

✓ 10/14/21

PRINTED: 07/13/2021
FORM APPROVED

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 880682	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 06/09/2021
NAME OF PROVIDER OR SUPPLIER CARE UNIT A		STREET ADDRESS, CITY, STATE, ZIP CODE 500 OPAL STREET AFTON, IA 50830		
(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 of Complaints #95867-C and #93582-C or the onsite infection control survey. The following deficiencies were cited during the survey conducted to determine compliance with licensing rules for a Residential Care Facility. R 304 481-57.10(2)c(4) Administrator 57.10(2) Duties of an administrator. The administrator shall: c. Provide in-service educational programming for all employees with direct resident contact and maintain records of programs and participants. In-service educational programming offered during each calendar year shall include, at minimum, the following topics: (4) Resident activities. This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to ensure training for resident activities was completed every calendar year. Finding include: On 6/09/21 at 11:27 a.m. review of Relias staff training records revealed no course regarding resident activities. The Administrator confirmed this finding on 6/09/21 at 11:36 a.m. R 306 481-57.10(2)c(5) Administrator	R 000 R 304 R 306	R-304 Staff have received the activity in service training for this year. Mandatory inservices have resumed on the 4th Thursday of every month, except November of this year due to Thanksgiving. The November in service in 2021 will be the 3rd Thursday in November. Any staff not attending the in-service will receive the training information/quizzes requested. The 2022 inservices will continue on the 4th Thursday of every month and include all the in-service educational programming required for chapter 57. This will be monitored by the administrator/designee.	8-26-21

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

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

Jana Dailey

TITLE

CARE Administrator

(X6) DATE

10-8-2021

STATE FORM

5595

LLIK11

If continuation sheet 1 of 13

✓ 10/8/21

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R 306	Continued From page 1 57.10(2) Duties of an administrator. The administrator shall: c. Provide in-service educational programming for all employees with direct resident contact and maintain records of programs and participants. In-service educational programming offered during each calendar year shall include, at minimum, the following topics: (5) Mental illness/behavior modification/crisis intervention. This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to ensure training for mental illness/behavior modification/crisis intervention was completed every calendar year. Finding include: On 6/09/21 at 11:27 a.m. review of Relias staff training records revealed no course regarding mental illness/behavior modification/crisis intervention. The Administrator confirmed this finding on 6/09/21 at 11:36 a.m.	R 306	R-306 staff have received the mental illness/behavior modification crisis intervention training for this year. Mandatory inservices have resumed on the 4th Thursday of every month, except November of this year due to Thanksgiving. The November inservice in 2021 will be the 3rd Thursday in November. Any staff not attending will receive the training information/quizzes requested. The 2022 inservices will continue on the 4th Thursday of every month and include all the inservice educational programming required for Chapter 57. This will be monitored by the administrator/designee.	9-24-21
R 308	481-57.10(2)c(6) Administrator 57.10(2) Duties of an administrator. The administrator shall: c. Provide in-service educational programming for all employees with direct resident contact and maintain records of programs and participants.	R 308		

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R 308	Continued From page 2 In-service educational programming offered during each calendar year shall include, at minimum, the following topics: (6) Resident safety/supervision. This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to ensure training for resident safety/supervision was completed every calendar year. Finding include: On 6/09/21 at 11:27 a.m. review of Relias staff training records revealed no course regarding resident safety/supervision. The Administrator confirmed this finding on 6/09/21 at 11:36 a.m.	R 308	R-308 Staff have received the resident safety/supervision training this calendar year. Mandatory inservices have resumed on the 4th Thursday of every month, except November of this year due to Thanksgiving. The November inservice in 2021 will be the 3rd Thursday in November. Any staff not attending the inservice will receive the training information and return all information/quizzes requested. The 2022 inservices will continue on the 4th Thursday of every month and include all the inservice educational programming required for Chapter 57. This will be monitored by the administrator/designee. R-310 Staff have received the resident rights training for this year. Mandatory inservices have resumed (continued)	9-24-21
R 310	481-57.10(2)c(7) Administrator 57.10(2) Duties of an administrator. The administrator shall: c. Provide in-service educational programming for all employees with direct resident contact and maintain records of programs and participants. In-service educational programming offered during each calendar year shall include, at minimum, the following topics: (7) Resident rights. This REQUIREMENT is not met as evidenced by:	R 310		8-26-21

