STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165466	A. BUILDING _____ B. WING _____	C 03/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RISEN SON CHRISTIAN VILLAGE	3000 RISEN SON BOULEVARD COUNCIL BLUFFS, IA 51503

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F 000	INITIAL COMMENTS Correction Date 3/29/20 F 760 3/29/20 Complaints 87370-C, 87396-C, 87603-C, 87930-C, 88154-C, 88787-C, and 89274-C and facility reported incidents 87722-I, 87974-I and 89194-I were investigated February 10 - March 4, 2020. Complaints 87370-C, 88154-C, 88787-C, and 89274-C were substantiated. Complaints 87396-C, 87603-C, and 87930-C and facility reported incidents 87722-I, 87974-I, and 89194-I were not substantiated. The following deficiencies relate to the Federal Code of Regulations (42-CFR) Part 483, Subpart B-C.	F 000		
F 580 SS=D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to	F 580		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: HEALTH CARE ADMINISTRATOR | (X6) DATE: 03/19/2020

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 580	Continued From page 1 commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s). §483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to consult a resident's physician and notify a resident's representative for residents who have an onset of adverse symptoms which represented a change in condition (Resident #7). The facility reported census was 79 residents.	F 580		

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F 580	Continued From page 2 Findings include: According to the Minimum Data Set (MDS) assessment tool dated 12/18/19, Resident #7 admitted to the facility on 12/13/19 with diagnoses that included non-Alzheimer's dementia and post surgical repair of left femur. The MDS documented Resident #7 had a brief interview for mental status (BIMS) score of 3, indicating a severely impaired cognitive status. The MDS also documented Resident #7 required extensive assistance of others with mobility, transfers, dressing, toilet use, and personal hygiene needs. According to an incident report dated 12/25/19 at 2:30 p.m. and written by Staff D, licensed practical nurse (LPN), staff found Resident #7 sitting on her buttocks on her bedroom floor, legs extended, with wheelchair to the side. Assessment revealed range of motion within normal limits with no injuries identified. Staff completed cranial checks, which were negative. Resident #7 stated she didn't fall, and acted in a confused manner, which was normal for her. Staff reminded the resident not to get up without assistance. In an interview on 2/17/20 at 3:51 p.m. Staff D, LPN, stated on the afternoon of 12/25/19 she passed Resident #7's room and found her sitting on the floor in front of her bed. Staff D stated she thought Resident #7 had been in her wheelchair earlier, but was not certain when she had last been seen. Staff D stated she completed an assessment, including range of motion, noting she physically moved Resident #7's upper and lower extremities and noted no restrictions or indications of pain. Staff then transferred	F 580		

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F 580	Continued From page 3 Resident #7 from the floor via Hoyer lift and then into bed. Staff D stated she later notified the resident's family and faxed the physician of the fall without injury. Progress note dated 12/26/19 at 4:24 p.m. and written by Staff E, LPN, documented fax sent regarding increased pain in left hip. Resident #7's primary care physician directed staff to fax the information to Resident #7's orthopedic physician, which they did. However, the record did not contain information that confirmed Staff E notified the family of the resident's condition. Progress note dated 12/31/19 at 3:34 p.m. written by Staff E, documented left message for Resident #7's orthopedic physician regarding fluid filled pocket around incision site on left hip area, and received an order to X-ray the resident's left femur. In an interview on 2/17/20 at 1:15 p.m. Staff E, licensed practical nurse, stated she recalled Resident #7 had increased pain in her left hip (12/26/19) following a fall on the day before. Staff E stated she contacted Resident #7's primary care physician, who then told her to contact Resident #7's orthopedic physician. Staff E stated she sent a fax to the orthopedic physician's office, but did not receive a response. Staff E stated she informed the on-coming nurse and asked her to follow up. Staff E reported she did not notify family of the increased discomfort in Resident #7's leg and hip. Staff E stated a few days later (12/31/19) she remembered the fluid filled blisters that had developed on the incision site on Resident #7's left leg. Staff E stated she again faxed the orthopedic physician's office, this time getting orders to x-ray the leg. An in house	F 580		

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F 580	Continued From page 4 x-ray was completed and then later the facility sent Resident #7 to the hospital to have a second x-ray. Staff E stated she did not notify family of the fluid filled blisters or of the initial x-ray, but recalled family was aware of the second x-ray taken later that evening. Progress notes dated 12/26/19 through 12/31/19 found no indications of staff following up with with Resident #7's orthopedic physician to address the increased pain level identified by Staff E on 12/26/19. There were no indications Staff E notified Resident #7's family of her condition as it had changed following the fall.	F 580		
F 584 SS=E	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft. §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly,	F 584		

