STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165436	A. BUILDING _____ B. WING _____	C 11/09/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCORDIUS HEALTH AT ST MARY, LLC	800 EAST RUSHOLME STREET DAVENPORT, IA 52803

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F 000	INITIAL COMMENTS VKK 12/4/17 Correctiopn date 11/21/17. The following deficiencies relates to the investigation of complaint #70133, #71258 & incident #70967. (See Code of Federal Regulations (42 CFR) Part 483, Subpart B-C).	F 000	**F 000** Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the fact alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared solely because it is required by the provisions of Federal and State law.	
F 226 SS=D	DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES CFR(s): 483.12(b)(1)-(3), 483.95(c)(1)-(3) 483.12 (b) The facility must develop and implement written policies and procedures that: (1) Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property, (2) Establish policies and procedures to investigate any such allegations, and (3) Include training as required at paragraph §483.95, 483.95 (c) Abuse, neglect, and exploitation. In addition to the freedom from abuse, neglect, and exploitation requirements in § 483.12, facilities must also provide training to their staff that at a minimum educates staff on- (c)(1) Activities that constitute abuse, neglect, exploitation, and misappropriation of resident property as set forth at § 483.12. (c)(2) Procedures for reporting incidents of abuse, neglect, exploitation, or the misappropriation of	F 226	F226 The facility will continue to ensure completion of criminal background checks and dependent adult abuse checks prior to employment. **Correction:** Staff C has inspected employee records from a hire dates in September, October and November, and continues to ensure that new/re-hired employees have documented completion of criminal and abuse checks. Staff A and Staff B no longer work for the facility. **Identification:** Residents of the facility and their property have the potential to be affected. **System Change:** The Administrator will provided education to Staff C (Human Resource person) on completing criminal background checks and dependent adult abuse checks prior to employment. **Monitoring:**	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Erin Keelan — TITLE: Administrator — (X6) DATE: 11/21/2017

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 226	Continued From page 1 resident property (c)(3) Dementia management and resident abuse prevention. This REQUIREMENT is not met as evidenced by: Based on review of personnel files, staff interview and review of the policy and procedures, the facility failed to complete criminal background checks and dependent adult abuse checks prior to employment for 2 of 10 personnel files reviewed. The facility reported a census of 52 residents. Findings include: According to a list of new hired employees, Staff A (dietary) had a date of hire as 10/13/17. The Single Contact License & Background Check Sheet dated 10/13/17 revealed no results of the criminal history or abuse history for Staff A. The Single Contact License and Background Check sheet dated 11/2/17 at 10:09 a.m. identified Staff A had a clear Abuse Registries Background Check. The sheet identified "further search required" on the Criminal History Background Check. On 11/2/17 at 9:36 a.m. Staff C (Human Resource person) was interviewed and stated she completed the background check on Staff A on 10/13/17. Staff C reported she searched the database history and could not find a completion of the criminal and abuse check was completed. Staff C stated she completed the checks today. Staff C reported Staff A was contacted and told not to work until the criminal history check	F 226	Staff C (Human Resource person) / Designee will inspect/review each new/potential employees' criminal background check for completion and accuracy. The Administrator/Designee will review each one weekly for 3 weeks and then monthly for 3 months to ensure completion of the results for each employee before hire. Staff C will submit findings to the facility's QAA/QAPI committee monthly for further review and recommendations. The correction was completed by the date the fining and citation report was received by the facility. Date of Completion: 11/21/17 F323 The facility will continue to ensure adequate supervision in accordance with the plan of care for residents of the facility, including Resident #3. **Correction:** The DON/Designee will re-assess cognition, level of assistance required with bed mobility, transfers, toileting, and personal hygiene. Based on the re-assessment, Resident #3 Kardex will be updated if resident has the need for bed alarm, self-releasing seatbelt alarm, staff assist of one with bed mobility and transfers, as well as address possible unsteadiness while moving from a sit to stand position and/or transferring on and off the toilet. The DON/Designee will run a report on residents with needs for assistance with	

