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
	S0155	A. BUILDING: _____ B. WING _____	09/26/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELLEN KENNEDY LIVING CENTER	1177 7TH STREET SW DYERSVILLE, IA 52040

(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: 32 Number of tenants with cognitive disorder: 1 Total Population of Program at time of on-site: 33 TOTAL census of Assisted Living Program: 33 The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification for an Assisted Living Program	A 000	POC 11/9/16	
A 058	481-67.9(4)a 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: a. The program's newly hired registered nurse shall within 60 days of beginning employment as the program's registered nurse document a review to ensure that staff are sufficiently trained and competent in all tasks that are assigned or delegated.	A 058	See attached	

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
	S0155	A. BUILDING: _____ B. WING _____	09/26/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELLEN KENNEDY LIVING CENTER	1177 7TH STREET SW DYERSVILLE, IA 52040

(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 058	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure the RN consistently documented a review within 60 days of hire to ensure sufficient staff training for delegated tasks. This pertained to 4 of 5 staff files reviewed (Staff B, C, D and E). Findings follow: Record review revealed the Nurse was hired on 7-20-15. When interviewed, the nurse noted staff assisted Tenant #3 with a brace. The nurse also noted staff assisted tenants as needed with a mechanical lift (post fall). The Nurse indicated she had observed Staff B, C, D and E complete tasks and had no concerns with the cares observed. Review of incident reports for the last three months indicated the mechanical lift was used by staff to assist tenants up post fall as needed. Record review revealed Tenant #3's service plan, updated 8-3-16, indicated staff assisted with the application and removal the leg brace. Tenant #3 required the use of a leg brace when up due to limitations. Additional record review revealed the following: a. Staff B, an uncertified staff, hired 11-18-15 did not have documented training by the nurse for the use of a mechanical lift. b. Staff C, an uncertified staff, hired 5-25-15 did not have documented training by the nurse for tasks including: the use of a mechanical lift and the brace for Tenant #3 leg. A competency form	A 058	See attached	

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
	S0155	A. BUILDING: _____ B. WING _____	09/26/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELLEN KENNEDY LIVING CENTER	1177 7TH STREET SW DYERSVILLE, IA 52040

(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 058	Continued From page 2 dated 10-5-15 completed by the Nurse included the following tasks: medication administration, ear medication, eye medication, blood pressure, bathing, dressing and grooming. The competency form was not dated as completed within 60 days of the Nurse's hire date. c. Staff D, an uncertified staff, hired 8-17-15 did not have documented training by the nurse for tasks including: the use of a mechanical lift and the brace for Tenant #3's leg. d. Staff E, an uncertified staff, hired 11-3-14 did not have documented training by the nurse for tasks including: the use of a mechanical lift and the brace for Tenant #3's leg. Record review revealed the Program's policy regarding staffing indicated sufficient trained staff would be available at all times to fully meet tenants' identified needs. Task delegation would be delegated by the nurse(s), if the nurse(s) were confident the task could be taught to staff and performed adequately and safely for the tenant in need.	A 058	SEE attached	
A 149	481-67.9(6) Staffing 481-67.9(231B,231C,231D) Staffing. (6) Dependent adult abuse training. Program staff shall receive training relating to the identification and reporting of dependent adult abuse as required by Iowa Code section 235B.16. This REQUIREMENT is not met as evidenced by: Based on record review the Program failed to	A 149		

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
	S0155	A. BUILDING: _____ B. WING _____	09/26/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELLEN KENNEDY LIVING CENTER	1177 7TH STREET SW DYERSVILLE, IA 52040

(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 149	Continued From page 3 provide adequate mandatory dependent adult abuse training within six months of hire for 3 of 5 staff files reviewed (Staff B, C and D). Findings follow: Record review revealed the following: 1. Staff B was hired on 11-18-15. According to a staff training transcript report, Staff B had an online mandatory reporter dependent adult abuse training course completed on 6-15-16. 2. Staff C was hired on 5-25-15. According to a staff training transcript report, Staff C had an online mandatory reporter dependent adult abuse training course completed on 12-21-15. 3. Staff D was hired on 8-17-15. According to a staff training transcript report, Staff D had an online mandatory reporter dependent adult abuse training course completed on 2-18-16. According to the Program's policy and procedures regarding mandatory education (revision date most recent 7-1-16), all staff were required to complete mandatory reporter education within six months of hire and every five years thereafter.	A 149	SCI attached	
A 096	481-69.27(1)c Nurse Review 481-69.27(231C) Nurse review. If a tenant does not receive personal or health-related care, but an observed significant change in the tenant ' s condition occurs, a nurse review shall be conducted. If a tenant receives personal or health-related care, the program shall provide for a registered nurse or a licensed practical nurse	A 096		

