STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165439	A. BUILDING _____ B. WING _____	C 05/20/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAKVIEW NURSING AND REHABILITATION	1212 INDIAN HILLS DRIVE BURLINGTON, IA 52601

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F 000	INITIAL COMMENTS Amended 8/21/2020 following an IDR. Correction date: 5/21/2020 The following deficiency relates to complaint #91045. See Code of Federal Regulations (42CFR) 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 this provider of the truth of the facts alleged or conclusion set forth in the statement of deficiencies. The Plan of Correction is prepared and executed solely because it is required by the provisions of Federal and State Laws. Without waving the foregoing	
F 689 SS=G	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to provide adequate supervision for a cognitively impaired resident (Resident #1) served a hot beverage, which resulted in severe burn for 1 of 8 sampled. The facility reported a census 42. Findings include: According to the Minimum Data Set (MDS) assessment dated 4/15/20, Resident #1 had diagnoses of cerebral vascular accident and hypertension. Resident #1 had a Brief Interview for Mental Status (BIMS) score of "1" indicating a severe cognitive impairments. Resident #1	F 689	statement, the facility states as follows: F 689 Nursing completed a new restorative assessment on each resident which includes assessment of dining ability, sensory deficits, and need for adaptive equipment. Assessment used to identify residents needing assistance with hot beverages. Nursing staff and dietary staff have a list to identify these diners. Restorative nurse to keep list updated based on assessed changes in resident function. DON to monitor for compliance. All dietary staff and nursing staff provided education regarding serving hot liquids. Education included not serving hot liquids until nursing staff is present to supervise and assist. Education included where to find the list of assisted diners.	9/20/2020

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Tarissa Jacobs | TITLE: Administrator | 8/31/2020 | (X6) DATE: 06/12/2020

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 689	Continued From page 1 required extensive assistance from others with transfers, mobility, dressing, toilet use, personal hygiene needs and required extensive physical assistance with eating. Resident #1 had an age of 99 years. The Care Plan dated revealed Resident #1 required assistance with activities of daily living and directed the staff to: a. Provide diet as ordered, supervise and assist as needed at meals. Resident #1 likes bread/sandwiches/finger foods; breakfast is her favorite meal. b. Provide one finger food item available per meal to increase oral intake per speech therapy. c. Provide adaptive equipment as needed, currently two handled cups with lids. The Care Plan History printed on 5/14/20 revealed a revision dated 3/10/20 to provide adaptive equipment as needed, currently two handled cups with lids and a brown coffee cup. According to the Incident Report dated 4/3/20 at 5:30 p.m., Resident #1 spilled a cup of hot cocoa on her lap while sitting in a dining room chair. Resident #1 sustained a 32 centimeter (cm) by 6 cm reddened area with four blisters. The staff applied a cool rag over the burn. The Care Plan revised on 5/14/20 directed the staff to provide adaptive equipment as needed; currently two handled cups with lids, allow hot liquids to cool before placing in front of Resident #1due to spills, likes hot cocoa, and place ice in hot drinks as needed.	F 689		

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F 689	Continued From page 2	F 689		

During an interview on 5/13/20 at 3:46 p.m. Staff A (Nurse Aide) stated she turned to walk to the steam table and heard something. Staff A turned and observed Resident #1 knocked over her hot chocolate onto her lap. Staff A immediately left the pod to inform the nurse while Staff B placed a cold damp washcloth under her clothing on her left thigh. Staff A stated she did not place a lid over the cup of hot chocolate, as she was not aware she needed to. Staff A stated Resident #1 recently been moved to Pod C from Pod A and she was not familiar with her care.

During an interview on 5/13/20 at 4:10 p.m. Staff B (Nurse Aide) while pouring drinks for the residents she had her back to Resident #1 and heard something hit the floor. Staff B turned and observed Resident #1 spilled her hot chocolate onto her lap. Staff B applied a cold damp washcloth under Resident #1's pants, while Staff A left the Pod to find the nurse. Staff B stated the dietary department provides a paper, which lets staff, know about resident diets and adaptive equipment, including cups to use and whether to use lids. Staff B stated she was unaware whether Resident #1 required a lid on her cup or not, but given what had happened she assumed Resident #1 probably did. Staff B stated Resident #1 had recently moved to Pod C and she was not familiar with her.