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F 226	Continued From page 2 cleared. 2. The hire list identified Staff B (nurse aide) had a date of hire as 10/12/17. The Single Contact License & Background Check sheet dated 10/12/17 indicated no results of the criminal history or abuse history for Staff B. The Single Contact License & Background Check sheet dated 11/2/17 revealed Staff B had a clear Abuse and Criminal Background Check. An on 11/2/17 at 9:36 a.m. Staff C (Human Resource person) reported she completed the background check of Staff B on 10/12/17. Staff C stated she could not find that an abuse and criminal check was completed. Staff C reported she completed the check today. The policy and procedures titled Background Screening Investigations, revised November 2015, identified the Human Resources Director will conduct background checks, reference checks and criminal conviction checks on all potential employees and contract employees within two days of an offer of employment.	F 226	transfers, bed mobility and one to one assistance for transfers, and ensure their assessments match with the interventions on the care plan and Kardex. **Identification:** Residents of the facility with assessments that show need for staff assistance with transfers, bed mobility, toileting and personal hygiene have the potential to be affected. **System Change:** The DON/Designee will provide in-service education for nursing staff on the expectation of following Kardex/care card directions as well as not leaving residents unattended in the bathroom who need assistance with transfers, toileting and personal hygiene. **Monitoring:** The MDS Coordinator/Designee will audit/inspect 3 resident records per week for 3 weeks and then weekly for 3 months to ensure assessments coincide with care plans and Kardex. The MDS Coordinator/Designee will update each as needed and ensure staff is aware of changes. The DON/Designee will audit/observe staff supervision for 3 residents per week for 3 weeks and then monthly for 3 months to ensure continued compliance with Kardex, and prevention of accidents. Results and findings will be submitted to the facility's QAA/QAPI committee	
F 323 SS=D	FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES CFR(s): 483.25(d)(1)(2)(n)(1)-(3) (d) Accidents. The facility must ensure that - (1) The resident environment remains as free from accident hazards as is possible; and (2) Each resident receives adequate supervision	F 323		

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F 323	Continued From page 3 and assistance devices to prevent accidents. (n) - Bed Rails. The facility must attempt to use appropriate alternatives prior to installing a side or bed rail. If a bed or side rail is used, the facility must ensure correct installation, use, and maintenance of bed rails, including but not limited to the following elements. (1) Assess the resident for risk of entrapment from bed rails prior to installation. (2) Review the risks and benefits of bed rails with the resident or resident representative and obtain informed consent prior to installation. (3) Ensure that the bed's dimensions are appropriate for the resident's size and weight. This REQUIREMENT is not met as evidenced by: Based on observation, clinical record review and staff interviews, the facility failed to provide adequate supervision in accordance of the plan of care for one of four residents reviewed. (Resident #3) The facility census was 52 residents. Findings include: 1. The Admission Record dated 9/8/17, documented Resident #3 had diagnoses that included repeated falls, osteoarthritis and pain. The Minimum Data Set (MDS) assessment dated 8/30/17, revealed the resident had no cognitive impairments and required extensive assistance with bed mobility, transfers, toilet use and personal hygiene. The MDS Kardex received 11/1/17, directed staff	F 323	monthly for further review and recommendation. Date of Completion: 12/8/2017 F 353 The facility will continue to respond to provide staffing sufficient to assure residents meet their highest practicable physical, mental and psychological well-being. **Correction:** The DON/Designee will inspect the staffing schedule and assignment sheets with a lookback period of 11/1/2017. After talking with resident #5 to obtain further information about his/her concerns, the DON/Designee will implement an "every 2 hour check" on 12/1/17 to assist resident #5 as needed. **Identification:** Residents of the facility have the potential to be affected which could lead to an unfavorable call light response time for those that need assistance. **System Change** The DON/Designee will provide in-service education to nursing staff about the importance of prioritizing resident needs and meeting them promptly, and in accordance with person centered care. The DON/Designee will provide re-education to staff as needed. Staff will	

