

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

PRINTED: 07/08/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 166436	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/05/2019
NAME OF PROVIDER OR SUPPLIER ACCORDIUS HEALTH AT ST MARY, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 800 EAST RUSHOLME STREET DAVENPORT, IA 52803		
(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>6/6/19</u> Complaints #83121, #83171, #83145, #83187, #83288 and the facility's self-reported incident #83128, were investigated 5/13/19 - 6/5/19, and not substantiated. The following deficiencies relate to Complaints #81987 and #83176 and the facility's self reported incident #82425. (See code of Federal Regulations (42 CFR), Part 483, Subpart B-C).	F 000			
F 606 SS=D	Not Employ/Engage Staff w/ Adverse Actions CFR(s): 483.12(a)(3)(4) §483.12(a) The facility must- §483.12(a)(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. §483.12(a)(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. This REQUIREMENT is not met as evidenced by:	F 606			

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

TITLE

(X5) DATE

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 80 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 606	<p>Continued From page 1</p> <p>Based on record review and staff interviews, the facility failed to follow regulations and procedures that would have prevented or delayed employment of individuals with known criminal histories for 2 of 9 personnel files reviewed. The facility reported a census of 53 residents.</p> <p>Findings include:</p> <p>1. The facility's self-reported incident described notification on 3/22/19 by the Iowa Department of Human Services (DHS) that an employee (Staff A) with a criminal record who worked at the facility was not authorized by DHS to work in a long-term care facility.</p> <p>A SING check (Single Contact License & Background Check) completed 2/14/19 revealed further research required to clear a criminal record for Staff A, hired as a dietary aide (DA) on 2/21/19. An Iowa Department of Criminal Investigation (DCI) report faxed to the facility on 2/20/19 revealed Staff A had felony convictions and required authorization by DHS to work. The DHS authorization form, faxed to the facility on 3/19/19, revealed Staff A not authorized to work. Payroll records revealed Staff A worked on 20 different days between 2/21/19 and 3/19/19 and logged 154.65 hours.</p> <p>During an interview 5/15/19 at 8:42 a.m., staff at DHS confirmed the facility faxed the request for Staff A's review on 2/26/19, the form returned to the facility with request for additional information. The facility faxed the information to DHS on 2/28/19, the form returned to the facility with request for additional information. The facility faxed the requested information to DHS on 3/15/19, it was reviewed and determination on</p>	F 606			

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F 606	Continued From page 2 3/19/19 that the employee could not work based on his extensive criminal record. 2. Personnel files reviewed on 5/14/19 revealed Staff B, certified nursing assistant (CNA), hired on 2/21/19, had a SING check completed 2/19/19 that revealed further research required to clear a criminal record. The DCI report faxed to the facility on 2/19/19 revealed a criminal history that was not cleared by DHS. The facility faxed the request for authorization to DHS on 5/20/19, returned via fax on 5/23/19 with authorization to work by DHS. During an interview on 5/14/19 at 4:08 p.m., the administrator stated he was not aware that Staff B did not have DHS authorization to work, would check into the matter and would take the employee off the schedule. On 5/29/19 at 9:10 a.m., the administrator stated Staff B was allowed to return to work after the DHS authorization was received. The facility's Background Screening Investigations policy, dated as revised November, 2015, directed: 1. If the background investigation indicated the individual had been convicted of abuse, neglect, mistreatment of individuals, or theft of property, the applicant will not be employed and will be terminated from employment. 2. Information discovered through the course of the background investigation that indicated the applicant did not meet employment eligibility criteria would be provided to the individual's appropriate licensing board.	F 606			
F 695	Respiratory/Tracheostomy Care and Suctioning	F 695			