During an interview on 5/13/20 at 4:24 p.m., the Dietary Supervisor (DS) stated the dietary department provided a list of residents and their specific dietary needs such as supplements and adaptive equipment. The adaptive equipment list included the type of cups and whether a lid is needed for the resident. The DS stated Resident

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#1 required a lid on her cups since the burn, but was uncertain of the lid status when she spilled her hot chocolate on 4/3/20. The DS did not have an adaptive equipment list dating back to 4/3/20. During an interview on 5/14/20 at 10:40 a.m., the DS described the process of delivering hot coffee and hot water to the pods. The DS stated every morning hot coffee and hot water are delivered in carafes to each pod. The hot liquids come from a BUNN coffee maker located in the kitchen. The DS stated the hot liquids are not temperature checked. The DS stated since the burn incident the dietary department has not changed the way hot beverages are delivered to the pods.

During an observation on 5/14/20 at 10:44 a.m., the hot water from the BUNN coffee maker temped at 185 degrees Fahrenheit.

During an observation on 5/13/20 at 5:40 p.m., revealed Resident #1 sitting at the dining room table with three 2 handled cups with lids/straws sitting in front of her on the table.

During an observation on 5/14/20 at 12:15 p.m., revealed Resident #1 sitting at the dining room table eating lunch. A staff member assisted Resident #1 with eating her lunch. Resident #1 had two 2 handled cups with lids and straws were on the table.

During an interview on 5/14/20 at 10:10 a.m., the Director of Nursing (DON) stated there are no protocols or policies related to hot liquids. The DON knew of no related safety assessments required for the serving of hot beverages. The DON stated residents who require feeding assistance are not to receive their meal until staff are present. Drinks are provided on a

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F 689	Continued From page 4	F 689		

case-by-case basis. The DON stated speech therapy and nursing judgment determine whether lids are used and for what purpose. The DON stated Resident #1 was care planned for lids on her cups, most likely related to functional use of drinking her beverages and not spilling, but the DON stated she was unsure whether the lids were added as a safety intervention. The DON stated following the incident in which Resident #1 scalded herself on 4/3/20, the two aides and nurse responsible for the pod were written up and educated on where to access care plan information on residents. The DON stated over the next three days following the incident, the remaining staff were educated on ensuring care plans were followed and proper adaptive equipment was used. The DON stated she reminded staff to allow hot beverages to cool before serving and specifically to add ice to Resident #1's not liquids.

During an interview on 5/14/20 at 10:35 a.m., the Administrator stated the facility has no policy related to serving hot beverages or safety assessments.

During an interview on 5/14/20 at 2:04 p.m., the Dietician stated all residents get a brown thermos cup for their hot beverages. The Dietician stated Resident #1always used a brown thermos cup and the change on the care plan to add a brown thermos cup on 3/10/20 was because the brown cup had never been put on the care plan to begin with.

During an interview on 5/14/20 at 3:05 p.m., the Advanced Registered Nurse Practitioner (ARNP) stated initially the burn was blistered and intact over her left thigh. However, the blisters opened

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F 689	Continued From page 5 and Resident #1 required a topical antibiotic. Over the following weeks, the wound area had irritation from moisture related to incontinence. Resident #1 had a Foley catheter inserted on 4/28/20 to reduce the moisture and irritation to the wounds. The ARNP stated Resident #1 continued with a catheter to date and the wound showed exceptional healing. The ARNP classified the wound as a second degree burn. The State Agency informed the facility of the Immediate Jeopardy on 5/14/20. On May 14, 2020, the facility abated the Immediate Jeopardy. The facility implemented a plan to complete restorative assessments on each resident to evaluate the need for assistance with hot beverages. The facility provided education to the Nursing Staff to not serve hot liquids until nursing staff present to supervise and provide assistance. The facility provided education to the Dietary Staff on a new policy for safely serving hot beverages.	F 689		