

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 890403	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 08/18/2021
NAME OF PROVIDER OR SUPPLIER FIRST RESOURCES CORP		STREET ADDRESS, CITY, STATE, ZIP CODE 19248 MAPLE AVENUE KEOSAUQUA, IA 52565			
(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) COMPLETE DATE	
R 000	Initial Comments There were no deficiencies cited during the investigation into Complaint #97555-C. There were no deficiencies cited during the onsite infection control survey completed on 8/18/2021. There were no deficiencies cited during the investigation into Incident #93969-I. The following deficiencies were cited during the survey conducted to determine compliance with licensing rules for a Residential Care Facility:	R 000			
R 358	481-57.11(3) Personnel 57.11(3) Employee criminal record checks, child abuse checks and dependent adult abuse checks and employment of individuals who have committed a crime or have a founded abuse. The facility shall comply with the requirements found in Iowa Code section 135C.33 as amended by 2014 Iowa Acts, chapter 1040, and rule 481-50.9(135C) related to completion of criminal record checks, child abuse checks, and dependent adult abuse checks and to employment of individuals who have committed a crime or have a founded abuse. (I,II, III) This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to comply with requirements related to employee background checks found in Iowa	R 358	All personnel files have been reviewed and missing background checks have been performed using the SING. Pre hire SING background checks will be conducted on all potential new hires prior to employment. The Human Resources Department has implemented a tracking tool for all new hires and current employees to verify compliance with regulations. The HR team will review at least quarterly. The Human Resources Director or designee will conduct on-going audits of all personnel files. Results will be shared with the Quality Assurance Team and any identified needs will be remedied immediately.	9/17/21 On going 9/30/21 On going	

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

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

[Signature]

TITLE

Chief Operating Officer

(X6) DATE

10-29-21

STATE FORM

6899

7X3711

If continuation sheet 1 of 12

ok 2/9/22

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R 358	Continued From page 1 Administrative Code 481- Chapter 50(9)3 for 1 of 2 employees hired in the past 9 months (Staff E). Findings include: A review of personnel files revealed the facility failed to ensure background checks were completed prior to hire as required by Iowa Administrative Code 481- Chapter 50(9)3. The Human Resources Coordinator confirmed this finding. See deficiency under 50.9(3)	R 358			
R 372	481-57.11(6) Personnel 57.11(6) Physical examination and screening. Employees shall have a physical examination no longer than 12 months prior to beginning employment and every four years thereafter. Screening and testing for tuberculosis shall be conducted pursuant to 481-Chapter 59. (I, II, III) This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to obtain physicals for 2 of 2 staff upon hire (Staff E and Staff H). Findings follow: Record review on 8/18/21 revealed Staff E had a hire date of 11/30/20. He did not have a physical completed before starting work. Staff H had a date of hire with the facility of 6/15/21. She did not have a physical in her personnel record. The Human Resources Coordinator confirmed these findings on 8/18/21 at 10:50 AM.	R 372	All personnel files have been reviewed and incomplete records have been resolved. First Resources has partnered with Van Buren County Hospital and Ottumwa Regional Health Center to conduct physicals, TB screening, and TB testing. The Human Resources Department has implemented a tracking tool for all new hires and current employees to verify compliance with regulations. The HR team will review at least quarterly. The Human Resources Director or designee will conduct on-going audits of all personnel files. Results will be shared with the Quality Assurance Team and any identified needs will be remedied immediately.	10/29/21 On going 9/17/21 On going	

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R 430	<p>481-57.12(3)d General Policies</p> <p>481-57.12(135C) General policies. The licensee shall establish and implement written policies and procedures as set forth in this rule. The policies and procedures shall be available for review by the department, other agencies designated by Iowa Code section 135C.16(3), staff, residents, residents' families or legal representatives, and the public and shall be reviewed by the licensee annually. (II)</p> <p>57.12(3) Infection control. The facility shall have a written and implemented infection control program, which shall include policies and procedures based on guidelines issued by the Centers for Disease Control and Prevention, U.S. Department of Health and Human Services. The infection control program shall address the following:</p> <p>d. Infection identification; (I, II, III)</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to develop policies on infection control. Findings follow:</p> <p>A review of the facility's policy book on 8/17/21 revealed there were no policies on Infection Identification.</p> <p>The Transition Services Coordinator confirmed this finding on 8/17/21 at 2:30 PM.</p>	R 430	First Resources Corp. currently has a policy and procedure on infection exposure and control planning (HS-7 Infection and Exposure Control Plan). The Safety Committee will review and revise the current plan to ensure compliance with all regulations and address infection identification.	12/31/21
R 432	481-57.12(3)e General Policies	R 432		