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F 584	Continued From page 5 and comfortable interior; §483.10(i)(3) Clean bed and bath linens that are in good condition; §483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv); §483.10(i)(5) Adequate and comfortable lighting levels in all areas; §483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and §483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interviews, the facility failed to provide housekeeping services necessary to maintain a sanitary, orderly and comfortable interior. The facility reported census was 39. residents. Findings include: In an interview on 2/19/20 at 3:30 p.m. Staff H, housekeeping supervisor, stated housekeepers are expected to clean every resident room every day which includes sweeping, mopping, wiping down flat surfaces, cleaning toilets, sinks, mirrors and bathroom floors. At the end of each day the housekeeper provides Staff H with a check list of the rooms completed that day. Staff H stated each month every resident room is scheduled to be deep cleaned, which includes moving furniture, wiping down bed frames and a more	F 584		

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F 584	Continued From page 6	F 584		

thorough sweeping, mopping and cleaning of the room. Staff H stated housekeeping will empty trash cans and replace trash bags if soiled briefs are not in them. Aides are responsible for emptying trash cans with soiled briefs and supplies in them, stripping beds, sanitizing mattresses and putting clean linens on the beds. Staff H provided the A Hall checklist for 2/19/20 in which the housekeeper checked off all rooms as completed and the scheduled deep clean room A 20 was not done.

According to a facility map and observation there are 21 occupied resident rooms on Hall A.

During observation of housekeeping services on Hall A on 2/18/20, the housekeeper first entered Hall A at 8:30 a.m. and cleaned two rooms, A 05 and A 11, before leaving at 9:00 a.m. By 11:30 a.m. multiple residents had received baths or showers, but staff were not ever observed stripping or sanitizing beds or putting fresh linens on them. Housekeeping returned to Hall A at 12:30 p.m. and was in and out of some rooms, but not all and it was difficult to tell what tasks were completed in each room. A15 bathroom was clean and floor mopped, A18 floor was swept, but no other cleaning task observed, and A19 was mopped, but the bathroom had not been cleaned. Following the housekeeper's shift at 4:00 p.m. the following observations were made: A09 had gloves in the trash can, debris on the floor and a spill under the bed that appeared to have been there for some time, A11 had briefs and gloves in the bathroom trash can, A12 had a cup and paper on the bathroom floor and and the riser on toilet had visible fecal matter on it, A13 had trash left in the bathroom, A15 had gloves left in the bathroom trash can, and A19 had trash

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F 584	Continued From page 7 remaining in the trash can. During observation of housekeeping services on Hall A on 2/19/20, the housekeeper first entered Hall A at 8:07 a.m. and cleaned rooms A7, A8 and A10. At 9:07 a.m., the housekeeper left the hall. In A19, the trash remained full and untouched from yesterday. The housekeeping staff returned to Hall A at 10:00 a.m. and cleaned rooms A2, A11 and A14. Rooms appeared clean and well swept, however room A14 had trash left in the bathroom. The housekeeper left Hall A at 10:30 a.m. At 11:20 a.m. the housekeeper returned to Hall A, this time sweeping and mopping the lobby before cleaning rooms A13, A15 and A18. A brief was left in A13 bathroom trash can. A blanket was left on A18's bathroom floor and the floor did not appear to have been mopped. The housekeeper moved to A4 and A17. Both rooms were swept and mopped, however papers and debris remained under the recliner in room A17. At 2:57 a.m. the housekeeper was no longer on Hall A. Room A14's bathroom remained untouched with a full trash can, a visibly dirty shower, visible dirt and debris on the floor and visible stool remained on toilet and riser. A9 remained untouched, neither swept nor mopped, and papers, debris, a full trash can, and a spill stain remained under the resident's bed which had been observed for the last two days. No beds were observed to have been stripped, sanitized or remade with clean linens. In an interview on 2/18/20 at 4:00 p.m. Resident #9 stated housekeeping services are poor - rooms are not kept clean. Resident #9 pointed to her bathroom with the debris and paper on the floor and paper that remained in the trash can. Resident #9 stated rooms are never deep	F 584		

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F 584	Continued From page 8 cleaned monthly and commented her bed had not been stripped, sanitized or made with clean linens, although today was her shower day. In an interview on 2/19/20 at 5:50 p.m. the Director of Nursing (DON), stated bed linens are to be stripped and mattresses sanitized on every bath day and as needed if soiled. SHe added aides are responsible for disposing of any trash that contained briefs or soiled pads. In an interview on 2/19/20 at 5:22 p.m. Staff I, certified nurse aide, stated she completed showers for residents in A11, A16 and A17 and noted A19 never showed up. Staff I also stated three residents scheduled for showers refused. Observations noted of the three residents who received showers and of the four who did not, revealed none of the resident's beds had been stripped, sanitized or made with clean linens.	F 584		
F 677 SS=E	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interviews, the facility failed to provide incontinence cares at a sufficient frequency to maintain the personal hygiene of residents unable to carry out the activity independently (Resident #3). The facility also failed to provide bathing or showering opportunities twice per week to maintain the personal hygiene of residents unable to carry out the activity independently (Residents	F 677		

