| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 165241 | A. BUILDING _____ B. WING _____ | 02/25/2021 |

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| GRUNDY CARE CENTER | 102 EAST J AVENUE GRUNDY CENTER, IA 50638 |

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| F 000 | INITIAL COMMENTS<br><br>--<br>Correction Date: 03/26/2021<br><br>The Iowa Department of Inspection and Appeals (DIA) in accordance with the Medicare Conditions of Participation set forth in 42 CFR 483, Subpart B-C, conducted this recertification survey and complaint investigation. The facility was found to be NOT IN COMPLIANCE.<br><br>Total residents: 24<br><br>Onsite dates: 02/22/2021 - 02/25/2021<br><br>Complaint #<br>#95187 - C - not substantiated | F 000 | This plan of correction does not constitute an admission or agreement by Grundy Care Center of the truth of the facts alleged or the conclusions set forth in the statement of deficiencies. This plan of correction is prepared solely because it is required by State and Federal law. This plan of correction shall serve as Grundy Care Center's credible allegation of compliance. | |
| F 868 SS=D | --<br>QAA Committee<br>CFR(s): 483.75(g)(1)(i)-(iii)(2)(i)<br><br>§483.75(g) Quality assessment and assurance.<br>§483.75(g)(1) A facility must maintain a quality assessment and assurance committee consisting at a minimum of:<br>(i) The director of nursing services;<br>(ii) The Medical Director or his/her designee;<br>(iii) At least three other members of the facility's staff, at least one of who must be the administrator, owner, a board member or other individual in a leadership role; | F 868 | F868<br><br>1. Quarterly QAPI Committee meeting was conduct on 3/23/2021 by the Administrator with required committee members in attendance (in person or via phone) and attendance documented.<br><br>2. Regional Nurse Consultant (RNC) reviewed 3/23/2021 QAPI Committee meeting attendance documentation on 3/26/2021 to verify committee members are in attendance as required.<br><br>3. The Administrator re-educated the QAPI Committee members on 2/28/2021 regarding the attendance and documentation requirements for quarterly QAPI meetings.<br><br>4. The Administrator or designee will complete audits monthly for 3 months to verify QAPI Committee members continue to attend quarterly meetings, including documentation as required. Results of these audits will be presented to the QAPI committee monthly for 3 months for review and recommendation as needed. The Administrator is responsible for monitoring and follow-up.<br><br>Date of Compliance: 3/26/2021 | 3/26/2021 |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Megan Ruis — TITLE: Administrator — (X6) DATE: 3/26/2021

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 868 | Continued From page 1<br>§483.75(g)(2) The quality assessment and assurance committee must:<br>(i) Meet at least quarterly and as needed to identifying issues with respect to which quality assessment and assurance activities are necessary.<br>This REQUIREMENT is not met as evidenced by:<br>--<br>Based on facility record review and staff interview, the facility failed to ensure the required staff attended facility quarterly Quality Assurance Performance Improvement (QAPI) Committee Meetings for 4 of 6 meetings reviewed. The facility reported a census of 24 residents.<br><br>Findings include:<br><br>Review of QAPI Meeting Attendance and Agenda form dated 07/14/20 recorded the following members in attendance: Administrator, Director of Nursing (DON), Social Services, Dietary Manager (DM), Activities, Maintenance and Business Office.<br><br>Review of QAPI Meeting Attendance and Agenda form dated 08/18/20 recorded the following members in attendance: Administrator, DON, Social Services, DM, Activities, Maintenance and Business Office.<br><br>Review of QAPI Meeting Attendance and Agenda form dated 09/16/20 recorded the following members in attendance: Administrator, DON, Social Services, DM, Activities, Maintenance and Business Office.<br><br>In an interview 02/25/21 at 11:41 a.m., the Administrator revealed she was unable to locate | F 868 | | |