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R 310	Continued From page 3 Based on interview and record review the facility failed to ensure training for resident rights was completed every calendar year. Finding Include: On 6/09/21 at 11:27 a.m. review of Relias staff training records revealed no course regarding resident rights. The Administrator confirmed this finding on 6/09/21 at 11:36 a.m.	R 310	<u>R-310 continued:</u> on the 4th Thursday of every month, except November of this year due to Thanksgiving. The November inservice in 2021 will be the 3rd Thursday in November. Any staff not attending the inservice will receive the training information and return all information/quizzes requested. The 2022 inservices will continue on the 4th Thursday of every month and include all the inservice educational programming required for Chapter 57. This will be monitored by the administrator/designee		8/26/21
R 312	481-57.10(2)c(8) Administrator 57.10(2) Duties of an administrator. The administrator shall: c. Provide in-service educational programming for all employees with direct resident contact and maintain records of programs and participants. In-service educational programming offered during each calendar year shall include, at minimum, the following topics: (8) Medication education, to include administration, storage and drug interactions. This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to ensure training for medication education was completed every calendar year. Finding include: On 6/09/21 at 11:27 a.m. review of Relias staff	R 312	<u>R-312</u> Staff have received the medication education training for this year. Mandatory inservices have resumed on the 4th Thursday of every month, except November of this year due to Thanksgiving. The November inservice in 2021 will be the third Thursday of November. <u>R-312 continued:</u>		8/26/21

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R 312	Continued From page 4 training records revealed no course regarding medication education. The Administrator confirmed this finding on 6/09/21 at 11:36 a.m.	R 312	<u>R-312 continued:</u> Any staff not attending the inservice will receive the training information and and return all information/ quizzes requested. The 2022 inservices will continue on the 4th Thursday of every month and include all the educational programming required for Chapter 57. This will be monitored by the administrator/designee.	8-26-21
R 314	481-57.10(2)c(9) Administrator 57.10(2) Duties of an administrator. The administrator shall: c. Provide in-service educational programming for all employees with direct resident contact and maintain records of programs and participants. In-service educational programming offered during each calendar year shall include, at minimum, the following topics: (9) Resident service plans/programming/goals. This REQUIREMENT Is not met as evidenced by: Based on interview and record review the facility failed to ensure training for resident service plans/programming/goals was completed every calendar year. Finding include: On 6/09/21 at 11:27 a.m. review of Relias staff training records revealed no course regarding resident service plans/programming/goals. The Administrator confirmed this finding on 6/09/21 at 11:36 a.m.	R 314	<u>R-314</u> Staff have received the resident service plans/ programming goals training for this year. Mandatory inservices have resumed on the 4th Thursday of every month, except November of this year due to Thanksgiving. The November inservice in 2021 will be the third Thursday of November. Any staff not attending the inservice will receive the training information and return all the information/quizzes requested. The 2022 inservices will continue on the 4th Thursday of every month and include all the educational programming required for Chapter 57. This will be monitored by the administrator/designee.	9-24-21

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R 470	Continued From page 6 R 470: 481-57.13(2)a Admission, Transfer, Discharge 481-57.13(135C) Admission, transfer and discharge. 57.13(2) Discharge or transfer. a. Notification shall be made to the legal representative, primary care provider, and sponsoring agency, if any, prior to the transfer or discharge of any resident. (III) This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to ensure the notification of the primary care provider had been completed and documented prior to discharge for 1 of 3 former residents reviewed (Resident C-2). Findings include: On 6/09/21 at 1:25 p.m. record review revealed Resident C-2 discharged from the facility on 4/15/21. Record of Resident C-2's physician being contacted prior to this discharge could not be located. On 6/09/21 at 1:45 p.m. the Administrator confirmed this finding.	R 470 R 470	R-470 The administrator, LPN, or trained designee will review all necessary notifications prior to the transfer or discharge of any resident. The physician orders, nurses notes, and any other required notifications will be documented in the physician orders, nurses notes, sponsoring agency if any and communicated to any other required agencies or providers. Any staff handling any admission, discharge or transfer will be trained prior to admission, discharge or transfer. This will be monitored by the administrator, LPN, or trained designee.	5-21 8-21 8-21	
R 622	481-57.17(1)r 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	R 622			