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F 677	Continued From page 9 #1, #3, #5, #9). The facility reported census was 79 residents. Findings include: According to the Minimum Data Set (MDS) assessment tool with assessment reference date of 1/24/20, Resident #3 had a Brief Interview for Mental Status (BIMS) score of 15 which indicated an intact cognitive status. Resident #3 required extensive assistance with transfers, ambulation, dressing, toilet use and personal hygiene needs. Resident #3's diagnosis included hip fracture, respiratory failure and hypertension. Resident #3 is coded as always incontinent of bowel and bladder. During observations on 2/18/20, Resident #3 was provided incontinence cares and assisted into her wheelchair by 8:10 a.m. Resident #3 remained in her wheelchair through 12:33 p.m. at which time her spouse was propelling her to the dining room for lunch. There were no observations during that time frame in which staff were observed checking Resident #3 for incontinence or of staff transferring Resident #3 back into bed and providing incontinence care. During observations on 2/19/20, Resident #3 was provided incontinence cares and assisted into her wheelchair by 11:00 a.m. with spouse visiting. Resident #3 remained in her wheelchair through 5:00 p.m. There no observations during that time frame in which staff were observed checking Resident #3 for incontinence or of staff transferring Resident #3 back into bed and providing incontinence care. In an interview on 2/20/20 at 11:40 a.m. Resident	F 677		

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F 677	Continued From page 10 #3 stated she was up around 11:00 a.m. on 2/19/20 and remained up in her wheelchair until 7:30 p.m. Resident #3 and her spouse both indicated Resident #3 was never taken out of her wheelchair during that time and provided incontinence cares or a change of brief. Resident #3's spouse stated this is common when he visits. During observations on 2/20/20, Resident #3 was observed up in her wheelchair with her spouse preparing to go to lunch at 11:40 a.m.. Resident #3 stated she did not receive her shower last night noting staff stated they didn't have time and would get it in the morning. Resident #3 stated she got a shower around 6:00 a.m. and has been up in her wheelchair since. At 3:15 p.m. Resident #3 remains in her wheelchair. Resident #3 and her spouse both state Resident #3 has been in her wheelchair since 6:00 a.m. and has not been provided incontinence cares or a change of brief today. Resident #3 and her spouse stated Resident #3 has not received any treatment to her bottom today. BATHING According to the MDS dated 1/3/20, Resident #1 had a Brief Interview for Mental Status (BIMS) score of 14 indicating an intact cognitive status. Resident #1 required extensive assistance with mobility, transfers, dressing, toilet use and personal hygiene needs and required physical help with bathing. Resident #1's diagnosis included cancer, congestive heart failure and hypertension. In an interview on 2/18/20 at 1:15 p.m. Resident #1 stated she does not always get her baths twice	F 677		

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F 677	Continued From page 11 weekly. According to bathing records from 11/1/19 through 2/20/20, Resident #1 has scheduled bathing on Mondays and Thursdays. Resident #1 was not provided an opportunity to bathe on 11/18, 11/25 and 2/17. According to the MDS dated 1/7/20, Resident #5 had a Brief Interview for Mental Status (BIMS) score of 15 which indicated an intact cognitive status. Resident #5 required extensive assistance with transfers, ambulation (walking), dressing, toilet use, and personal hygiene. Resident #5 required physical help with bathing. Resident #3's diagnoses included renal insufficiency, diabetes mellitus, chronic obstructive pulmonary disease, congestive heart failure and hypertension. In an interview on 2/20/20 at 10:00 a.m. Resident #5 stated she gets bed baths , but would prefer getting showers if they would get a shower chair for her size. Resident #5 stated she will refuse her bed baths depending on who is providing them. Resident #5 stated there was a time in which she wasn't always getting a bed bath twice a week, but she now insists and she thinks it's better. According to bathing records from 11/1/19 through 2/20/20, Resident #5 has scheduled bathing on Tuesdays and Fridays. Resident #5 was not provided an opportunity to bathe on 12/27 and 12/31. According to the MDS dated 12/27/19, Resident #9 had a Brief Interview for Mental Status (BIMS) score of 15 indicating an intact cognitive status.	F 677		

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F 677	Continued From page 12 Resident #9 required extensive assistance with mobility, transfers, dressing, toilet use and personal hygiene needs. Resident #9 required physical help with bathing. Resident #9's diagnosis included hemiplegia, seizure disorder, atrial fibrillation and hypertension. In an interview on 2/20/20 at 2:15 p.m. Resident #9 stated she gets showers on Tuesdays and Fridays and rarely refuses them unless offered late in the evening. Resident #9 stated she does not always get her showers. According to bathing records from 11/1/19 through 2/20/20, Resident #9 has scheduled bathing on Tuesdays and Fridays. Resident #9 was not provided an opportunity to bathe on 11/15, 11/19, 1/14, 1/31, 2/7 and 2/14. Resident #9 was recorded as refusing a shower 5 days during that time frame.	F 677		
F 684 SS=D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to provide an accurate assessment and timely interventions for a resident with an onset of adverse symptoms which represented a	F 684		