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R 432	<p>Continued From page 3</p> <p>481-57.12(135C) General policies. The licensee shall establish and implement written policies and procedures as set forth in this rule. The policies and procedures shall be available for review by the department, other agencies designated by Iowa Code section 135C.16(3), staff, residents, residents' families or legal representatives, and the public and shall be reviewed by the licensee annually. (II)</p> <p>57.12(3) Infection control. The facility shall have a written and implemented infection control program, which shall include policies and procedures based on guidelines issued by the Centers for Disease Control and Prevention, U.S. Department of Health and Human Services. The infection control program shall address the following:</p> <p>e. Resident care procedures to be used when there is an infection present; (I, II, III)</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to develop policies on infection control. Findings follow:</p> <p>A review of the facility's policy book on 8/17/21 revealed there were no policies on resident care procedures to be used when an infection is present.</p> <p>The Transition Services Coordinator confirmed this finding on 8/17/21 at 2:30 PM.</p>	R 432	First Resources Corp. currently has a policy and procedure on infection exposure and control planning (HS-7 Infection and Exposure Control Plan). The Safety Committee will review and revise the current plan to ensure compliance with all regulations and address resident care procedures to be used when there is an infection present.	12/31/21

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R 476	Continued From page 4	R 476		
R 476	481-57.13(2)d Admission, Transfer, Discharge 481-57.13(135C) Admission, transfer and discharge. 57.13(2) Discharge or transfer d. When a resident is transferred or discharged, the appropriate record will accompany the resident to ensure continuity of care. "Appropriate record" includes the resident's face sheet, service plan, most recent orders of the primary care provider and any notifications of upcoming scheduled appointments. (II, III) This REQUIREMENT is not met as evidenced by: Based on interview and record review, there was no documentation the appropriate record was sent upon discharge for 5 of 5 former residents reviewed (Residents C1, C2, C3, C4 and C5). Findings follow: Record review on 8/17/21 revealed Resident C1 moved out of the facility on 1/13/21. There was no documentation the appropriate record was sent with her at discharge. Resident C2 moved to an apartment on 4/1/21. There was no documentation the appropriate record was sent with him at the time of discharge. Resident C3 moved to an apartment on 4/5/21. There was no documentation the appropriate record was sent with her upon discharge. Resident C4 moved to an apartment on 4/30/21.	R 476 R 476	The facility will ensure a comprehensive discharge or transfer plan is developed and provided to each client at discharge or transfer. This will be done by the facility administrator each time and a copy of the record will be maintained in their file. The facility administrator implemented a discharge or transfer tracking system for all residents. The Administrator or designee will conduct on-going audits on all discharged or transferred residents. Results will be shared with the Quality Assurance Team.	8/17/21 9/30/21 9/30/21

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R 476	Continued From page 5 There was no documentation the appropriate record was sent with him at the time of discharge to ensure continuity of care. Resident C5 moved to an apartment on 7/21/21. There was no documentation the appropriate record was sent with him at the time of discharge. On 8/17/21 at 4:00 PM the Transition Services Coordinator confirmed the appropriate record was not sent with the residents at the time of discharge	R 476		
R 616	481-57.17(1)o Records 481-57.17(135C) Records. 57.17(1) Resident record. The licensee shall keep a permanent record on every resident admitted to the residential care facility, and all entries in the permanent record shall be current, dated, and signed. (III) The record shall include: o. A notation describing the resident's condition on admission, transfer and discharge; (III) This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility did not note the condition on discharge for 4 of 5 former residents reviewed (Residents C1, C2, C3, and C5). Findings follow: Record review on 8/17/21 revealed Resident C1 discharged from the facility on 1/13/21. There was no documentation on her condition at discharge.	R 616	Training will be provided to all RCF professionals on the content needed within a contact note. Upon client discharge or transfer, the RCF professional on shift will note within their contact note the condition of the client. The RCF administrator will also note the condition of the client in the discharge summary. The Administrator or designee will conduct on-going audits on all discharged or transferred residents. Results will be shared with the Quality Assurance Team.	11/30/21 Starting 12/1/21 On going

