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
	S0067	A. BUILDING. _____ B. WING _____	C 02/01/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROSEBUSH GARDENS	4925 WEST AVE BURLINGTON, IA 52601

(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: 26 Number of tenants with cognitive disorder: 1 Total Population of Program at time of on-site: 27 TOTAL census of Assisted Living Program: 27 Complaints #64403-C, #65568-C, #65583-C and #65585-C were investigated. The following regulatory insufficiencies were identified:	A 000	VJK 2/22/17	
A 057	481-67.9(3) Staffing 481-67.9(231B,231C,231D) Staffing. 67.9(3) Training documentation. The program shall have training records and staffing schedules on file and shall maintain documentation of training received by program staff, including training of certified and noncertified staff on nurse-delegated procedures. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to maintain documentation of fire alarm training for 2 of 6 staff reviewed (Nurse and Staff B) and training regarding a bilevel positive airway pressure (Bipap) machine for 4 of 4 direct care staff files reviewed (Staff A, B, C and D). Findings follow:	A 057	See attached Plan of Correction DS 2/22/17	

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 057	Continued From page 1 1. Review of Tenant #2's file revealed diagnoses of peripheral vascular disease, chronic obstructive pulmonary disease and sleep apnea. A Health and Functional Assessment dated 10-31-16 indicated Tenant #2 requested assistance with the Bipap machine and oxygen concentrator. Staff A's file revealed a hire date of 8-1-16 and documented training on oxygen; however, did not have any documented training on a Bipap machine. Staff B's file revealed a hire date of 11-28-16 and documented training on oxygen; however, did not have any documented training on a Bipap machine Staff C's file revealed a hire date of 10-14-16 and documented training on oxygen; however, did not have any documented training on a Bipap machine. Staff D's file revealed a hire date of 8-1-16 and documented training on oxygen; however, did not have documented training on a Bipap machine. An interview with the Nurse on 2-1-17 at 10:44 a.m. revealed she had delegated staff on oxygen and had gone over the Bipap machine as part of that training. An interview with Staff B on 2-1-17 at 1:51 p.m. at revealed she was shown how to use a Bipap machine by another direct care staff 2. Review of fire training records revealed no documentation indicating the Nurse (hired 8-1-16) or Staff B had received this training.	A 057		

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A 063	Continued From page 2	A 063		
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, interview and record review the Program failed to ensure staff provided services in accordance with the training provided for 4 of 5 tenants reviewed. Findings include: 1. Review of Tenant #1's file revealed a physician's order for oxygen 2 liter (L)/minute per nasal cannula continuously. The service plan reflected Tenant #1 utilized oxygen. Interview with Tenant #1 on 1-31-17 at approximately 4:25 p.m. revealed the night prior he/she ran out of oxygen and the staff on duty was not able to help him/her. Tenant #3 assisted Tenant #1 with the oxygen. Tenant #1 identified the staff that was not able to assist him/her as Staff C. Review of Staff C's file revealed training on medication administration and oxygen on 10-19-16 and 1-17-17. 2. Review of Tenant #3's file revealed a diagnosis of insulin dependent diabetes mellitus. Tenant #3 had an order for Metformin tablet 500 milligram, one tablet by mouth, twice daily with meals	A 063		

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A 063	Continued From page 3 ordered at 8:00 a.m. and 5:00 p.m. During the observation of a med pass on 1-31-17 Staff A administered Metformin to Tenant #3 prior to 4:00 p.m. which was more than one hour before the prescribed time. Other concerns noted during this med pass which began at 3:30 p.m. were the following: - Staff A assisted Tenant #4 with medication and insulin administration, however the staff signed off on the medication administration record (MAR) that the insulin was administered prior to the insulin being injected. Staff A documented on the MAR that the tenant's medications were given prior to administration. - Staff A assisted Tenant #5 with a blood glucose check, insulin administration and medication administration. Staff A donned gloves without sanitizing hands, touched the drawer of the medication cart and prepped the blood glucose supplies with gloved hands. Staff A also prepared the oral medication and put it in a cup. Staff A left the medication cart unlocked with the MAR book open; however, it was pulled up to the apartment door. The staff assisted Tenant #5 to take his/her blood glucose. Staff A dialed up the insulin pen and Tenant #5 injected the insulin. Staff A removed the gloves and signed off the medication, insulin and blood glucose check. - Staff A then assisted Tenant #1 with a blood glucose check and a nebulizer. Staff A donned gloves without sanitizing hands, prepared the blood glucose supplies for Tenant #1 and locked the medication cart. Tenant #1's finger was wiped with an alcohol swab and the tenant pushed the button to complete the finger stick. Staff A removed gloves and signed off the blood glucose check. Staff A then set up Tenant #1's nebulizer vial without donning gloves. Review of Staff A's file revealed documentation	A 063		