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F 684	Continued From page 13 change in condition. (Resident #7). The facility reported census was 79 residents. Findings include: According to the Minimum Data Set (MDS) assessment tool dated 12/18/19, Resident #7 admitted to the facility on 12/13/19 with diagnoses that included non-Alzheimer's dementia and post surgical repair of left femur. The MDS documented Resident #7 had a brief interview for mental status (BIMS) score of 3, indicating severely impaired cognitive status. The MDS also documented Resident #7 required extensive assistance of others with mobility, transfers, dressing, toilet use, and personal hygiene needs. According to an incident report dated 12/25/19 at 2:30 p.m. and written by Staff D, licensed practical nurse (LPN), staff found Resident #7 sitting on her buttocks on her bedroom floor, legs extended, and wheelchair to the side. Assessment revealed range of motion within normal limits with no injuries identified. Staff completed cranial checks, which were negative. Resident #7 stated she didn't fall, and acted in a confused manner, which is normal for her. In an interview on 2/17/20 at 3:51 p.m. Staff D, LPN, stated on the afternoon of 12/25/19 she passed Resident #7's room and found her sitting on the floor in front of her bed. Staff D stated she thought Resident #7 had been in her wheelchair earlier, but was not certain when she had last been seen. Staff D stated she completed an assessment, including range of motion, noting she physically moved Resident #7's upper and lower extremities and noted no restrictions or indications of pain. Staff then transferred	F 684		

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F 684	Continued From page 14 Resident #7 from the floor via Hoyer lift and then into bed. Progress note dated 12/26/19 at 4:24 p.m. and written by Staff E, LPN, documented fax sent regarding increased pain in left hip. Resident #7's primary care physician directed staff to fax the information to Resident #7's orthopedic physician, which they did. Progress note dated 12/31/19 at 3:34 p.m. written by Staff E, states left message for Resident #7's orthopedic physician regarding fluid filled pocket around incision site on left hip area, and received an order to X-ray the resident's left femur. In an interview on 2/17/20 at 1:15 p.m. Staff E, licensed practical nurse, stated she recalled Resident #7 had increased pain in her left hip (12/26/19) following a fall on the day before. Staff E stated she contacted Resident #7's primary care physician, who then referred her to contact Resident #7's orthopedic physician. Staff E stated she sent a fax to the orthopedic physician's office, but did not receive a response. Staff E stated she informed the on-coming nurse and asked her to follow up. Staff E stated she did not complete an assessment on Resident #7's left leg and did not check the range of motion on the leg. Staff E reported a few days later (12/31/19) she remembered the fluid filled blisters the developed on the incision site on Resident #7's left leg. Staff E stated she again faxed the orthopedic physician's office, and received orders to x-ray the leg. An in house x-ray was completed and then later the facility sent Resident #7 to the hospital to have a second x-ray. According to a Radiology report dated 12/31/19 at	F 684		

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F 684	Continued From page 15 11:07 p.m. Resident #7 had a left comminuted and displaced intertrochanteric fracture about the proximal intramedullary nail. A screw projected along the superior portion of the intramedullary nail and may have been a displaced and rotated dynamic compression screw. Additionally there was irregularity along the proximal and lateral aspect of the intramedullary nail, hardware fracture not included. Progress notes dated 12/26/19 through 12/31/19 found no indications of staff following up with with Resident #7's orthopedic physician to address the increased pain level identified by Staff E on 12/26/19. There were also no follow up assessments of Resident #7's left leg related to the fall, despite a reported increased level of pain in that area. There were no indications of Resident #7's family being informed of her condition as it had changed following the fall. It was not until 12/31/19 that Staff E finally made contact with the orthopedic physician and received x-ray orders.	F 684		
F 686 SS=D	Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii) §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to	F 686		

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F 686	Continued From page 16 promote healing, prevent infection and prevent new ulcers from developing. This REQUIREMENT is not met as evidenced by: Based on observations, record review, and staff and resident interviews, the facility failed to ensure all residents received care consistent with professional standards of practice to prevent pressure ulcers and also that residents with pressure ulcers received necessary treatment and services consistent with professional standards of practice to promote healing, prevent infection and prevent new ulcers from developing (Resident #3). The facility reported census was 79 residents. Findings include: According to the Minimum Data Set (MDS) assessment tool dated 1/24/20, Resident #3 had a Brief Interview for Mental Status (BIMS) score of 15 which indicated an intact cognitive status. The MDS documented the resident required extensive assistance with transfers, ambulation (walking), dressing, toilet use and personal hygiene needs and had diagnoses that included hip fracture, respiratory failure, and hypertension. The MDS also documented Resident #3 always experienced bowel and bladder incontinence. The resident's plan of care documented Resident #3 had a potential for pressure injury development with interventions which included administer treatments as ordered, maintain clean and dry skin, and use a barrier cream as needed with incontinence episodes. Resident #3's plan of care also documented the resident as at risk for skin impairment related to immobility and incontinence with interventions that included	F 686		