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R 616	Continued From page 6 Resident C2 moved to an apartment on 4/1/21. There was no documentation on his condition at discharge. Resident C3 moved to an apartment on 4/5/21. There was no documentation on her condition at the time of discharge. Resident C5 moved to an apartment on 7/21/21. There was no documentation in his chart about his condition at the time of discharge. The Transition Services Coordinator confirmed the records did not identify the residents condition at the time of discharge on 8/17/21 at 4:00 PM.	R 616		
R 746	481-57.19(4)c(1) Drugs 481-57.19(135C) Drugs 57.19(4) Drug administration. c. A resident certified by the resident's primary care provider as capable of injecting the resident's own insulin may do so. Insulin may be administered pursuant to paragraph 57.19(4)" b " or as otherwise authorized by the resident's primary care provider. (II, III) Authorization shall: (1) Be in writing This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility	R 746	The facility will continue to ensure all residents, as certified by the resident's primary care provider are capable of injecting the resident's own insulin, including resident #2 and #3, will be in writing. A comprehensive review of all resident records was completed. All residents capable of injecting their own insulin, as certified by their primary care provider, have written documentation in place. The Administrator or designee will conduct on-going audits on all insulin dependent residents. Results will be shared with the Quality Assurance Team.	8/30/21 8/30/21 8/30/21

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R 746	Continued From page 7 failed to obtain authorization from a physician for 2 of 2 insulin dependent residents to self-administer insulin (Resident #2 and Resident #3). Findings follow: The Transition Services Coordinator identified Resident #2 and Resident #3 as being residents who self-administered insulin during an entrance conference on 8/16/21 at 12:45 PM. On 8/17/21 from 11:00 AM - 11:25 AM, Resident #2 and Resident #3 received medication. Resident #2 was administered oral medication by Staff I. Resident #2 checked her blood glucose level and self-administered 5 units of Lispro (a type of insulin). Resident #3 also checked her blood glucose level. She then self-administered 10 units of Lispro. On 8/17/21 at 4:20 PM, the Transition Services Coordinator confirmed there were no orders from Resident #2 or Resident #3's primary care providers indicating they were capable of injecting their own insulin.	R 746			
R 838	481-57.23(1) Resident Activities Program 57.23(1) Activities program. Each residential care facility shall provide an organized resident activities program for the group and for the individual resident which shall include suitable activities. The facility shall offer at least two organized evening group activities per week and two organized weekend group activities per month. (III)	R 838	The facility will continue to ensure all residents receive two organized weekend group activities per month. All monthly activity calendars have been revised to include two weekend group activities. The Administrator or designee will conduct on-going audits on all resident activity calendars monthly. Results will be shared with the Quality Assurance Team.		8/17/21 On going

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R 838	Continued From page 8 This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to provide two weekend group activities per month. Findings follow: A review of the facility activity calendar for August revealed no scheduled group activities on the weekend. On 8/17/21 at 2:15 PM, the Transition Services Coordinator confirmed the facility did not regularly schedule two group weekend activities per month.	R 838		
R 962	481-57.29(4) Financial Affairs - Management 481-57.29(135C) Financial affairs-management. Each resident who has not been assigned a guardian or conservator by the court may manage the resident's own personal financial affairs. To the extent the facility assists in management, under written authorization by the resident, the management shall be carried out in accordance with Iowa Code section 135C.24. (II) 57.29(4) If the facility makes financial transactions on a resident's behalf, the facility must document that it has prepared and sent an itemized accounting of disbursements and current balances at least quarterly. A copy of this statement shall be maintained in the resident's financial or business record. (II) This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility	R 962	The facility has developed a quarterly financial review form. The form is to be used for all clients who maintain a cash account and request First Resources Corp. assistance with managing money. The Transitional Services Coordinator will meet with each identified client to review their quarterly finances. All reviews will be documented on the financial review form and will be signed by the client and reviewer as evidence. The Administrator or designee will conduct monthly audits on all resident accounts. Results will be shared with the Quality Assurance Team.	8/30/21 8/30/21 On going

