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
	S0339	A. BUILDING: _____ B. WING _____	C 09/19/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDENCREST AT RIVERWOODS ASSISTED LIV	2210 EAST PARK AVENUE DES MOINES, IA 50320

(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 State Form - 2567 amended pursuant to Informal Conference findings issued 11/22/16. 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. Dementia-Specific Program by Definition Number of tenants without cognitive disorder: 19 Number of tenants with cognitive disorder: 5 Total Population of Program at time of on-site: 24 Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 0 Number of tenants with cognitive disorder: 8 Total Population of Program at time of on-site: 8 TOTAL census of Assisted Living Program: 32 The following regulatory insufficiencies were cited during the investigation of Complaint #61478-C, #61708-C, and #62875-C:	A 000	AMENDED DATE: 11/23/16 COC	
A 003	481-67.2 Program policies and procedures 481-67.2(231B,231C,231D) Program policies and procedures, including those for incident reports. A program's policies and procedures must meet the minimum standards set by applicable requirements. The program shall follow the policies and procedures established by a program. All programs shall have policies and procedures related to the reporting of incidents	A 003		

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A 003	Continued From page 1 including allegations of dependent adult abuse. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, facility staff failed to consistently follow handwashing procedures. Findings follow: 1. Observation on 9-14-16 revealed the following: a. At 7:20 a.m. revealed Staff A, a Universal Worker (UW), entered Tenant #3's apartment, applied gloves, removed clothes from closet, removed gloves and left the apartment. Staff A did not cleanse her hands prior to donning the gloves, nor upon removal. b. At 7:27 a.m. Staff A entered Tenant #5's apartment and escorted him/her the restroom, where she removed the tenant's incontinence brief. Tenant #5 sat on the toilet and, when finished, Staff A provided perineal care to Tenant #5 with the gloved hands. The gloves were not removed and hands were not washed following the perineal care. Staff A immediately got a washcloth to assist Tenant #5 with face washing and then Staff A reached for a toothbrush. Staff A grabbed the hair brush and assisted with brushing. Staff A then removed the gloves, but did not cleanse his/her hands. c. At 7:50 a.m., Staff A entered Tenant #2's apartment. Staff A did not cleanse her hands. d. At 8:19 a.m. Staff A applied gloves while in	A 003		

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A 003	Continued From page 2 Tenant #6's apartment. Staff administered Tenant #1's pills, then nasal spray. Staff A did not wash her hands prior to or after administration of the nasal spray. Following the nasal spray administration, and with the same gloved hands, Staff A administered eye drops to Tenant #6. Following administration of the eye drops and with gloved hands, Staff A exited the apartment without washing hands. Record review revealed the nurse delegation for incontinence care revealed gloves were to be removed and hands washed following perineal care. The nurse delegation for eye drop administration revealed hands were to be washed and gloves applied prior to the administration. Gloves were to be removed and hands washed following eye drop administration. When interviewed on 9-19-16 at 12:55 p.m. the registered nurse (RN) stated handwashing or sanitizer should be used when going from apartment to apartment. Hands were to be washed following the removal of gloves. Gloves were to be removed following perineal care and hands were to be washed. Gloves were to be removed and hands washed between the administration of nasal spray and eye drops.	A 003		
A 147	481-67.5(6)d Medications 481-67.5(231B,231C,231D) Medications. Each program shall follow its own written medication policy, which shall include the following: 67.5(6) When medications are administered traditionally by the program: d. Medications shall be administered as	A 147		

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A 147	Continued From page 3 prescribed by the tenant's physician, advanced registered nurse practitioner or physician assistant. This REQUIREMENT is not met as evidenced by: Based on observations and record review, the Program failed to ensure medications administered as prescribed by physicians. Observation on 9-14-16 revealed Staff A administered medications to Tenant #6. The medication administration record (MAR) indicated Tenant #6 was to received Diltiazem ER, two capsules by mouth, one time daily. There were two bubble packs of capsules for the Diltiazem, one labeled morning and the other evening. Each bubble pack indicated Tenant #6 was to take one capsule twice daily at that time. Staff A called the nurse for clarification. A review of the physician's order, dated 8-11-16, revealed Tenant #6 was to receive Diltiazem twice daily. Record review revealed Tenant #6's MAR for September 2016. Five different staff documented two capsules given once daily. The bubble packs had capsules remaining for 12 of the first 13 days of September 2016. Two capsules were given only one day of the first 13 days of September 2016.	A 147		
A 118	481-69.29(4) Staffing 481-69.29(231C) Staffing 69.29(4) A dementia-specific assisted living	A 118		

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A 118	Continued From page 4 program shall have one or more staff persons who monitor tenants as indicated in each tenant ' s service plan. The staff shall be awake and on duty 24 hours a day on site and in the proximate area. The staff shall check on tenants as indicated in the tenants ' service plans. A non-dementia-specific assisted living program shall have one or more staff persons who monitor tenants as indicated in each tenant ' s service plan. The staff shall be able to respond to a call light or other emergent tenant needs and be in the proximate area 24 hours a day on site. The staff shall check on tenants as indicated in the tenants ' service plans. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the Program failed to ensure call lights answered in a timely manner. Record review of call light/pendant response times which exceeded 15 minutes for the period from 8-1-16 to 9-13-16 revealed over 110 instances of call light/pendant response times exceeding 15 minutes. Twelve of the instances exceeded 30 minutes. According to the staffing policy, staff was available 24 hours a day to respond to emergencies, and tenants were to access staff by using the emergency pendant system. Record review revealed staff training on 6-30-16 and 9-8-16 on call lights and pendants. The Manager provided counseling documentation form for three employees. The documentation	A 118		

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A 118	Continued From page 5 form revealed staff should respond to call lights within five minutes. When interviewed on 9-13-16, the Operations Manager stated call light response times of 15 to 30 minutes was unacceptable.	A 118		