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
	S0279	A. BUILDING _____ B. WING _____	C 09/20/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVER LIVING CENTER	831 SOUTH HIGHWAY 52 GUTTENBERG, IA 52052

(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: 8 Number of tenants with cognitive disorder: 0 Total Population of Program at time of on-site: 8 TOTAL census of Assisted Living Program: 8 A recertification visit and investigation of Complaint #61297-C was completed. The following regulatory insufficiencies were cited.	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 observation and record review the *Program failed to provide services to one tenant* in accordance with the training provided (Tenant #2). *Findings follow:* *Review of Tenant #2's service plan dated*	A 063	See attached Plan of Correction 10/6/16	

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 063	Continued From page 1 12/27/14 revealed the tenant set up and administered their medications independently. However the tenant requested staff administer saline eye drops four times per day for dry eyes. During a medication pass on 9/13/16 at 11:40 am Staff B was observed administering Tenant #2's eyedrops. Staff B washed her hands in the utility area, then went to Tenant #2's apartment without the medication book or the tenant's medication sheet. Staff B retrieved a bottle of eye drops which were unlocked in Tenant #2's apartment. Tenant #2 sat in a chair and Staff B pulled down the lower eye lids and instilled a drop in each eye with bare hands. Staff B then returned to the utility area and washed her hands. The eye drops administered by staff were not secured, the medication book or medication sheet were not taken to the apartment and the eye drops were administered by a staff not wearing gloves. According to the Nurse Delegation document dated 5/7/15 for the administration of Tenant #2's eye drops (fresh tears), staff was to wash hands, put on gloves and check the medication for the right medication, right time, right dose, right route and right tenant. Staff was to have the tenant tilt the head back and pull the lower lid down to expose the conjuctival sac, approach the eye from the side with the medication bottle and put the correct number of drops in the lower sac. Staff was to wipe the excess medication with a tissue or give the tenant a tissue to do so. Staff was to wash hands and put the medication in the cupboard. Staff was to document the medication administration and any abnormalities. The Nurse Delegation document signed by Staff B indicated the skill was demonstrated by the	A 063		

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A 063	Continued From page 2 staff on 5/8/15. Staff B did not provide appropriate sanitation, medication storage or identification of the rights of medication administration during the observed administration of eye drops	A 063		
A 125	481-67.19(5) Record Checks 481-67.19(135C,231B,231C,231D) Criminal, dependent adult abuse, and child abuse record checks. 67.19(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 program unless an evaluation has been performed by the department of human services. This REQUIREMENT is not met as evidenced by: Based on record review the Program failed secure an evaluation from the Department of Human Services (DHS) prior to employment to determine whether prohibition of the person's employment was warranted for one of three staff files reviewed (Staff A). Findings include: Staff A was hired on 9/5/14. A criminal history and abuse registries background checks were completed on 8/25/14. The child abuse registry check revealed the Program was to intiate a record check evaluation process by completing form 2310 and submitting it to DHS. A Record Check Evaluation form completed by another licensed facility was in the staff's file. The Record Check Evaluation provided by the other facility indicated Staff A could work dated 10/8/14.	A 125		

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A 125	Continued From page 3 The Record Check Evaluation completed by the other facility was not completed prior to Staff A's hire date at the Program.	A 125		
A 083	481-69.26(1) Service Plans 481-69.26(231C) Service plans. 69.26(1) A service plan shall be developed for each tenant based on the evaluations conducted in accordance with subrules 69.22(1) and 69.22(2) and shall be designed to meet the specific service needs of the individual tenant. The service plan shall subsequently be updated at least annually and whenever changes are needed. This REQUIREMENT is not met as evidenced by: Based on record review the Program failed to develop and/or amend individualized service plans as needed for three of three tenants reviewed (Tenants #1, #2 and #3). Findings follow: Tenant #1 had diagnoses including depression with anxiety among others. Review of a note in Tenant #1's file written by the RN revealed on 9/2/16, the tenant went shopping with family. Upon return it was noted two family members were observed by staff arguing in the parking lot while the tenant sat in the vehicle. Staff was told Tenant #1 began to have an anxiety attack and felt faint. A family member took Tenant #1 to the emergency room. The tenant was kept overnight for observation. The note documented the physician felt the tenant suffered an anxiety panic	A 083		

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A 083	Continued From page 4 attack due to witnessing family members argue. The RN noted no medications were ordered and no changes in the service plan were needed. According to historical medical paperwork in Tenant #1's file, he/she was involved in a very complicated social situation with a lot of family dynamics. The tenant's service plan dated 5/2/16 did not reflect Tenant #1's depression or anxiety including the recent panic attack and interventions. Tenant #2 had diagnoses including dysphagia, esophageal reflux and choking episodes. According to an evaluation dated 1/22/16, Tenant #2 ate independently with sponge grips on the silverware. Due to a history of choking, bread was avoided and food was cut in small pieces. The service plan dated 1/22/16 did not reflect Tenant #2's history of choking or the sponge grips on the silverware. According to an evaluation dated 4/7/16, Tenant #3 smoked a pack of cigarettes per day and always smoked outside. According to a 90 day nurse review dated 7/5/16, Tenant #3 gave up his/her driver's license and purchased an electric chair scooter to use to visit family and friends in town. The service plan dated 4/7/16 did not reflect Tenant #3 smoked cigarettes outside and had not been amended to reflect the use of an electric chair scooter in town. The service plan documented the tenant kept a van at the program that he/she used for transportation.	A 083		

√ LK 10/6/16

October 7, 2016

River Living Center
831 South Hwy 52
Guttenberg, IA 52052

Iowa Dept of Inspection and Appeals
Lucas State Office Bldg
321 East 12th Street
Des Moines, IA 50319-0083

Subject: Plan of Correction for River Living Center for survey conducted on 09/20/16.

A 063 481-67(4) Staffing
Deficiency corrected by reinstructing each employee on 10/6/16 and 10/7/16 of the procedure for administering eye drops. They were instructed to wear gloves along with the procedure they were already doing. I did tell them they did not need to take the MAR to the tenant's room because if the saline eye drops were in the possession of the tenant it would be clear that they are his eye drops. I changed the nurse delegation to state the staff could initial the MAR after watching their hands and then return to the drawer where the MAR is kept. I changed the Service Plan and the nurse delegation to state that the tenant has chosen to keep his saline eye drops in a secure location in his room.
I will ensure the problem does not reoccur by observing the staff and monitoring their performance. Nurse delegations are reviewed annually.
Regulatory insufficiency corrected 10/7/16

A125 481-67.19(5) Record Checks
This deficiency was an oversight on my part. When I received the report from the registry I did not notice the record check initiating a need for the DHS evaluation. I have initiated a new employee checklist that specifies not only that the criminal/abuse background have been completed but also to verify that no further action is required.
Regulatory insufficiency corrected 10/7/16

10/6/16

A083 481-69.26(1) Service Plans

This deficiency has been corrected with more detail on each of the 3 tenant's Service Plan.

I spoke with tenant #1 and under her request have added what she would like staff to do for her if she has an anxiety attack. Service Plan was revised and signed.

I spoke with tenant #2 and he has requested to continue using the sponge grips on his silver ware. His Service Plan was revised and signed.

I spoke with Tenant #3 and he request to continue to use his electric chair scooter and his van has been sold. His Service Plan has been revised to reflect this change and has been signed.

I will monitor Service Plans every 90 days and with any condition change. I will use more detail in the tenant's Service Plans

This regulatory insufficiency was corrected 10/7/16

Mary Eulberg RN