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A 063	Continued From page 4 regarding nurse delegated medication administration. The staff did not complete the medication pass in accordance with their training. An interview with the Nurse on 2-1-17 at 2:24 p.m. revealed medications could be administered one hour before and one hour after the prescribed timeframe. The medication should be signed off on the MAR after it was administered. Staff should sanitize hands before each tenant and with glove removal.	A 063		
A 089	481-69.26(4)a Service Plans 481-69.26(231C) Service plans. 69.26(4) The service plan shall be individualized and shall indicate, at a minimum: a. The tenant's identified needs and preferences for assistance This REQUIREMENT is not met as evidenced by: Based on observation and record review the Program failed to ensure service plans reflected identified needs for 2 of 5 tenants reviewed (Tenants #1 and #2). Findings follow: 1. Review of Tenant #1's file revealed a diagnosis of diabetes mellitus. According to the blood glucose flowsheet for January 2017, staff recorded Tenant #1's blood glucose four times daily. Review of the January 2017 MAR revealed staff initialed the completion of blood glucose checks four times daily. Staff also initialed on the MARs for the completion of insulin administration.	A 089		

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A 089	Continued From page 5 Observation of the medication pass that began at 3:30 p.m. on 1-31-17 revealed Staff A prepared the blood glucose supplies. The tenant's finger was wiped with an alcohol swab and Tenant #1 pushed the button to complete the finger stick. Staff A signed off the blood glucose on the flowsheet and the MAR for the 4:00 p.m. blood glucose check. Review of the service plan signed by Tenant #1 and the Nurse on 9-7-16 revealed staff administered Tenant #1's medications. The medications were to kept in a locked medication cart and staff were to follow the MAR and physician order. The service plan did not reflect assistance with blood glucose checks and assistance with insulin administration as reflected on the MARs and flowsheets. The service plan did not reflect the identified needs of Tenant #1. 2. Review of Tenant #2's file revealed diagnoses of peripheral vascular disease, chronic obstructive pulmonary disease and sleep apnea. A Health and Functional Assessment dated 10-31-16 indicated Tenant #2 requested assistance getting out of bed, switching the oxygen from bilevel positive airway pressure (Bipap) machine to the oxygen concentrator and with toileting during the night. The evaluation indicated Tenant #2 had 2+ pitting edema on bilateral lower extremities (BLE) and had tubigrips applied and removed daily. The November and December 2016 MARs reflected staff applied a Vitamin E cream to BLE twice daily, applied tubigrips to BLE on in the a.m. and off at bedtime. Staff also initialed on the MAR for oxygen at 2 liters (L) via nasal cannula (nc) on first and second shifts, oxygen at 3L via continuous positive airway pressure/Bipap at	A 089		

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A 089	Continued From page 6 bedtime on second and third shifts and Bipap on at bedtime and off in the a.m. Review of the service plan signed by Tenant #2 and the Nurse dated 8-2-16 reflected the tenant had oxygen through an outside service provider. The service plan also documented Tenant #2 was *independent with dressing but might ask for* assistance. The service plan did not reflect the *Vitamin E cream to BLE, tubigrips on BLE and* the Bipap machine as reflected on the MARs. The service plan did not reflect the identified needs of Tenant #2.	A 089		

ROSEBUSH GARDENS ASSISTED LIVING

Enriching Lives Through
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2/22/17

February 21, 2017

Department of Inspections and Appeals
Attn: Deb Dixon
Lucas State Office Building
321 East 12th Street
Des Moines, Iowa 50319

Dear Ms. Dixon:

On behalf of Rosebush Gardens Assisted Living in Burlington, I respectfully submit our Plan of Correction for your approval. Our response is specific to the Monitoring Report for the onsite visit on January 31 and February 1, 2017. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of insufficiencies. The plan of correction is prepared and/or executed solely because it is required by the provision of state law.

Staffing

1. Elements detailing how the Program will correct each regulatory insufficiency.
   - All program staff will be educated on emergency procedures related to fire alarm.
   - Staff responsible for assistance with Bipap machine will receive delegation by the RN.
   - Staff responsible for assistance with medication administration will receive re-delegation by the RN. Training will include review of infection control processes.

2. What measures will be taken to ensure the problem does not recur.
   - The RN will be retrained on regulatory requirements for staff training/delegation.
   - The Director will be trained on staff training requirements related to emergency processes.

4925 West Avenue
Burlington, IA 52601
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3. How the Program plans to monitor performance to ensure compliance.
    - The RN and/or Designee will observe staff with medication administration at least annually to ensure staff follows appropriate protocol with medication administration as well as infection control protocol.
    - The RN and/or Designee will audit staff training/delegation records at least annually to ensure training/delegation is performed as required by regulation.
    - The Director and/or Designee will audit staff training records at least annually related to emergency processes.

4. The date by which the regulatory insufficiency will be corrected.
    - This regulatory insufficiency will be corrected by March 16, 2017.

Service Plan

1. Elements detailing how the Program will correct each regulatory insufficiency.
    - Tenant #1's service plan will be updated by the RN to reflect the tenant's identified needs related to blood glucose checks and assistance with insulin administration.
    - Tenant #2's service plan will be updated by the RN to reflect the tenant's identified needs related to Vitamin E cream to BLE, tubigrips on BLE and Bipap machine.

2. What measures will be taken to ensure the problem does not recur.
    - The RN will be re-educated on regulatory requirements related to service plan.

3. How the Program plans to monitor performance to ensure compliance.
    - The RN and/or Designee will monitor for compliance every 90 days as part of the nurse review process. The RN will review services being provided and make updates to the service plan if applicable.

4. The date by which the regulatory insufficiency will be corrected.
    - This regulatory insufficiency will be corrected by March 16, 2017.

If you have any questions regarding this plan of correction, please feel free to contact me at 319-752-1200. Thank you.

Sincerely,

Cheryl Thoma
Director