Citation Number: #10705					Date: Januar	y 8, 2025
Facility Name: Aspire of Perry			Survey Dates: December 9, 2024 – December 17, 2024			ember 17,
Facility Address/City/State/Zip 2625 Iowa Street Perry, Iowa 50220-2413		СР				
Rule or Code Section	Natur	e of Violation	Class Fine Amount date		Correction date	
58.11(1)h	 481—58.11(135C) Personnel. 58.11(1) General qualifications. h. Nurse aides may be utilized in accordance with the requirements in 441—subrule 81.13(19) and rule 441—81.16(249A). Nurse aides who have received training other than the Iowa state-approved program must pass a competency evaluation approved by the department of inspections and appeals in accordance with 441—subrule 81.13(19) and rule 441—81.16(249A). Evidence of prior formal training must be presented to the facility or institution conducting 					

	be presented to the facility or institution conducting the challenge examination before the examination is given. The approved facility or institution, following department of inspections and appeals guidelines, shall make the determination of who is qualified to take the examination. Documentation of the challenge examinations administered shall be maintained.			
+ 58.11(3)	481—58.11(135C) Personnel.	CLASS	\$500.00	UPON
	58.11(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 and rule 481—50.9(135C) related to completion of criminal record checks, child abuse checks, and dependent adult abuse checks and to	1		RECEIPT
				Page 1 of 17

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Rule or Code Nature of Violation Section		e of Violation	Class	Fine Amount	Correction date

	employment of individuals who have committed a		
	crime or have a founded abuse. (I, II, III)		
1			
	191 FO 31/12FC) Drugs storage and handling		
58.21(6)d(4)e	481—58.21(135C) Drugs, storage, and handling.		
	58.21(6) A properly trained person shall be charged		
	with the responsibility of administering nonparenteral		
	medications.		
	d. A person who is a nursing student may take the		
	challenge examination in place of taking a medication		
	aide course. This individual shall do all of the following		
	before taking the medication aide challenge		
	examination:		
	(4) Successfully complete a department-approved		
	nurse aide competency evaluation.		
	e. A person who has written documentation of		
	certification as a medication aide in another state may		
	become a medication aide in Iowa by successfully		
	completing a department-approved nurse aide		
	competency examination and a medication aide		
	challenge examination		
	DESCRIPTION:		
	DESCRIPTION.		
	Based on observation, interviews and record review,		
	the facility failed to ensure that background checks		
	were cleared before staff worked in the resident		

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Rule or Code Nature Section		ure of Violation	Class	Fine Amount	Correction date	

shift passing medications as a Certified MedicationAide (CMA) without verification of education orcertification as a CMA. The Director of Nursing (DON)started working for the facility before a backgroundcheck had been completed. The facility reported acensus of 33 residents.Findings include:1) In an observation on 12/9/24 at 3:31 PM, Staff B,CMA was at the medication cart and fumbled throughthe med cards to find medications. She went from thesecond drawer to the third drawer several times, thenwent to Staff A, CMA for assistance. He looked in thecart and pulled out a bubble pack of pills and handedit to her.On 12/9/24 at 4:00, Staff B and Staff A were at themedication cart counting the narcotics at shift change.Staff A expressed frustration as he instructed Staff Bto document on the narcotic sheet at the time ofadministration because the count for several narcoticshad been off. Staff B said she was taught to documentat the end of the shift.
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Facility Administrator

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Rule or Code Section	Natu	ire of Violation	Class	Fine Amount	Correction date	
	$0n \frac{12}{10} \frac{24}{24} = 8.57 $	M Staff B said that she had iu	uct			

On 12/10/24 at 8:57 AM Staff B said that she had just started at the facility and she did not get any orientation on the medication cart. She said that she		
was just given the keys and left to figure it out on her own. When asked where she received her medication		
aide certificate she said "I didn't get it around here." On 12/11/24 at 2:51 PM Staff A said he had trouble with Staff B the previous day on the medication cart because she didn't seem to understand. Staff H,		
Scheduler, said others had noticed that she was struggling, and many times, she had to ask someone to help her find the medications.		
On 12/11/24 at 10:55 AM, Staff H, scheduler, said she did not have a file for Staff B or an orientation checklist. On 12/12/24 at 8:30 AM, Staff H said that some of the staffing agencies that the facility contracted with would provide access to their portal so she could see the staff information, but the Staffing Agency (SA) that hired Staff B had not provided copies of background checks or certification verification.		
Staff H said that she had reached out to them to get a copy of her file.		
A Single Contact License and Background Check (SING) dated 12/11/24 at 12:07 PM, showed that Staff B was		