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R 622	Continued From page 7 entries in the permanent record shall be current, dated, and signed. (III) The record shall include: r. A notation of disposition of personal property and medications upon the resident's transfer, discharge or death. (III) This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to ensure the disposition of property and medications was documented for 1 of 3 former residents reviewed (Resident C-2). Findings include: On 6/09/21 at 1:25 p.m. record review revealed Resident C-2 discharged from the facility on 4/15/21. Record of the disposition of the resident's valuables and medications could not be located. On 6/09/21 at 1:45 p.m. the Administration confirmed these findings.	R 622	<u>R-622</u> The administrator, LPN, or trained designee will keep the permanent record of every resident admitted to the residential care facility including record of the disposition of the resident's personal property whether sent or donated and signed by the resident or resident's designee. The resident's medication will be returned to the pharmacy per unit dose policy and noted in the nurse's notes. If the resident is discharged home, a physician's order will be obtained to send medications as ordered by physician home or documented returned to pharmacy per policy.	8-2021
R 780	481-57.21(1)c Dietary 481-57.21(135C) Dietary. 57.21(1) Dietary staffing. c. In addition to the requirement of paragraph 57.21(1)"a," personnel who are responsible for food preparation or service, or both food preparation and service, shall have an orientation on sanitation and safe food handling prior to handling food and shall have annual in-service	R 780		

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R 780	Continued From page 8 training on food protection. (III) This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to ensure personnel responsible for food preparation or service had orientation on sanitation and safe food handling of food prior to handling of food as well as annual inservice training on food protection for 4 of 4 staff reviewed (Staff D, E, F, G). Findings include: On 6/09/21 at 9:08 a.m. personnel record review revealed Staff D was hired on 1/06/21 to work as an administrative assistant. Record of Staff D's orientation on sanitation and safe food handling of food could not be located. On 6/09/21 at 9:18 a.m. personnel record review revealed Staff E was hired on 2/11/21 to work as a cook. Record of Staff E's orientation on sanitation and safe food handling of food could not be located. On 6/09/21 at 9:25 a.m. personnel record review Staff F was hired on 5/04/20 to work as a medication manager. Record of Staff F's orientation on sanitation and safe food handling of food could not be located. On 6/09/21 at 9:41 a.m. personnel record review Staff G was hired on 1/07/21 to work as a medication manager. Record of Staff G's orientation on sanitation and safe food handling of food could not be located. On 6/09/21 at 11:42 a.m. the Administrator	R 780	<u>R780</u> All current staff have received the annual training on sanitation and safe food handling of food and food protection. The orientation training packet for cooks will include written and hands on training for food preparation and service. Staff working in the food preparation area will complete the SERVSAT class or work under the supervision of staff who have completed the SERVSAT class. Additional training and supervision will be required and ongoing for any staff who has not completed the SERVSAT class or food preparation and food sanitation classes. This will be monitored by the administrator/designee who has completed the SERVSAT class.	7-29-21	