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R 962	Continued From page 9 failed to provide a quarterly statement to residents of financial transactions made on their behalf. Findings follow: Interview with Resident #4 on 8/18/21 at 11:20 AM revealed she had concerns about not receiving a record of transactions the facility made on her behalf. On 8/18/21 at 11:45 AM, the Transition Services Coordinator confirmed the facility was not sending out quarterly statements to residents of transactions made on their behalf.	R 962			
R1058	481-57.36(2) Maintenance 481-57.36(135C) Maintenance. 57.36(2) The building, grounds, and other buildings shall be maintained in a clean, orderly condition and in good repair. (II, III) This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to properly maintain the building. Findings follow: An environmental tour of the property with the Transition Services Coordinator on 8/16/21 from 4:00 PM - 4:30 PM revealed the following: - Three stained ceiling tiles in the medication room. - Rusted floor tiles under the washer and dryer. Cracked and missing floor tiles in front of the washer and dryer. - The inside of the toilet in the bathroom shared by room #12 was stained black. Two ceiling tiles	R1058	Issues with ceiling tiles, toilets and unclean floors have been resolved by First Resources Corp. maintenance team. Floor tiles in the room with the washer and dryer will be fixed by the First Resources Corp. maintenance team. The Administrator or designee will conduct a monthly facility inspection. Results or concerns found will be promptly requested to be reviewed by the First Resources Corp. maintenance team.	8/30/21 12/31/21 1 9/30/21	

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R1058	Continued From page 10 over the shower were drooping down and stained. - In the bathroom shared by room #3, the floor behind the toilet was dirty. - There were two stained ceiling tiles by the window in room #105. - There were five stained ceiling tiles in room #108. In the bathroom shared by this room, the toilet was stained dark brown. There were two stained ceiling tiles in the bathroom over the stool. The Transition Services Coordinator confirmed these findings on the tour. The Chief Operation Officer reported the ceiling tiles would be replaced within 30 days on 8/18/21 at 12:15 PM.	R1058		
C 205	50.9(3)b Background checks 481-50.9(135C) Criminal, dependent adult abuse, and child abuse record checks. 50.9(3) Requirements for employer prior to employing an individual. Prior to employment of a person in a facility, the facility shall request that the department of public safety perform a criminal history check and the department of human services perform child and dependent adult abuse record checks of the person in this state. b. Conducting a background check. The facility may access the single contact repository (SING) to perform the required background check. If the SING is used, the facility shall submit the person's maiden name, if applicable, with the background check request. If the SING is not used, the facility must obtain a criminal history check from the department of public safety and a check of the child and dependent adult abuse registries from the department of human services	C 205	All personnel files have been reviewed and missing background checks have been performed using the SING. Pre hire SING background checks will be conducted on all potential new hires prior to employment. The Human Resources Department has implemented a tracking tool for all new hires and current employees to verify compliance with regulations. The HR team will review at least quarterly. The Human Resources Director or designee will conduct on-going audits of all personnel files. Results will be shared with the Quality Assurance Team and any identified needs will be remedied immediately.	9/17/21 On going

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C 205	Continued From page 11 This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to conduct a criminal background check for 1 of 2 employees reviewed hired within the past 9 months (Staff E). Findings follow: Record review on 8/18/21 revealed Staff E was hired on 11/30/20. A review of his personnel record revealed the facility had not obtained a criminal record check. The Human Resources Coordinator confirmed this finding on 8/18/21 at 10:50 AM.	C 205		