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F 686	Continued From page 17 administer treatments as ordered and monitor for effectiveness. The care plan also directed staff to monitor/remind/assist to turn/reposition for comfort as tolerated. During observations on 2/18/20, Resident #3 was provided incontinence cares and assisted into her wheelchair by 8:10 a.m. Resident #3 remained in her wheelchair through 12:33 p.m. at which time her spouse was propelling her to the dining room for lunch. There were no observations during that time frame when staff were observed checking Resident #3 for incontinence or of staff transferring Resident #3 back into bed and providing incontinence care. During observations on 2/19/20, Resident #3 was provided incontinence cares and assisted into her wheelchair by 11:00 a.m. with spouse visiting. Resident #3 remained in her wheelchair through 5:00 p.m. There were no observations during that time frame in which staff were observed checking Resident #3 for incontinence or of staff transferring Resident #3 back into bed and providing incontinence care. In an interview on 2/20/20 at 11:40 a.m. Resident #3 stated she was up around 11:00 a.m. on 2/19/20 and remained up in her wheelchair until 7:30 p.m. Resident #3 and her spouse both verified Resident #3 was never taken out of her wheelchair during that time and provided incontinence care or a change of brief. Resident #3's spouse stated this is common when he visits. During observations on 2/20/20, Resident #3 was observed up in her wheelchair with her spouse preparing to go to lunch at 11:40 a.m.. Resident	F 686		

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F 686	Continued From page 18 #3 stated she did not receive her shower last night noting staff stated they didn't have time and would get it in the morning. Resident #3 stated she got a shower around 6:00 a.m. and has been up in her wheelchair since. At 3:15 p.m. Resident #3 remained in her wheelchair. Resident #3 and her spouse both state Resident #3 has been in her wheelchair since 6:00 a.m. and has not been provided incontinence cares or a change of brief today. Resident #3 and her spouse stated Resident #3 has not received a treatment to her buttocks today. In an interview on 2/20/20 at 12:30 p.m. Staff F, licensed practical nurse, stated she has not yet completed Resident #3's wound treatment. Resident #3's treatment administration record obtained at 3:30 p.m. on 2/20/20 directed staff to cleanse the resident's left buttock cleansed with soap and water and have Zgaurd (barrier cream) applied every shift. The 6-2 shift on 2/20/20 contained initials to show the treatment had been completed during that shift. In an interview on 2/20/20 at 12:35 p.m. Staff G, wound nurse, stated Resident #3 had a pressure area develop on her left buttock which has now resolved, but a macerated area (the softening and breaking down of skin caused by excessive amounts of fluid remaining in contact with the skin or the surface of a wound for an extended period of time) on her coccyx had now developed. Staff G reported the treatment had been soap and water wash with Zgaurd as a preventative barrier cream. Staff G stated the resident preferred staff complete treatments before she got up in the morning, late afternoon, and around 2:00 a.m.	F 686		

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F 760 SS=D	Residents are Free of Significant Med Errors CFR(s): 483.45(f)(2) The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure residents were free of significant medication errors (Resident #8). Resident #8's sister stated on 1/9/20 she began noticing perioral movements (dyskinesia) around the resident's mouth and questioned whether the resident's new medication used to control these movements was being given. Resident #8's sister was informed the medication administration records indicated the medication was given as ordered. The resident's sister asked repeatedly if the resident had missed a dose and was assured either that it had not been missed or only a limited amount had been missed. During the investigation, it was identified the resident ultimately missed 28 days of the medication or a total of 56 doses. The facility reported census was 79 residents. Findings include: According to the Minimum Data Set (MDS) assessment tool with assessment reference date of 12/13/19, Resident #8 had a Brief Interview for Mental Status (BIMS) score of 13 indicating an intact cognitive status. Resident #8 required extensive assistance with transfers, ambulation, dressing, toilet use and personal hygiene needs. Resident #8's diagnosis included multiple sclerosis, renal insufficiency, and seizure disorder. Non-Alzheimer's dementia and drug	F 760		