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
	S0155	A. BUILDING: _____ B. WING _____	09/26/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELLEN KENNEDY LIVING CENTER	1177 7TH STREET SW DYERSVILLE, IA 52040

(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 096	Continued From page 4 via nurse delegation: 69.27(1)c To assess and document the health status of each tenant, to make recommendations and referrals as appropriate, and to monitor progress relating to previous recommendations at least every 90 days and whenever there are changes in the tenant ' s health status; and This REQUIREMENT is not met as evidenced by: Based on record review, the Program failed to consistently complete nurse reviews as needed when changes in the tenant's health status occurred. This affected 2 of 4 tenants reviewed (Tenants #3 and #4). Findings follow: 1. Record Review revealed Tenant #3's diagnoses included: urinary tract infection (UTI), cerebral vascular accident with right leg apraxia and right hemiparesis, diabetes mellitus and fungal septicemia. a. According to an evaluation dated 8-24-16, Tenant #3 was ordered Diflucan 100 milligram (mg) daily for 7 days for a yeast infection. Tenant #3 had a history of yeast infections. Further record review revealed revealed the record lacked a nurse review upon completion of the medication and to monitor for any further signs or symptoms of a yeast infection. b. According to an evaluation dated 8-29-16, Tenant #3 was ordered antibiotics for pain and redness in the right great toe. Doxycycline 100 mg was ordered twice daily for 10 days and	A 096	See attached	

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
	S0155	A. BUILDING: _____ B. WING _____	09/26/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELLEN KENNEDY LIVING CENTER	1177 7TH STREET SW DYERSVILLE, IA 52040

(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 096	Continued From page 5 Amoxicillin-clavulanate 875 mg/125 mg was ordered every 12 hours for 10 days. Further record review revealed the record lacked nurse review upon completion of the antibiotics and to monitor for any further signs or symptoms of pain or redness in the right great toe. 2. Record review revealed Tenant #4's diagnoses included: neuropathy, UTI and deep vein thrombosis. a. According to an evaluation dated 6-27-16, Tenant #4 received a new order for Nitrofurantoin 100 mg twice daily for 5 days for a UTI. Tenant #4 had a history of UTI. Further record review revealed the Program failed to complete a nurse review upon completion of the medication and to monitor for any further signs or symptoms of a UTI. b. According to an evaluation dated 7-1-16, Tenant #4 had a pressure ulcer on the right lateral foot. Mepilex was to be used and watch for any signs or symptoms of infection. Tenant #4 would complete the Mepilex dressing on the right lateral foot. Further record review revealed the Program failed to complete a nurse review to monitor and assess the pressure ulcer on Tenant #4's foot.	A 096	SCI attached	

CAC 11/18/16 VSK 11/18/16

Ellen Kennedy Living Center (EKLC) Plan of Correction

October 21, 2016/November 10, 2016

A058. Staffing:

The new full time Nurse was hired in July 2015, and she completed a New Nurse Delegation form developed by EKLC, for each employee hired prior to her employment at EKLC. This form states that the New Nurse reviewed all training records of existing staff, including but not limited to, return demos, employee training file reviews, processes/procedures discussed, etc. The New Nurse documented the staff are competent. The basic ADL's were spelled out (i.e. bathing, dressing, etc.), however, the leg brace & mechanical lift were NOT specifically spelled out on the New Nurse Delegation form, even though the New Nurse reviewed their training files, discussed proper procedure/policy if needed and deemed staff competent.

1. Elements to correct insufficiency:

Correction: An updated New Nurse Delegation form was made on 9-21-16 that encompasses ALL types of Nurse delegation tasks. The Director and Nurse/Case Manager of the facility reviewed all the different types of tasks that the care giving staff perform, that the New Nurse must delegate and train for, with the State Surveyor. This encompassing form will be used in the future and added to as needed.

Staff are currently being re-trained by the R.N./Case Manager and "new nurse delegation training forms" are being filled out for all care giving staff for the trainings that were not listed on the prior "new nurse delegation training form". This training will be complete within 30 days of the notice of deficiency from the Dept. of Inspections and Appeals. The training types include brace, mechanical lift, commode, etc.

2. Measures taken to ensure problem does not recur:

If a new Nurse is hired, the new Full time Nurse and Director will ensure the updated New Nurse Delegation form is used. ALL tasks the care giving staff perform will be reviewed/trained by Nurse with the staff and documented to ensure the existing staff are trained properly, per the New Delegating Nurse. The Director of EKLC will review all delegating forms prior to 60 days after the New Nurse was hired. In addition, Director of EKLC added a line on the Orientation Skills Roster for the Case Manager/R.N. stating all care giving staff need to be deemed competent and trained/retrained with files reviewed, within 60 days of Nurse Start Date (see attached page).

