prevention, Identification, Investigation and Reporting of Abuse, Neglect, or Exploitation of a Resident or Misappropriation or Resident Property policy revised 11/28/16 revealed the staff

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F 241	Continued From page 7 which includes employees, consultants, contractors, volunteers and other caregivers, is expected to maintain an environment for residents that is safe and free from abuse or neglect. Furthermore, each resident is to be treated with respect and dignity which includes respecting the resident's right to personal property.	F 241		

Kahl Home For The Aged And Infirmed
6701 Jersey Ridge Road
Davenport, Iowa 52807

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The following Plan of Correction is being submitted because it is required under federal law and is not an admission of any wrong doing or the existence of any deficiency under the Medicare or Medicaid Programs. This Plan of Correction is not an admission that there are measures or steps that the facility could have or should have taken to address the alleged deficiency in the past.

F225

1. The facility has taken the following action concerning the deficiency identified on the CMS-2567:
   - Facility Administrator has reviewed the facility Abuse Prevention Program EXHIBIT #1.
   - All employees were in-serviced 6/28 on the Facility Abuse Prevention Program.
   - In-service training to include: Screening, Training, Prevention, Identification, Protection/Exploitation, Investigation, and Reporting/Response. Training to be completed by 7/7.
   - Facility Administrator has reviewed the current contract with the Community College to ensure that it does cover abuse reporting.

2. The facility has identified other residents similar to those identified on the CMS-2567 and is taking the following action:
   - All employees to complete in-service training on Abuse Prevention being presented by Human Resourced Director, Administrator, and Director of Nursing.
   - All employees upon hire, annually and ongoing throughout the year will be educated on Facility Abuse Prevention Program.
   - Facility will follow the facility Abuse Prevention Program including thorough investigations to be completed as according to the policy.
   - Employees accused of abuse will be immediately suspended as according to Facility Abuse Prevention Policy.

3. To ensure that proper practices continue and that the problem does not recur:
   - The Administrator or designee will monitor the Plan of Correction through audits of new hire personnel files and Annual/Monthly In-service education topics/materials.

4. The results of the monitoring completed under this Plan of Correction will be submitted to the QA Committee for review and follow up to ensure that solutions are permanent.

Completion Date: [7-5-17]

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The following Plan of Correction is being submitted because it is required under federal law and is not an admission of any wrong doing or the existence of any deficiency under the Medicare or Medicaid Programs. This Plan of Correction is not an admission that there are measures or steps that the facility could have or should have taken to address the alleged deficiency in the past.

F241

1. The facility has taken the following action concerning the deficiencies identified on the CMS-2567:
    - Facility Administrator has reviewed the facility Abuse Prevention Program EXHIBIT #1.
    - All employees were in-serviced 6/28 on the Facility Abuse Prevention Program.
    - In-service training to include: Screening, Training [particular to the treatment of residents with dignity and respect at all times], Prevention, Identification, Protection/Exploitation, Investigation, and Reporting/Response. Training to be completed by 7-17.

2. Let it be noted that no adverse reaction has been noted to R1, R2, and R3. The facility has identified other residents similar to those identified on the CMS-2567 and is taking the following action:
    - All employees to complete in-service training on Abuse Prevention being presented by Human Resourced Director, Administrator, and Director of Nursing.
    - All employees upon hire, annually and ongoing throughout the year will be educated on Facility Abuse Prevention Program [to include the treatment of residents with dignity and respect at all times].
    - Facility will follow the facility Abuse Prevention Program including thorough investigations to be completed as according to the policy.
    - Employees accused of abuse will be immediately suspended as according to Facility Abuse Prevention Policy.

3. To ensure that proper practices continue and that the problem does not recur:
    - The Administrator or designee will monitor the Plan of Correction through audits of new hire personnel files and Annual/Monthly In-service education topics/materials.

4. The results of the monitoring completed under this Plan of Correction will be submitted to the QA Committee for review and follow up to ensure that solutions are permanent.

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