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Facility Addr 2625 Iowa St Perry, Iowa S		СР				
Rule or Code	Natur	re of Violation	Class	Fine A	mount	Correction date
Section						
	required. A report from the Direct 12/11/24 at 2:28 PM, r B, Certified Nurse Aide On 12/12/24 at 9:14 AI said that she was in cha scheduling for the facil taking applications or c She said they had a Hu and did not understand to work in a facility who representative said that asked her about her CM	M, a representative from the SA arge of the contracts and ities, and not responsible for doing the background checks. man Resources Department d how Staff B had been sent out en she was ineligible. The SA at she talked to Staff B and MA certification. Staff B just puld get a copy to her, but she				
	requests to call on 12/2 1:28 PM. On 12/12/24 at 11:52 A (DON) said that the day the medication cart wa	5 PM, the SA had not returned 12/24 at 11:25, and 12/16/24 at AM, the Director of Nursing y that Staff B was working on as "horrible." She said that the fused, and looked like she				

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Rule or Code Section	Code Nature of Violation		Class	Fine Amount	Correction date

hadn't ever administered medications before. The DON said that the Agency was responsible for doing the background checks and the facility must be able to trust that they are doing their job to verify licensure and certification. She said that the facility did not have the time to be looking up the background of all agency staff.		
An investigation of all the agency staff that were scheduled to work at the facility in the previous 3 months, revealed that Staff K, CNA did not have a valid certification as a nurse aid.		
On 12/16/24 at 4:30 PM, the Administrator said that she was in touch with the agency and they did not have verification that Staff K, CNA had a certification. She said that Staff K hadn't actually worked at the facility because she called in sick the one day that she was scheduled.		
According to the facility policy titled: Abuse Prevention Program, Prevention of Abuse, review date of 4/2025, the community would establish policies and procedures encompassing all facets of the Abuse Program, including screening. The abuse prevention/intervention program included conduction of background investigations per state regulations.		

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	2. Record review of the Director of Nursing (DON) Single Contact License & Background Check was ran on 11/22/24 and due to further research required not completed until 11/26/24.		
	Record review of the DON's time sheet revealed she was employed by the facility on 11/22/24 and worked the following hours: 11/22/24 - 8.75 hours 11/23/24 - 9 hours 11/24/24 - 7.5 hours 11/25/24 - 11.5 hours 11/26/24 - 11.5 hours		
	During an interview on 12/11/24 at 11:42 AM, Staff H, Certified Nurse Aide (CNA), Scheduler, revealed the Administrator instructed the DON she was allowed to start working at the facility but to stay away from residents.		
+	During an interview on 12/12/24 at 12:44 PM, the DON revealed she started at the facility on 11/12/24 and was supposed to meet with Staff N, Human Resources Manager but she was not in the building to do her paperwork. She then informed she is aware a background check needs to be completed but didn't have it done.		

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Rule or Code Section	Nature of Violation		Class	Fine Amount	Correction date

58.43(9) +	 481—58.43(135C) Resident abuse prohibited. Each resident shall receive kind and considerate care at all times and shall be free from mental, physical, sexual, and verbal abuse, exploitation, neglect, and physical injury. 58.43(9) Allegations of dependent adult abuse. Allegations of dependent adult abuse shall be reported and investigated pursuant to Iowa Code chapter 235E and 481—Chapter 52. (I, II, III) 	CLASS II	
58.41(2)b	 481—58.41(135C) Residents' rights. Each resident shall be encouraged and assisted throughout the resident's period of stay, to exercise rights as a resident and as a citizen and may voice grievances and recommend changes in policies and services to administrative staff or to outside representatives of the resident's choice, free from interference, coercion, discrimination, or reprisal. (II) 58.41(2) The facility shall implement a written procedure for registering and resolving grievances and recommendations by residents or their responsible party. The procedure shall ensure protection of the resident from any form of reprisal or intimidation. The written procedure shall include: b. A method of investigating and assessing the validity of a grievance or recommendation. (II) 	CLASS II	