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F 760	Continued From page 20 induced subacute dyskinesia. In an interview on 2/10/20 at 7:00 p.m. Resident #8's sister stated on 1/9/20 she began noticing perioral movements (dyskinesia) around Resident #8's mouth. Resident #8's sister questioned whether a medication (Austedo) used to control these movements was being given. Resident #8's sister was informed the medication administration records indicated the medication was given as ordered. On 1/14/20 Resident #8's sister again inquired as to whether the medication was being given. At that time she was told a dose had been missed due to the nurse being unable to locate the bottle of medication. Resident #8's sister stated the medication (Austedo) is prescribed through the university hospital and is provided in a bottle to Resident #8's sister, who then delivers it to the facility. Resident #8's sister stated she requested the bottle of medication be counted and was told it wouldn't help. On 1/16/20 Resident #8's sister again asked that the pills be counted, noting that she would need to contact the doctor and inform her of the movements and whether doses had been missed. Resident #8's sister stated on 1/17/20 she again contacted the facility and this time was told there had been doses missed and the doctor had been notified and they would resume the medication at its current dosage. Resident #8's sister stated on 1/20/20 she received a call from the Director of Nursing and was told they were taking steps to ensure the medication would be given as prescribed. Resident #8's sister stated she was later informed 42 doses had been missed. In an interview on 2/12/20 at 12:02 p.m. Staff A, registered nurse, stated one evening Resident	F 760		

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F 760	Continued From page 21 #8's sister was questioning whether Resident #8 had a sufficient supply of Austedo and thought Resident #8 was displaying an increased oral dyskinesia symptoms. Staff A stated she checked the bottle and it looked fairly full, but she did not count the pills. Staff A stated there may have been several missed doses. Staff A stated that evening she called the neurologist and left a message that Resident #8 may have doses of Austedo and whether they needed to titrate the dose again. Staff A stated the DON then took over. In an interview on 2/13/20 at 11:29 a.m. Staff B, licensed practical nurse, stated at some point, uncertain of time, she was made aware of family concern whether Resident #8 was receiving Austedo as prescribed as a family member was seeing an increase in oral dyskinesia symptoms. The family requested a count which was done by the DON. Staff B stated staff were re-educated on were the bottle was located. Staff B stated they were unable to determine how many doses were missed. In an interview on 2/12/20 at 6:00 p.m. the Director of Nursing (DON) stated on 1/16/20 Resident #8's sister approached the unit manager concerned Resident #8 was not receiving her Austedo as evidenced by increased oral tardive dyskinesia symptoms. The DON stated she left a detailed message with Resident #8's multiple sclerosis specialist. On 1/17/20 the multiple sclerosis specialist returned the DON's call and stated she had spoken with Resident #8's neurologist and there would be no changes at that time. The DON stated the Austedo requires titrating, but she was uncertain how many and how often the medication was being missed. The	F 760		

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F 760	Continued From page 22 DON stated she re-educated her staff on where the bottle was located and on 2/6/20 initiated a shift count requirement to ensure Resident #8 was receiving the Austedo as ordered. The DON stated she did not formally interview any of the nurses, but acknowledges several doses of medication were not given. According to Grievance Form dated 1/16/20 by Resident #8's sister on 1/20/20 the DON counted Resident #8's bottle of Austedo (dated 12/20/19) noting 50 doses remained out of an initial 56 doses received. On 1/24/20 Resident #8's sister provided a new bottle of medication dated 1/17/20. Observation on 2/12/20 at 7:50 a.m. noted Resident #8's medications are delivered from pharmacy in pre-packaging cellophane rolls, however Resident #8's Austedo is contained in a bottle stored in the lock narcotics compartment in the medication cart. This bottle of medication is delivered by Resident #8's sister on or about every 28 days. Observation on 2/12/20 at 5:45 p.m. noted two bottles labeled as Deutetrabenazine (Austedo) 12 milligrams. One bottle was dated 1/17/20 and had 6 doses remaining and the other bottle was dated 12/20/19 and had 54 doses remaining. Review of the labels on both bottles revealed both bottles initially contained 56 doses each, for a total of 112 pills. . Resident #8's November 2019 and December 2019 Medication Administration Records (MARs) revealed an order for Deutetrabenazine (Austedo) 12 milligrams two times daily. All doses on both sheets were recorded as given.	F 760		

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F 760	Continued From page 23 Resident #8 's January 2020 Medication Administration Record (MAR) revealed an order for Deutetrabenazine (Austedo) 12 milligrams two times daily. The area indicated for the 1/14/20 dose contained a code that meant, "refer to nurse's notes" and the 1/30/20 medication is coded as "resident absent from facility." Staff had recorded all other doses recorded as given. Observations, record review and interviews note on or about 12/20/19 a 28 day supply (56 doses) of Austedo was delivered to the facility. According to the December MAR all doses were administered from 12/20/19 through 12/31/19. According to the January MAR all doses were administered from 1/1/20 through 1/20/20 with the exception of one dose coded on 1/14/20, when staff coded "unable to locate the bottle of medication. On 1/20/20, the DON counted the doses in the bottle dated 12/20/19 and noted 50 doses remained. On 1/24/20 the bottle dated 1/17/20 was provided to the facility by Resident #8's sister only after she was assured the Austedo was being given. Based on these findings it can be reasonably concluded that staff failed to administer Resident #8's Austedo in excess of 28 days or 56 missed doses leading to a breakthrough of tardive dyskinesia symptoms. It is also clear staff failed to meet professional standards of practice by not verifying medications on hand with medication administration records to ensure all medications were accurately available and properly dosed. Staff also failed to accurately document when they documented the administration of medication (Austedo) that was obviously not given. In an interview on 2/19/20 at 5:06 p.m. Resident	F 760		