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F 695 SS=D	<p>Continued From page 3</p> <p>CFR(s): 483.25(l)</p> <p>§ 483.25(l) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, and staff, physician and family member interviews, the facility failed to provide tracheostomy care in accordance to accepted professional standards for 1 of 1 residents reviewed with a tracheostomy (Resident #3), and failed to ensure that a resident utilized a Bi-PAP respiratory device as ordered and directed by the physician for 1 of 2 residents reviewed with CBI-PAP device orders (Resident #9). The facility reported a census of 53 residents.</p> <p>Findings include:</p> <p>1. The Minimum Data Set (MDS) Assessment tool dated 4/29/19 revealed Resident #3, admitted to the facility on 2/8/18, had diagnoses that included congestive heart failure, diabetes, asthma and postprocedural subglottic stenosis (narrowed esophagus in the throat area), scored 15 out of 15 points possible on the Brief Interview for Mental Status (BIMS) cognitive assessment, without cognitive deficits or symptoms of delirium, and required assistance of at least 1 staff for transfers to and from bed and chair and dressing, and extensive assistance of at least 1 staff for</p>	F 695			

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F 695	<p>Continued From page 4</p> <p>ambulation, toileting, bathing and personal hygiene, and required oxygen therapy, tracheostomy care and suctioning.</p> <p>Physician orders transcribed on 1/29/19 directed staff:</p> <ul style="list-style-type: none"> a. Change tracheostomy tube, #6 metal Jackson XL (extra long) on day shift every 30 days for subglottic stenosis. b. Change trache ties daily on day shift. c. Ensure extra #6 metal Jackson XL trache and obturator are clean and available at bedside. d. Clean #6 metal Jackson XL tracheostomy daily on day shift. e. Change suction canister and tubing weekly on night shift. f. Oxygen at 4 liters per minute via trache mask as needed for resident comfort. g. Suction trache as needed. <p>A tracheostomy problem initiated on the resident's nursing care plan on 8/30/18, directed the following interventions:</p> <ul style="list-style-type: none"> a. Offer assist with trache cleaning and suctioning, the resident often says no but likes to be asked. b. Suction as necessary. c. Tube out procedures: Keep extra trache tube and obturator at bedside. If tube is coughed out or dislodged place obturator in track until new trache can be placed. If tube cannot be reinserted, monitor/document for signs of respiratory distress. If able to breathe spontaneously, elevate head of bed 45 degrees and stay with resident. Obtain medical help immediately. <p>A Tracheostomy Care procedure, revised 8/2013, directed staff:</p>	F 695			

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F 695	<p>Continued From page 5</p> <p>a. Aseptic technique must be used during cleaning of reusable tracheostomy tubes, and tracheostomy tube changes.</p> <p>b. Gloves must be used on both hands during any manipulation of the tracheostomy.</p> <p>c. A mask and eyewear must be worn if splashes, spattering, or spraying of body fluids is likely to occur.</p> <p>d. Tracheostomy tubes should be changed as ordered and as needed (at least monthly).</p> <p>e. A replacement tracheostomy tube must be available at the bedside at all times.</p> <p>f. A suction machine, supply of suction catheters, exam and sterile gloves, and flush solution must be available at the bedside at all times.</p> <p>The procedure did not direct how to change the tracheostomy tube, and the facility could not provide a policy or procedure that directed the care upon request on 5/30/19.</p> <p>Staff interviews revealed:</p> <p>On 5/29/19 at 8:55 a.m., Staff C, registered nurse (RN), stated when the resident was first at the facility, they didn't have the right size trache for her, she needed a smaller diameter size but longer in length, it was ordered and spare tracheostomy tube sets were stored both at the bedside and at the nurse's station. The resident often performed her own trache care (cleaned the trache and the skin around the tracheostomy stoma) and this employee changed the residents tracheostomy tube a few times without difficulty, as she was experienced with the procedure from work in intensive care units.</p> <p>On 5/29/19 at 10:02 a.m., Staff D, licensed practical nurse (LPN), stated the resident cleaned</p>	F 695			