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R 780	Continued From page 9 confirmed all these staff were involved in either food preparation or service. On 6/09/21 at 11:27 a.m. review of Relias staff training records revealed no course regarding sanitation and safe food handling. On 6/09/21 at 11:36 a.m. the Administrator confirmed these findings.	R 780		
R 836	481-57.22(3)d Orientation and Service Plan 57.22(3) Service plan. Within 30 days of admission, the administrator or the administrator's designee, in conjunction with the resident, the resident's responsible party, the interdisciplinary team, and any organization that works with or serves the resident, shall develop a written, individualized, and integrated service plan for the resident. The service plan shall be developed and implemented to address the resident's priorities and assessed needs, such as activities of daily living, rehabilitation, activity, and social, behavioral, emotional, physical and mental health. (I, II, III) d. The service plan shall be reviewed at least quarterly by relevant staff, the resident and appropriate others, such as the resident's family, case manager and responsible party. The review shall include a written report which addresses a summary of the resident's progress toward goals and objectives and the need for continued services. (I, II, III)	R 836	<u>R836</u> An audit schedule of service plans, quarterly reports, social histories, activity progress notes has been developed and completed by the administrator's designee. Staff responsible will be expected to have service plan meetings scheduled with resident, resident's responsible party, interdisciplinary team, and any organization that works with or serves the resident. The first week following each month end the administrator will review the audits and discuss with the director of resident care, program manager, activity director or any other staff person designated to complete reports not completed. The staff responsible for the service plan or quarterly report will be expected to have completed in required timely manner. Service plans and quarterly reports will be monitored by the administrator and administrator designee.	9-2021

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R 836	Continued From page 10 This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to ensure service plans were reviewed at least quarterly for 2 of 2 residents reviewed (Residents #1, #2). Findings include: On 6/09/21 at 3:14 p.m. record review revealed Resident #1's last service plan was dated 3/31/21. Prior to that date the last quarterly review was dated 1/14/20. On 6/09/21 at 3:35 p.m. record review revealed Resident #2's last service plan was dated 6/24/20. No quarterly reviews after that date could be located. On 6/09/21 at 3:40 p.m. the Director of Resident Care confirmed these findings.	R 836	<u>R836</u> Completed on Previous Page <u>R 1058</u> Bids have been obtained for outside doors. The metal door to the women's east wing is being replaced. Additional bids for other doors have been obtained. This will be monitored by the maintenance men and monitored by the administrator / administrator designee.	7-2021	
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 maintain the building in good repair. Findings include: During the environmental tour on 6/08/21 between 2:26 p.m. and 2:47 p.m. while accompanied by the Administrator the following	R1058	The women's central bath shower stall floor was cleaned thoroughly and grout was applied. This will be monitored by the maintenance men weekly and cleaned and grout applied as necessary. Staff giving showers will report to maintenance and administrator when cleaning any areas of mold or cracks.	7-2021	

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R1058	Continued From page 11 concerns were noted: - Metal door to the women's east wing was rusted through at the bottom of the door. - The women's central bath shower stall floor was cracked with mold in the corners. The corners of the surround tile were also moldy. The Administrator confirmed these findings during the tour.	R1058	R1058 - See Previous Page	
C 210	01-50.9(5) Background Checks 481-50.9(135C) Criminal, dependent adult abuse, and child abuse record checks. 50.9(5) Employment prohibition. A person who has committed a crime or has a record of founded child or dependent adult abuse shall not be employed in a facility unless an evaluation has been performed by the department of human services This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to have the Department of Human Services (DHS) perform an evaluation of an employee's criminal history to determine whether the crime warranted prohibition from employment for 1 of 2 staff reviewed with a criminal history (Staff C). Findings include: On 6/09/21 at 10:01 a.m. personnel record review revealed Staff C was employed with the facility on 10/21/20 to work in maintenance. Further review revealed checks were completed for the child abuse, dependent adult abuse and sex offender registries on 10/1/21 with no concerns noted. A	C 210	<u>C210</u> The employee who was hired to work part time in maintenance background checks were completed. Unfortunately, the criminal background check was overlooked and then completed. The DHS hit form had been completed, had not been sent or report misplaced. The DHS report was completed and employee could work. The administrative assistant/administrator designee will double check all criminal history, dependent adult abuse checks with the administrator prior to hire. This will be completed with each hire and a review of all hires at the end of each month.	8-21

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C 210	Continued From page 12 criminal history record check was not completed until 10/24/21 which 3 days after Staff C was hired. The check came back with a hit which required an evaluation from DHS to determine whether or not the facility could employ the individual. Although the form to submit to DHS requesting an evaluation was in the file, a decision from DHS could not be located. On 06/09/21 at 10:56 a.m. the Administrator confirmed this finding.	C 210		