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F 760	Continued From page 24 #8's neurologist's nurse confirmed she had been in contact with the neurologist and it was the neurologist's understanding Resident #8 had only missed a few doses of Austedo. The neurologist stated missing an entire month of Austedo medication would likely lead to potential side effects, but may not require re-titration. During an observation of a medication pass involving Resident #8, Staff C, registered nurse, appeared to compare the medication labeling with the medication administration record. Staff C then tore open the medication packaging and placed the pills in a medication cup. During that process, a pill fell to the lower ledge of the medication cart, appearing to be unnoticed by Staff C. Staff C then proceeded to place a liquid medication (Keppra) 1.25 milliliters into a couple ounces of water. As Staff C was gathering his medication cup, he tipped over the glass of water containing the Keppra. Staff C quickly set the glass back up with an ounce or so of water remaining. Staff C then started to wipe up the water and as he wiped the lower part of the medication cart, grabbed the dropped pill with his bare hands and placed the pill into the medication cup. Staff C then got another 1.25 milliliters of Keppra and put it in the glass of water which had previously spilled and still had some water and medication in it. When Staff C was alerted he had made a medication error (adding 1.25 mm of Keppra to water that still contained an unknown amount of medication), he disposed of the glass of water and medication and began again. Staff C then placed 1.25 mm of Keppra in a new glass with a couple of ounces of water and picked up the other cup that contained pills. At that point, Staff C was alerted it was not sanitary to pick up a loose pill from the ledge of the medication cart	F 760		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165466	A. BUILDING _____ B. WING _____	C 03/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RISEN SON CHRISTIAN VILLAGE	3000 RISEN SON BOULEVARD COUNCIL BLUFFS, IA 51503

(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 760	Continued From page 25 and place in a medication cup with other pills. Staff C was also asked if he knew the name of the loose pill. Staff B, Nurse Manager, had observed the interaction and then became involved. Staff B removed the dropped pill from the medication cup, poured all of the medications onto a napkin, and proceeded to identify all of the medications. The dropped medication was identified as a Vitamin C tablet. Another half pill was also found on the floor, identified and replaced. After that, all medications were reconciled and administered properly. In an interview on 3/4/20 at 3:16 p.m. the Director of Nursing stated since implementing Resident #8's shift change count of Austedo, there was only the one missed dose in mid-February with no missed doses since. The DON stated she has been in communication with the family daily and the Administrator communicated via e-mail weekly.	F 760		

The Housekeeping Supervisor / Designee completed training with housekeeping staff by 3/29/20 and the DON/Designee completed training with nursing staff by 3/29/2020 the facility General Cleaning Procedures, Bathrooms Cleaning, Trash Removal, Soiled Linen Handling, Clean Linen Handling, and Bath Day Cleaning Protocol policies.

How will you monitor the corrective action(s) to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?

The Housekeeping Supervisor / Designee will audit 4 rooms weekly on each unit x 3 mos on each unit to ensure compliance is reached with room cleanliness and stripping of beds on bath days. Results of the weekly audits will be reported monthly x 3 months in the facility QAPI meeting for review and modifications as needed to ensure compliance is reached.

F677 ADL Care Provided for Dependent Residents

What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?

Treatment was provided to resident #3 on 2/20/20. Resident #1 Received the 2/17 bath on 2/19 and was given a bath on 2/20. Resident's #5 two missed bath were in December and were current during survey. Resident #9 was given a bath on 2/19/20.

How will you identify other residents having the potential to be affected by the same deficient practice?

This has the potential to affect all residents. The facility DON/Designee audited all care plans to ensure incontinence or toileting cares and bathing were care planned for each resident by 3/29/2020 according to resident choice.

What measures have/will be put into place or what systemic changes will you make to ensure the deficient practice does not recur?

Nursing Staff were educated by the DON/Designee by 3/29/2020 on the Incontinence Care (peri-care) policy to correct actions affecting resident #3. Nursing Staff were educated by the DON/Designee by 3/29/2020 on the Comprehensive Care Plan Policy for bathing preference for residents #1, #3, #5, and #9. DON/Designee will randomly audit 10 residents weekly x 3 mos to ensure compliance is reached with incontinence or toileting cares and bathing preferences per resident choice.

How will you monitor the corrective action(s) to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?

DON/Designee will randomly audit 10 residents weekly x 3 mos to ensure compliance is reached with incontinence or toileting cares and bathing preferences per resident choice. Results of the weekly audits will be reported monthly x 3 months in the facility QAPI meeting for review and modifications as needed to ensure compliance is reached.

F580 Notify of Changes (Injury, Decline, Room, etc...)

What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?

Resident #7 discharged from the facility on 1/2/20.