1. NAME OF THE PARTY 2. ADDRESS 3. CITY 4. STATE 5. ZIP CODE 6. PHONE NUMBER 7. FAX NUMBER 8. E-MAIL ADDRESS 9. WEBSITE ADDRESS 10. OTHER INFORMATION	11. NAME OF THE PARTY 12. ADDRESS 13. CITY 14. STATE 15. ZIP CODE 16. PHONE NUMBER 17. FAX NUMBER 18. E-MAIL ADDRESS 19. WEBSITE ADDRESS 20. OTHER INFORMATION	21. NAME OF THE PARTY 22. ADDRESS 23. CITY 24. STATE 25. ZIP CODE 26. PHONE NUMBER 27. FAX NUMBER 28. E-MAIL ADDRESS 29. WEBSITE ADDRESS 30. OTHER INFORMATION	31. NAME OF THE PARTY 32. ADDRESS 33. CITY 34. STATE 35. ZIP CODE 36. PHONE NUMBER 37. FAX NUMBER 38. E-MAIL ADDRESS 39. WEBSITE ADDRESS 40. OTHER INFORMATION	41. NAME OF THE PARTY 42. ADDRESS 43. CITY 44. STATE 45. ZIP CODE 46. PHONE NUMBER 47. FAX NUMBER 48. E-MAIL ADDRESS 49. WEBSITE ADDRESS 50. OTHER INFORMATION	51. NAME OF THE PARTY 52. ADDRESS 53. CITY 54. STATE 55. ZIP CODE 56. PHONE NUMBER 57. FAX NUMBER 58. E-MAIL ADDRESS 59. WEBSITE ADDRESS 60. OTHER INFORMATION	61. NAME OF THE PARTY 62. ADDRESS 63. CITY 64. STATE 65. ZIP CODE 66. PHONE NUMBER 67. FAX NUMBER 68. E-MAIL ADDRESS 69. WEBSITE ADDRESS 70. OTHER INFORMATION	71. NAME OF THE PARTY 72. ADDRESS 73. CITY 74. STATE 75. ZIP CODE 76. PHONE NUMBER 77. FAX NUMBER 78. E-MAIL ADDRESS 79. WEBSITE ADDRESS 80. OTHER INFORMATION	81. NAME OF THE PARTY 82. ADDRESS 83. CITY 84. STATE 85. ZIP CODE 86. PHONE NUMBER 87. FAX NUMBER 88. E-MAIL ADDRESS 89. WEBSITE ADDRESS 90. OTHER INFORMATION	91. NAME OF THE PARTY 92. ADDRESS 93. CITY 94. STATE 95. ZIP CODE 96. PHONE NUMBER 97. FAX NUMBER 98. E-MAIL ADDRESS 99. WEBSITE ADDRESS 100. OTHER INFORMATION
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F 695	<p>Continued From page 6</p> <p>her own trache and suctioned herself, she assisted the resident unlock the tracheostomy tube inner cannula when it was encrusted from secretions, but the employee had never changed her tracheostomy tube, and didn't have that work experience. One day, estimated as 5/1/19, both she and Staff C were summoned to the resident's room by the former director of nursing (DON), Staff E, who directed the tracheostomy tube had to be changed as it was crusted. Staff C prepared to change the tracheostomy tube and as she held the new tracheostomy tube in her hand near the resident's neck, Staff E said she needed to turn it around so the curve was towards the resident's nose. Staff C stated that was not correct and would not insert the tracheostomy tube as Staff E directed, Staff E then inserted the tracheostomy tube with the curve towards the resident's nose, and once inserted in the stoma opening, she turned the tracheostomy tube in a clockwise rotation so the curve was then in the direction of the resident's feet as the resident coughed and looked painful. A few hours later the resident coughed up blood and required more frequent suction, and the next morning there was bloody drainage all across the resident's chest from the tracheostomy.</p> <p>On 5/29/19 at 10:43 a.m., Staff C stated the resident said her tracheostomy tube had to be changed, Staff E and Staff D were already in the room, she offered to change the tracheostomy tube as she had done so in the past, she held the tracheostomy tube to the stoma area, curve towards the resident's feet and positioned at approximately 7 o'clock position when Staff E asked what was she doing and that was not correct, directed her to turn the curve towards the resident's nose. Staff C stated she had never</p>	F 695			