3. How the Program plans to monitor Performance/Compliance:

The Director of the Facility is ultimately responsible and will ensure this form is used. In addition, the Director will share form with existing Nurses and any new Nurses, and discuss the importance of using this new form to be compliant and ensure proper training of staff.

4. Date by which insufficiency will be corrected:

Within 30 days of receipt of insufficiency (Nov. 9, 2016), all staff without proper documentation of New Delegating Nurse training/review, will be trained/re-trained.

A149. Staffing /Dependent Adult Abuse Training:

Three recently hired staff were late in completing their required Abuse class. Our employer, Mercy Medical Center, used to have 2 hour in-hospital classes, but recently changed the training to on-line training, not classroom training. Upon hire and during training, new staff are told to complete the Abuse training on line by Human Resources and the EKLC Director. In addition, new staff are given a letter stating when the Abuse class is due (within 6 months of hire date) and where/how to do this class on-line (in the Healthstream computer program). In addition, new staff are shown how to get into and use Healthstream to complete the Abuse class and other classes, when they are in orientation at Mercy Medical Center.

1. Elements to correct insufficiency:

Correction: The EKLC Director spoke with Mercy Human Resources staff when she identified this problem in the late winter/early spring of 2016. The EKLC Director added a line item to be signed off on to the Tenant Associate Orientation Skills Roster (see attached) to remind her and new staff to complete the training. In addition, after review, Mercy updated their Abuse training policy in July 2016 to state that you must complete this Abuse class within 6 months of hire, or you cannot work (Stephanie Cummins took a copy of the old and new policies). In July 2016, the Mercy Education Nurse in charge of keeping the trainings documented also started sending monthly Abuse training completion reports to all Directors, so Directors can review when the new and current staff are due for Abuse training and follow up with staff.

2. Measures taken to ensure problem does not recur:

The measures to be taken are listed in the previous paragraph along with the fact that each New hire will be allotted time during the orientation period to complete the Abuse class. This will help significantly.

3. How the Program plans to monitor Performance/Compliance:

EKLC Director will write on her calendar each month to check with the New employee to see if Abuse class is complete, if not completed during orientation due to lack of time (i.e. working another job and may need to do the class on computer at home). This will be done until the 6 month deadline or the completion of the class, whichever occurs first. The employee CANNOT work if they have not completed the Abuse training within 6 months of hire. In addition, the Mercy education training Nurse will continue sending monthly Abuse training completion reports to each Director to ensure the class is getting completed by ALL staff. If staff are within a couple months of being due for the class, the Director will contact staff to complete Abuse class by posted due date listed on-line in the Healthstream program.

4. Date by which insufficiency will be corrected:

The insufficiency has been corrected since Spring 2016 with the EKLC department and Mercy Medical Center corrected it with the above aforementioned measures in July 2016.

A096. Nurse Review & Documenting Health Status of Tenants.

Tenant #3 & Tenant #4 needed Nurse reviews once the antibiotics and antifungals were completed, to monitor their wound and document if healed, or not healed, then follow up, and to monitor for further signs and symptoms of UTI, yeast infection or pressure ulcer or toe worsening, redness returning or healing and watching for signs & symptoms of infection.

1. Elements to correct insufficiency:

Correction:

EKLC Nurse/Case Manager started a new calendar in October that lists all the dates she needs to complete Nurse reviews on tenants, when she needs to monitor wounds, infections, perform a Nurse review when antibiotic is complete, etc. This calendar will be posted with a tickler file that remains on the Nurse's desk to remind EKLC Nurses to perform Nurse reviews, not just check on the tenant and write in chart, and monitor tenants with health issues. The tickler file will have the most current nurse review in it with an approximate follow up date. A Nurse review will be performed when the follow up date occurs.

2. Measures taken to ensure problem does not recur:

The measures to be taken are listed in the paragraph above, as well as the Full time and the Part time Nurse will each check the tickler file at least weekly to ensure Nurse follow ups/reviews/significant changes are performed. In addition, the EKLC Director will check in with each of the Nurse's at least weekly to see if the follow ups are complete.

3. How the Program plans to monitor Performance/Compliance:

EKLC Director and Nurses will communicate at least weekly to ensure Nurse reviews and care follow ups are completed when due. The use of the calendar and tickler file will help keep track.

4. Date by which insufficiency will be corrected:

A Nurse calendar and tickler file were started already in October 2016, however, we are reviewing and updating our process, therefore, by Nov. 1st, 2016 the final tickler file and calendar will be put in place and can be updated as needed.

Kari Wittmeyer, EKLC Director