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Rule or Code Section	Nature of Violation		Class	Fine Amount	Correction date

1		1	7
	DESCRIPTION:		
	Based on observation, clinical record review, staff and resident interviews and facility policy review, the facility failed to implement interventions to safeguard the dignity and wishes of Resident #34 after a Resident to Resident incident between Resident #34 and Resident #18. The facility reported a census of 33.		
	Findings include:		
	The Minimum Data Set (MDS) Assessment of Resident #34, dated 8/12/24, identified a Brief Interview of Mental Status (BIMS) score of 15 which indicated cognition intact. The MDS documented the resident experienced delusions during the 7 day look back period. The MDS documented diagnoses that included depression, bipolar disorder, psychotic disorder and schizophrenia.		
	The MDS Assessment of Resident #18, dated 10/6/24 identified a BIMS score of 15 which indicated cognition intact. The MDS documented the resident exhibited behavioral symptoms not directed toward others such as hitting or scratching self, pacing, rummaging, public sexual acts, disrobing in public,		

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throwing or smearing food or bodily wastes, or verbal/vocal symptoms like screaming, daily during		
the 7-day look back period. The MDS documented		
diagnoses that included anxiety and depression.		
On 12/9/24 at 3:06 pm, Resident #34 reported she		
had recently been standing near the nurse's desk,		
conversing with an employee. She stated Resident		
#18 was self-propelling his wheelchair past her, and		
his arm went up her leg and then to her right		
buttocks. She said that he made a statement of not		
trying to do anything to her. She stated he touched		
her with his hand, and it was not a "brush up with his		
arm". She said it made her wonder, as nobody		
expects anything like that to happen."		
On 12/9/24 at 2:56 pm, Resident #18 stated he had		
bumped into Resident #34. He stated it was		
accidental and he apologized.		
The Contact Form for Facility Reported Incidents		
revealed the date of the incident to be 12/5/24.		
The Social Services Progress Note in the Electronic		
Health Record (EHR) of Resident #34, dated 12/5/24,		
authored by the Director of Nursing (DON),		
documented Resident #34 reported Resident #18		
touched her bottom and it made her feel		

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Rule or				1		Correction
Code Section	Natur	e of Violation	Class	Fine A	Amount	date
	uncomfortable. The DO	DN documented she made all				
	necessary notifications	. The note failed to document				
		n place to keep Resident #34				
	and Resident #18 separ	rated.				
	The Social Services Pro	gress Note in the EHR of				
		date 12/6/24, created date				
	12/10/24 (late entry), a	authored by the Director of				
	-	Resident #18 thought he had				
	•	sident #34 with his wheelchair				
		The note documented Resident				
		l her bottom to apologize and ing sexual. The note failed to				
		rentions put in place to keep				
	the two residents sepa					
	The Witness Statement					
	-	2/5/24 revealed statements				
		s later, on 12/10/24. None of				
	place to keep the two r	ented any interventions put in esidents separated.				
		, The Care Plan of Resident #18				
		e Plan revealed a focus area				
	dated 10/5/24 noted al towards a female. It fa	lleged inappropriate behavior				
		ventions to keep Resident #18				
	and #34 separated.	ventions to keep hesident #10				

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Rule or Code Section	Nature of Violation		Class	Fine Amount	Correction date

1			1 1
	On 12/10/24 at 10:56 am, the Care Plan of Resident #34 was reviewed. It failed to reveal any documentation of interventions to keep Resident #34 separated from Resident #18.		
	On 12/10/24 at 11:43 am, the DON stated no staff had directly witnessed the incident between the two residents. She stated Resident #34 had felt Resident #18 touch her bottom and it made her feel uncomfortable. The DON stated Resident #34 had initially reported this to Staff I, Certified Nurse Aide (CNA) and Staff I then brought Resident #34 to the DON office. The DON further stated Resident #18 had admitted to patting the buttocks of Resident #34 as an apology for bumping into her. She stated she believed Resident #18's intentions were not sexual. She stated Resident #34 is not always "the most		
	reliable". The DON further stated the two residents live on separate hallways. She stated the incident happened on a Thursday and she followed up with Resident #34 the next Monday. She said Resident #34 reported no further concerns. She added the two residents do not eat at the same table or attend the same activities. She stated the care plans had not been updated for either resident as the facility was still in the window		

