IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

January 26, 2015

Ms. Cheryle Campbell, RN Manager
Maple Grove Senior Living
1917 S. 18th Street
Centerville, IA 52544

RE: Final Recertification Monitoring Evaluation Report – Maple Grove Senior Living, Centerville, IA

Dear Ms. Campbell:

Enclosed is the **Final Recertification Monitoring Evaluation Report** completed by the Department of Inspections and Appeals (DIA) in accordance with Iowa Code chapter 231C and Iowa Administrative Code (IAC) chapters 481—67 and 481—69, following a survey by DIA on **January 14, 2015.** The Report notes a Regulatory Insufficiency in the area(s) of: Staffing.

Each Regulatory Insufficiency requires that the Program submit a written Plan of Correction (POC).

In preparing the POC, please use the tenant identifiers from the Report, i.e. Tenant #1, when reference is made to specific tenants. If your response includes a specific tenant's assessment or service plan, it is the Program's responsibility to conceal the tenant's name in order to maintain the tenant's anonymity. Your response shall include the following:

1. Elements detailing how the Program will correct each regulatory insufficiency.
2. What measures will be taken to ensure the problem does not recur.
3. How the Program plans to monitor performance to ensure compliance.
4. The date by which the regulatory insufficiency will be corrected.

Please note that all regulatory insufficiencies must be **corrected within 30 days of the date of the exit conference**; however, there may be situations where the timeframe may be shortened or lengthened, at the discretion of the department.

The POC must be submitted/emailed to DIA to my attention within ten (10) working days of receipt of this letter. It may be necessary for DIA to revisit the Program to confirm progress in fulfilling the POC's corrective measures.

As provided by IAC rule 481-67.14, you are afforded one opportunity to refute cited regulatory insufficiencies through the informal conference process. A request for an informal conference must be made within 20 working days of the notice or service of this letter and the final report. Please refer to rule 67.14 for more information.

The review of the recertification documents you submitted has been completed and the documents are accepted. In addition, the State Fire Marshal's (SFM) inspection report has been received as well as the Facility Engineer's approval of the Evacuation Plans for your program.

Also enclosed you will find the Assisted Living Program Certificate **S0148** with effective dates of **July 3, 2014** through **July 2, 2016**.

If you have any questions in regard to this report, please contact me at 515/281-7039 or **Rose.Boccella@dia.iowa.gov**

Sincerely,

Rose Boccella

Rose Boccella
Program Coordinator
Adult Services Bureau

Enclosure

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0148	A. BUILDING: _____ B. WING _____	01/14/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAPLE GROVE SENIOR LIVING	1917 SOUTH 18TH STREET CENTERVILLE, IA 52544

(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
A 000	481-67 Initial Comments Assisted Living Programs are defined by the type of population served. The census numbers were provided by the Program at the time of the on-site. General Population Program Number of tenants without cognitive disorder: 15 Number of tenants with cognitive disorder: 0 Total Population of Program at time of on-site: 15 TOTAL census of Assisted Living Program: 15 The following regulatory insufficiency was cited during the recertification conducted to determine compliance with certification for an Assisted Living Program:	A 000		
A 063	481-67.9(4)f Staffing 481-67.9(231B,231C,231D) Staffing. 67.9(4) Nurse delegation procedures. The program ' s registered nurse shall ensure certified and noncertified staff are competent to meet the individual needs of tenants. Nurse delegation shall, at a minimum, include the following: f. Services shall be provided to tenants in accordance with the training provided. This REQUIREMENT is not met as evidenced by: Based on review of a tenant file, monitor observation, review of staff training documents and a staff interview the Program failed to	A 063		

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A 063	Continued From page 1 provide services to tenants in accordance with the training provided. Staff A had nurse delegation training on medication administration, hand washing and administering eye drops; however, did not provide appropriate sanitation during the observed medication pass and administration of eye drops. 1. Tenant #1, an 88 year old, was admitted on 6-2-14 and diagnoses included: coronary artery disease, osteoarthritis, hypertension and glaucoma. The service plan reflected staff set up and administered Tenant #1's medications. According to Physician's Orders, Tenant #1 had Lumigan 0.01% eye drops, instill one drop in both eyes daily at lunch. Tenant #1's Medication Administration Record for January 2015 reflected Staff A's initials were documented on 1-14-15 for the administration of Lumigan 0.01% eye drops instill one drop in both eyes daily at lunch. 2. Staff A, a universal worker (UW), began a medication pass at 11:38 a.m. on 1-14-15. Staff A wiped off the top of the medication cart with a disposable sanitation wipe and then put paper towels on the top of the medication cart while wearing gloves. Staff A then began the medication pass. Staff A did not remove the gloves, wash or sanitize hands or don new gloves after cleansing the top of the medication cart and before beginning the medication pass. During the medication pass observed on 1-14-15 Staff A administered eye drops to Tenant #1. Tenant #1 had an order for Lumigan 0.01% eye drops, instill one drop in both eyes at lunch. Prior to administering Tenant #1's eye drops Staff A used hand sanitizer and donned gloves while at the medication cart in the front of building.	A 063		

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A 063	Continued From page 2 Staff A left the area where the medication cart was located, walked down the hallway and opened Tenant #1's apartment door with a gloved hand. Staff A then administered Tenant #1's eye drops. Staff A opened the apartment door with a gloved hand and administered the eye drops to Tenant #1 without hand hygiene and donning new gloves. 3. Review of a staff file indicated Staff A, a UW, had nurse delegations including delegations for administering medications, the administration of ophthalmic eye drops and hand washing. The nurse delegation document for the administration of ophthalmic eye drops indicated to assemble needed supplies, medication, eye-dropper, exam gloves and tissue, seat tenant comfortably in a chair in a well-lit area, perform six rights and triple check with the medication record and wash hands and apply gloves. 4. The registered nurse (RN) Manager was interviewed on 1-14-15 at 12:55 p.m. and at 3:55 p.m. The RN Manager said staff was told to cleanse the top surface of the medication cart and put down paper towels. The RN Manager said Staff A should have washed the medication cart, put down paper towels, sanitized hands and then put on gloves. The RN Manager said the expectation regarding administering eye drops was staff should go to the tenant apartment, wash/sanitize hands, put on gloves and then administer the eye drops.	A 063		

Maple Grove Senior Living
1917 S. 18th Street
Centerville, Iowa 52544
641-856-6601
Cheryle Campbell, RN

Final Recertification Monitoring Evaluation Report
Re certification survey by DIA on January 14, 2015

Plan of Correction

The preparation of the following plan of correction for these deficiencies does not constitute, and should not be interpreted as an admission or an agreement by the facility of the facts alleged, or conclusions set forth in the statement of deficiencies. The plan of correction was executed solely because provisions of state and federal law require it. This plan of correction serves as our statement of substantial compliance with all rules and regulations.

A 063

Tenant #1 was identified as being affected, however there were no signs and symptoms of infection or irritation. All Tenants have the potential of being affected.

RN Manager immediately educated Staff A on proper sanitation of medication cart and hand washing prior to medication pass. RN Manager will in-service all staff by 2/11/2015 on sanitizing medication cart prior to medication pass and proper hand washing during medication pass. Training will also include a new gloving checklist the staff can review and will be used when auditing the staff. The RN Manager or RN designee will monitor weekly, for 4 weeks, for sanitation practices when preparing the medication cart, and gloving and hand washing during medication pass. RN Manager will monitor / audit quarterly thereafter.