How will you identify other residents having the potential to be affected by the same deficient practice?

All residents have the potential to be affected by the deficient practice. Nursing Administration completed a review of all residents on 3/23/2020 to ensure proper notification is provided and documented for the physician and responsible party.

What measures have/will be put into place or what systemic changes will you make to ensure the deficient practice does not recur?

Nurses were educated by 3/29/20 on the facility occurrence and event policy to ensure timely physician and responsible party notification.

How will you monitor the corrective action(s) to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?

DON/Designee will audit all incident reports weekly x 3 months to ensure compliance is reached on physician and responsible party notifications. Results of the weekly audits will be reported monthly x 3 months in the facility QAPI meeting for review and modifications as needed to ensure compliance is reached.

F584 Safe/Clean/Comfortable/Homelike Environment

What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?

On 2/18/20 the Housekeeping Supervisor assigned the evening housekeeping staff to address: A09 trash can cleaned, A11 trash removal, A12 floor cleaned and toilet riser cleaned, A13 trash removal, A 15 trash removal, and A 19 trash removal. A09 floor was cleaned on 2/19/20 after the Housekeeping Supervisor was notified by the surveyor.

How will you identify other residents having the potential to be affected by the same deficient practice?

All residents have the potential to be affected by the deficient practice. Nursing and Housekeeping staff were educated by 3/29/2020 on the facility General Cleaning Procedures, Bathrooms Cleaning, Trash Removal, Soiled Linen Handling, Clean Linen Handling, and Bath Day Cleaning Protocol policies. The Housekeeping Supervisor audited all rooms by 3/6/2020 with all concerns being addressed by housekeeping staff by 3/6/2020.

What measures have/will be put into place or what systemic changes will you make to ensure the deficient practice does not recur?

F684 Quality of Care

What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?

Resident #7 discharged from the facility on 1/2/20.

How will you identify other residents having the potential to be affected by the same deficient practice?

All residents have the potential to be affected by the deficient practice. Nursing Administration completed a review of all residents on 3/23/2020 to ensure proper notification is provided and documented for the physician and responsible party.

What measures have/will be put into place or what systemic changes will you make to ensure the deficient practice does not recur?

Nurses were educated by 3/29/20 on the facility occurrence and event policy to ensure timely physician and responsible party notification.

How will you monitor the corrective action(s) to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?

DON/Designee will audit all incident reports weekly x 3 months to ensure compliance is reached on physician and responsible party notifications. Results of the weekly audits will be reported monthly x 3 months in the facility QAPI meeting for review and modifications as needed to ensure compliance is reached.

F686 Treatment/Services to Prevent/Heal Pressure Ulcer

What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?

Following surveyor notifying DON of no incontinence care on 2/20/20 exit from building DON directed staff to provide incontinence care to resident #3 and incontinence care was provided.

How will you identify other residents having the potential to be affected by the same deficient practice?

All residents who are incontinent and at risk for pressure injury have the potential to be affected.

What measures have/will be put into place or what systemic changes will you make to ensure the deficient practice does not recur?

Nursing staff were educated by DON/designee by 3/29/2020 on incontinence care. All resident care plans were reviewed by 3/29/2020 by DON/designee to ensure incontinence and toileting

cares are care planned. DON/Designee will randomly audit 10 residents weekly x 3 mos to ensure compliance is reached with incontinence and toileting cares per resident choice.

How will you monitor the corrective action(s) to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?

DON/Designee will randomly audit 10 residents weekly x 3 mos to ensure compliance is reached with incontinence and toileting cares per resident choice. Results of the weekly audits will be reported monthly x 3 months in the facility QAPI meeting for review and modifications as needed to ensure compliance is reached.

F760 Residents are Free of Significant Med Errors

What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?

Resident #8 Ordering MD notified on 1/16/20 of missed doses with follow up to facility on 1/17/20 with no new orders. 1/20/20 random audit conducted finding all doses given. Random audits conducted 1/21-2/4/20 conducted with no concerns. 2/6/20 audit with one dose being missed 2/4-2/6/20 with new intervention of daily count implemented. 2/19/20 dose noted not given with new intervention of per administration count implemented. Resident #8 is receiving medication as ordered.

How will you identify other residents having the potential to be affected by the same deficient practice?

All residents have the potential to be affected.

What measures have/will be put into place or what systemic changes will you make to ensure the deficient practice does not recur?

Nursing staff were educated by DON/designee by 3/9/2020 on Medication Administration Policy and documentation of medication administration protocol. DON/Designee will randomly audit 10 resident medication administration weekly x 3 mos to ensure compliance is reached with medication administration and appropriate documentation.

How will you monitor the corrective action(s) to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?

DON/Designee will randomly audit 10 resident medication administration weekly x 3 mos to ensure compliance is reached with medication administration and appropriate documentation. Results of the weekly audits will be reported monthly x 3 months in the facility QAPI meeting for review and modifications as needed to ensure compliance is reached.