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Facility Administrator

Date

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for submitting a five day follow up on the incident.		
She stated she would update the care plans of both		
residents for staff to monitor the two residents to		
make sure they are kept apart. She said staff that		
were on duty on 12/5/24 did receive education but no		
further staff received any education at that time.		
On 12/10/24 at 11:52 am, the State Surveyor was		
standing at the nursing desk waiting for Staff G,		
Licensed Practical Nurse (LPN) to complete a phone		
call. The State Surveyor observed the DON and Staff I,		
CNA speaking privately in the dining room.		
On 12/10/24 at 11:55 am, Staff G, LPN stated when		
Resident #34 told her concerns to Staff I, CNA,		
Resident #34 was then taken to the DON office to		
notify her. She stated the facility had an abuse hotline		
flyer at the nursing station. She stated no direction		
was given to her to keep the residents separated but		
she stated she would consider that a given to do in		
this situation and kept an eye on the residents.		
On 12/10/24 at 12:01 pm, Staff I, CNA stated she was		
sitting at the nurse's station charting on 12/5/24		
when Resident #34 came to her and told her Resident		
#18 had went past her in his wheelchair and had		
"groped her behind". She stated she told Resident		
#34 she needed to report this to the DON and she		

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Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	Nature of Violationtook Resident #34 to the DON office. She stated the DON told her to keep the residents separated and to check on the residents every 15 minutes. She stated the 15-minute checks were to be completed every 15 minutes.On 12/10/24 at 12:08 pm, Staff J, CNA stated she did know have any information on the interaction between Resident #18 and Resident #34. She stated she did not witness anything. She further stated she received no education regarding the two residents and nobody asked her to watch the two of them.On 12/10/24 at 12:09 pm, Staff A, Certified Medication Aide (CMA) stated he came on duty at 2:00 pm on 12/5/24. He stated he had no knowledge of any incident between the two residents and nobody at the facility had said anything to him about it. He was unaware of any incident prior to the State Surveyor asking him.On 12/10/24 at 12:49 pm, Resident #34 was observed sitting at the far end of the dining room, near the exit to the patio. Staff J, CNA, stated that was not the resident's normal place to sit in the dining room.On 12/10/24 at 12:55 pm, Resident #34 stated she					

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resident was sitting in her normal spot when she arrived to the dining room. When asked about how she was feeling regarding Resident #18, Resident #34 replied she felt scared because she felt it could happen again because Resident #18 knew what he was doing.		
In a follow up interview on 12/10/24 at 1:00 pm, Resident #18 stated the facility staff asked him what had happened during the incident and he told them. He stated he said he was sorry and the facility staff said ok. He denied receiving any direction or requests to keep distance from Resident #34.		
The Care Plan of Resident #18 was updated on 12/10/24 by the DON to keep Resident #18 and Resident #34 separated as much as possible. It directed staff to not sit the two residents together in the dining room or at activities. It additionally directed staff to attempt to keep Resident #18 from going down Resident #34's hallway as much as possible.		
The Care Plan of Resident #34 was updated on 12/10/24 by the DON. A revision was made to the Focus Area of risk for behavior problems indicating an incident of reporting to staff a male resident touching her on her bottom. It directed staff to keep Resident		

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	 #34 and Resident #18 away from each other as much as possible, to not have them next to each other in dining room or activities. It additionally directed staff to discourage Resident #34 from being near Resident #18. The Facility Policy Resident-to-Resident Altercations F600, revision date 10/2022 documented the following: Point 2: 					

Point 2:		
a. Separate the residents, and institute measures to		
calm the situation;		
b. Identify what happened, including what might have		
led to aggressive conduct on the part of one or more		
of the individuals involved in the altercation;		
c. Provide and document re-direction and provide		
protection as required by the situation		
d. Notify each resident's representative and		
Attending Physician of the incident;		
e. Review the events with the Nursing Supervisor and		
Director of Nursing, including interventions to try to		
prevent additional incidents;		
f. Consult with the Attending Physician to identify		
treatable conditions such as acute psychosis that may		
have caused or contributed to the problem;		
g. Make any necessary changes in the care plan		
approaches to any or all of the involved individuals		

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Facility Administrator

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	h. document in the re- interventions and their	sident's clinical record all r effectiveness;				

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Facility Administrator

FACILITY RESPONSE:

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