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F 695	<p>Continued From page 7</p> <p>been directed to change a tracheostomy tube that way, had not performed the procedure that way and refused to perform the procedure as Staff E directed. Staff E took the tracheostomy tube and inserted it into the stoma with the curve towards the resident's nose, then turned the tracheostomy tube 180 degrees with curve towards the resident's feet, the resident coughed right away and she could tell the resident was in pain.</p> <p>On 5/29/19 at 4:36 p.m., Staff E, the facility's former DON, stated she had helped the resident with her tracheostomy but had never really changed it, she was the DON and staff were responsible for that. When asked how she determined staff competency she stated staff that could do the procedure would train other staff, there should have been a competency list in the personnel files, as the DON she would have been responsible but she never completed them, and tracheostomy care may or may not have been listed as a competency on the form.</p> <p>On 6/4/19 at 3:10 p.m., Staff I, advanced practice nurse practitioner (ARNP) from the resident's pulmonologist physician practice stated when the resident was hospitalized, the resident's responsible party informed her that facility nursing staff had inserted her tracheostomy tube upside down, she was concerned that a nurse would do that and turn the tube 180 degrees once inserted. Staff should hold the tracheostomy tube with curve towards the feet, as close to 6 o'clock position as possible, once the tracheostomy tube inserted into the stoma turn the curve to 6 o'clock if not already in that position and insert until the face plate is in contact with the resident's skin.</p>	F 695			

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F 695	<p>Continued From page 8</p> <p>During an interview on 5/29/19 at 12:06 p.m., the resident's responsible party stated the resident told him the nursing director had inserted her tracheostomy tube upside down, it hurt her and staff suctioned blood from her tracheostomy after that.</p> <p>2. The Minimum Data Set (MDS) Assessment dated 2/12/19 revealed Resident #9 admitted to the facility 1/15/19 with diagnoses that included respiratory failure with hypoxia (low oxygen level) or hypercapnia (high carbon dioxide level), muscle weakness, anemia and hypertension (high blood pressure), scored 14 out of 15 points possible on the Brief Interview for Mental Status (BIMS) cognitive assessment, without cognitive deficits or symptoms of delirium, and required extensive assistance of at least 1 staff to reposition in bed, transfer to and from bed or chair, dressing, toileting, bathing, personal hygiene and ambulation in room with use of a walker</p> <p>Physician orders directed:</p> <p>a. On 1/16/19 - Bi-PAP every night, settings 12/8 with oxygen at 31 percent.</p> <p>b. On 1/16/19 - Oxygen at 2 liters per minute per nasal cannula continuous.</p> <p>c. On 1/28/19 - Continue Bi-PAP every night, settings 12/8 with oxygen at 31 percent.</p> <p>An oxygen therapy problem initiated 1/16/19 on the nursing care plan directed staff:</p> <p>a. Bi-PAP 12/8 when in bed sleeping.</p> <p>b. Monitor for signs and symptoms of respiratory distress and report to the physician</p> <p>The resident's Medication Administration Record</p>	F 695			

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F 695	<p>Continued From page 9</p> <p>(MAR) and Treatment Administration Record (TAR) did not list the Bi-PAP treatment, and there was no documentation of the resident's Bi-PAP utilization, with the exception of 1 Nurse's Note, recorded as a late entry by Staff E, the former director of nursing (DON), effective 2/8/19 at 12:00 p.m. that described respiratory therapy here today to check on resident and how he tolerated Bi-PAP after mask adjustment. Verbalized working much better. Will continue to monitor.</p> <p>The resident was transferred to the hospital on 2/19/19 at 5:50 a.m., the resident found lethargic with temperature of 99.4 degrees Fahrenheit and oxygen saturation of 94 percent.</p> <p>Staff interviews revealed:</p> <p>On 5/29/19 at 6:41 p.m. Staff G, registered nurse (RN), stated the resident wore the Bi-PAP sometimes, when he was assigned to her she put it on him, there might have been 1 time when he refused it or took it off.</p> <p>On 5/30/19 at 11:01 a.m., Staff F, licensed practical nurse (LPN), stated the resident usually wore the Bi-PAP but some nights he refused to use it, the resident made his own decisions and could make his needs known.</p> <p>On 5/30/19 at 10:51 a.m. Staff H, RN, stated the resident would put his Bi-PAP on, sometimes staff had to assist but the resident was knowledgeable of the machine, and he took the mask off towards morning, 4:30 a.m. - 5:30 a.m., said he couldn't breathe or felt like he was suffocating, he was alert and oriented and made his own decisions, if he didn't want to wear it that was his choice.</p>	F 695			

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the following information was obtained from the files of the Federal Bureau of Investigation (FBI) and the Central Intelligence Agency (CIA) regarding the activities of the following individuals:

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1960-1970: Average: 85%

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1. The first step in the process of the investigation is the identification of the problem. This is done by the investigator who is responsible for the investigation. The investigator must identify the problem and the scope of the investigation. This is done by the investigator who is responsible for the investigation. The investigator must identify the problem and the scope of the investigation.