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F 323	Continued From page 4 to use a bed alarm, self releasing seatbelt alarm, provide assistance of one with bed mobility and transfers and was not steady when moving from seated to standing and moving on and off the toilet. Observation on 11/1/17 at 7:32 a.m., revealed the resident standing in the bathroom unattended. The resident put his/her sweater on and sat down in the wheelchair and secured the seatbelt alarm. The resident reported they were waiting for a helper. Staff G, certified nurse aide, CNA entered the room and turned the seatbelt alarm on. Staff G reported the resident can not turn the alarm on and off. During interview on 11/1/17 at 7:43 a.m., Staff H, CNA reported they assisted the resident to the toilet around 7:20 a.m. and left the resident on the toilet with the call light. During interview on 11/1/17 at 7:28 a.m., Staff I, CNA reported the resident had an alarm and could not be left unattended on the toilet. During interview on 11/1/17 at 7:24 a.m., Staff J, CNA reported the resident had a seatbelt alarm and could not be left unattended on the toilet. During interview on 11/1/17 at 9:23 a.m., Staff G, CNA reported residents with alarms cannot be left unattended on the toilet. Staff G reported some staff leave the resident unattended on the toilet. During interview on 11/1/17 at 8:20 a.m., the MDS Coordinator reported the resident had the seatbelt alarm in place due to falls. The MDS Coordinator reported the resident had the alarm due to falls and any resident with an alarm should	F 323	show improved call light response to help meet the urgent needs of residents. The DON/Designee will interview half of interviewable residents about staff response to their call lights. The Administrator will meet with residents during the next resident council meeting about their satisfaction with staff response to call lights. **Monitoring:** The DON/Designee will interview 3 interviewable residents each week for 3 weeks and then monthly for 3 months to ensure continued compliance. Interview findings will be used to track and intervene to response times. The QAA/QAPI will recommend adjustments to staffing levels as needed to improve response to care needs. Through QAPI, the IDT will review findings on a monthly basis for additional review and recommendations. Date of Compliance: 12/8/2017	

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F 323	Continued From page 5 not be left unattended on the toilet.	F 323		
F 353 SS=E	SUFFICIENT 24-HR NURSING STAFF PER CARE PLANS CFR(s): 483.35(a)(1)-(4) 483.35 Nursing Services The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e). [As linked to Facility Assessment, §483.70(e), will be implemented beginning November 28, 2017 (Phase 2)] (a) Sufficient Staff. (a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans: (i) Except when waived under paragraph (e) of this section, licensed nurses; and (ii) Other nursing personnel, including but not limited to nurse aides. (a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of	F 353		

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F 353	Continued From page 6 duty. (a)(3) The facility must ensure that licensed nurses have the specific competencies and skill sets necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care. (a)(4) Providing care includes but is not limited to assessing, evaluating, planning and implementing resident care plans and responding to resident's needs. This REQUIREMENT is not met as evidenced by: Based on clinical record review, resident and staff interviews, the facility failed to respond to resident call lights in a timely manner for five of seven residents interviewed. The facility census was 52 residents. Findings include: 1. The Minimum Data Set (MDS) assessment dated 6/13/17, revealed Resident #5 had no cognitive impairments and required extensive assistance with transfers and personal hygiene and had occasional bowel and bladder incontinence. During interview on 10/31/17 at 2:01 p.m., Resident #5 reported waiting up to an hour for staff to respond to the call light. The resident reported it happened all times of the day. 2. During group interview conducted on 11/1/17 at 3:00 p.m., four of five residents reported they use the call light and time staff response. The residents reported it takes 45 minutes to an hour for the call lights to be answered and it happens	F 353		

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F 353	Continued From page 7 all times of the day. During interview on 11/8/17 at 2:14 p.m., Staff D, certified nurse aide, CNA reported he/she can not respond to the call lights within 15 minutes. Staff D reported residents complain to him/her about the wait and stated it can take 20 to 30 minutes at times for the staff to respond to the call lights. During interview on 11/8/17 at 3:22 p.m., Staff E, CNA reported staff can not respond to the call lights within 15 minutes. Staff E reported the facillty has strong aides but not enough aides and residents complain it takes 20, 30 and up to 45 minutes for staff to respond. During interview on 11/8/17 at 3:22 p.m., Staff F, CNA reported at times several lights are on at once and someone has to wait. Residents who need two assistance for transfers have to wait even longer.	F 353		