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| F 868 | Continued From page 2<br>the QAPI attendance sheets from June 2019 until her employment in April 2020 with the exception of one that was not dated and one from 01/23/20. | F 868 | | |
| F 943 SS=D | --<br>Abuse, Neglect, and Exploitation Training<br>CFR(s): 483.95(c)(1)-(3)<br><br>§483.95(c) Abuse, neglect, and exploitation.<br>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-<br><br>§483.95(c)(1) Activities that constitute abuse, neglect, exploitation, and misappropriation of resident property as set forth at § 483.12.<br><br>§483.95(c)(2) Procedures for reporting incidents of abuse, neglect, exploitation, or the misappropriation of resident property<br><br>§483.95(c)(3) Dementia management and resident abuse prevention.<br>This REQUIREMENT is not met as evidenced by:<br>--<br>Based on record review of personnel files and staff interviews, the facility failed to assure 7 of 31 staff met the requirements for Mandatory Adult Abuse Training (Staff A, Staff B, Staff C, Staff D, Staff E, Staff F, Staff G). The facility reported a census of 24 residents. | F 943 | F943<br><br>1. Staff A, B, C, D, E, F, G completed DAA training on or before 3/16/2021.<br><br>2. Administrator or Designee will complete an audit on or before 2/28/2021 to determine the due date for training/re-training on DAA. Additional training sessions will be scheduled as needed.<br><br>3. Administrator or designee re-educated department heads on 2/28/2021 related to staffing completing DAA training as required. Staff will be taken off the schedule if training is not up to date.<br><br>4. Administrator or designee will complete audits months for 3 months to validate DAA training continues to be completed as required. Results of audits will be presented to the QAPI committee meeting monthly for 3 months for review and recommendation as needed. The Administrator and DON is responsible for monitoring and follow up.<br><br>Date of compliance: 3/26/2021 | 3/26/2021 |

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| F 943 | Continued From page 3<br><br>Findings include:<br><br>Review of Staff A, Cook, personnel file had a start date of 08/14/20 and Staff A had not completed the 2 hour Dependent Adult Abuse Mandatory Reporter Training until 02/23/21.<br><br>Review of Staff B, Certified Nursing Assistant (CNA) personnel file had a start date of 07/13/20 and Staff B had not completed the 2 hour Dependent Adult Abuse Mandatory Reporter Training that was due 01/13/21.<br><br>Review of Staff C, Cook, personnel file had a start date of 06/23/20 and Staff C had not completed the 2 hour Dependent Adult Abuse Mandatory Reporter Training until 02/25/21.<br><br>Review of Staff D, Activity Director,personnel file had a start date of 04/30/20 and Staff D had not completed the 2 hour Dependent Adult Abuse Mandatory Reporter Training that was due 10/30/20.<br><br>Review of Staff E, Dietary Aid, personnel file had a start date of 07/02/20 and Staff F had not completed the 2 hour Dependent Adult Abuse Mandatory Reporter Training that was due 01/02/21.<br><br>Review of Staff F, Cook, personnel file had a start date of 09/02/14 and Staff F had not completed the 2 hour Dependent Adult Abuse Mandatory Reporter Training that was due 02/05/20.<br><br>Review of Staff G, Licensed Practical Nurse (LPN), personnel file had a start date of 04/16/20. | F 943 | | |

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| F 943 | Continued From page 4<br>and Staff G had not completed the 2 hour Dependent Adult Abuse Mandatory Reporter Training that was due 09/13/20.<br><br>The facility Abuse Prevention Program & Reporting Policy with a revision date of 04/17 documented each employee shall be required to complete two hours of training relating to the identification and reporting of dependent adult abuse within six months of initial employment. Each employee shall complete at least two hours of additional dependent adult abuse identification and reporting training every five years.<br><br>The Mandatory Reporter Training Help Guide updated 02/20/20 documented every individual required to report suspected abuse must complete 2 hours of mandatory reporter training within their first six months of employment or self-employment and one hour of additional training every three years (unless otherwise specified by federal regulations). If they had a valid certificate that had not yet expired before July 1, 2019 then they did not need the training<br><br>During an interview 02/5/21 at 7:50 AM the Administrator acknowledged it is an expectation for staff to complete the mandatory 2 hour dependent adult training within 6 months of employment. | F 943 | | |

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| F 943 | Continued From page 5 | F 943 | | |