[illegible]

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

PRINTED: 07/08/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165436	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/05/2019
NAME OF PROVIDER OR SUPPLIER ACCORDIUS HEALTH AT ST MARY, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 800 EAST RUSHOLME STREET DAVENPORT, IA 52803		
(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 695	Continued From page 10 During an interview on 5/14/19 at 6:20 p.m., the resident's responsible party stated the resident went to the facility after hospitalization with pneumonia, he was very weak from the pneumonia, had used the Bi-PAP prior to hospitalization and was to continue to use it, the machine was at the facility but staff didn't assist the resident with it or ensure that he continued to use it. He was hospitalized 2/19/19 with pneumonia and respiratory failure, the doctor informed him the condition resulted or was worsened because he hadn't used his Bi-PAP at the nursing home.	F 695			

F606

6/6/19 ✓ ok
TAG

Not Employ/Engage Staff w/ Adverse Actions

CFR(s): 483.12(a)(3)(4)

Correction of areas identified:

1. Facility failed to secure full clearance from Iowa Department of Human Services for new hire.
2. DHS authorization form received on 03/19/2019 indicted staff in question not authorized to work.
3. Employee in question was on schedule and worked many shifts.

Correction recognizing other residents at risk:

Residents were not at risk. Employee worked inside of the kitchen, under direct observation of supervisor always while in the building.

Systems Response:

All employee files audited by new Human Resources Director. Full audit completed on 06/06/2019. Full audit revealed no additional non-compliance with employee background checks.

Monitoring Corrective Action/ Sustaining compliance

Human Resources Director to complete full employee back ground file audits monthly. Employee back ground file audits to be completed monthly for six months. Following the six-month, monthly audit, all employee back ground check files are to be reviewed quarterly.

Who is Responsible for Completing Corrective Action by What Date

Administrator and Human Resources Director conducted a full audit of all employee back ground check files immediately on 03/19/2019. Ongoing audits of employee background files are to be conducted by Human Resources Director monthly. New Human Resources Director in-serviced on conducting proper employee background checks, and the proper paperwork that must be obtained from DIA prior to allowing a new employee to work.

F695

Respiratory/Tracheostomy Care and Suctioning

CFR(s): 483.25(i)

Witnessed Improper Tracheostomy Care

Correction for Residents Identified

Director of Nursing who performed Tracheostomy Care on 05/29/2019 is no longer employed by Accordius Health at St. Mary. Full in-service performed for each nurse working for facility in proper Tracheostomy Care. Resident evaluated and found to had full recovery from alleged incident.

Systems Response

Full in-service conducted for all nurses in facility for proper Tracheostomy Care. Nursing skill checklist to include performing proper Tracheostomy Care for residents with placed Tracheostomy's. Nursing skill checklist to be completed by new Director of Nursing upon resident with Tracheostomy admission and on a quarterly basis from time of admission. Administrator and Human Resourced Director to audit completion of nursing skill checklist quarterly for one year.

Monitoring Corrective Action/ Sustaining compliance

Monitoring of proper Tracheostomy competency evaluation to continue for one year. To continue for longer than one year if one-hundred percent compliance is not met. Tracheostomy competency evaluation to be conducted at a minimum of quarterly.

Who is Responsible for Completing Corrective Action by What Date

Full Tracheostomy competency training completed by new Director of Nursing, to each nurse, on 06/03/2019. This facility is currently Tracheostomy free. Upon admission of a resident with a Tracheostomy the Director of Nursing to conduct a nursing competency of care assessment for all nurses.

