7/11/18

PRINTED: 06/15/2018
FORM APPROVED

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
	S0273	A. BUILDING: _____ B. WING _____	C 05/23/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRIMROSE RETIREMENT COMMUNITY	1801 EAST KANESVILLE BLVD CO BLUFFS, IA 51503

(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	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: 22 Number of tenants with cognitive disorder: 4 Total census of Assisted Living Program: 26 At the time of the recertification survey and investigation #75352-C, the following regulatory insufficiencies were cited.	A 000		
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. This REQUIREMENT is not met as evidenced by:	A 058	481-67.9(4)a STAFFING A 058 THIS REQUIREMENT WAS REVIEWED BY THE COMMUNITY EXECUTIVE DIRECTOR AND RN. IN REGARDS TO EMPLOYEES A, B, C, AND D WE ARE UNABLE TO CORRECT PRIOR TO NON-COMPLIANCE. MOVING FORWARD WE WILL ASSURE ALL NEW CERTIFIED AND NON-CERTIFIED STAFF ARE COMPETENT TO MEET INDIVIDUAL NEEDS OF TENNANTS WITHIN 60 DAYS OF BEGINNING EMPLOYMENT WITH PRIMROSE RETIREMENT COMMUNITY BY DOCUMENTING THE REVIEW TO ENSURE STAFF ARE SUFFICIENTLY TRAINED AND COMPETENT IN ALL TASKS THAT HAVE BEEN ASSIGNED OR DELEGATED. THIS HAS BEEN ADDED TO THE NEW EMPLOYEE ORIENTATION CHECKLIST AS WELL AS THE NEW DON CHECKLIST. WE WILL MONITOR COMPLIANCE/COMPLETION OF TASK CHECKLIST AT MONTHLY QA/SAFETY COMITTEE MEETING. WILL BE CORRECTED BY 7/13/18.	

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

Pam M. L

7/6/18

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A 058	Continued From page 1 Based on interviews and record review the newly hired Director of Nursing (DON) failed to ensure 4 of 4 staff reviewed were competent to perform tasks associated with tenants' health and personal related cares (CNA A, CNA B, CNA C, CNA D). Findings follow: When interviewed on 5/21/18 at 12:00 p.m., Certified Nursing Assistant (CNA) A reported the former DON trained her on health and personal tasks to meet tenant needs. She had not received any training from the new DON. When interviewed on 5/21/18 at 12:40 p.m., CNA B reported the only training she received on health and personal related tasks was performed by CNA A. She said she didn't receive training by a nurse. Record review of an employee list revealed the DON's hire date as 3/5/18. Record review of employee files on 5/21/18 revealed the following: a. CNA A completed Registered Nurse (RN) delegation training on 8/22/16. b. CNA B completed RN delegation training on 10/27/16. c. CNA C completed RN delegation training on 8/31/17. d. CNA D was hired on 3/19/18 and had no evidence of RN delegation training. Further review of the files revealed no evidence the newly hired DON ensured the CNAs were competent to perform personal and health related care tasks to the tenants in the Program. When interviewed on 5/22/18 at 2:15 p.m., the	A 058		

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A 058	Continued From page 2 DON confirmed she had not ensured staff were competent to perform these skills for the tenants in the Program within 60 days of her employment.	A 058	481-69.23(1)a	
A 038	481-69.23(1)a Criteria for Admission/Retention of Tenants 481-69.23(231C) Criteria for admission and retention of tenants. 69.23(1) Persons who may not be admitted or retained. A program shall not knowingly admit or retain a tenant who: a. Is bed-bound This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the Program failed to discharge 1 of 1 tenants reviewed who exceeded level of care (Tenant #1). Findings follow: When interviewed on 5/21/18 at 12:00 p.m. Certified Nursing Assistant (CNA) A reported Tenant #1 had been bed bound for some time. She also reported Tenant #1 had a 24 hour care giver from an outside agency who provided cares for him/her. CNA A said Program staff took meals to Tenant #1, and assisted occasionally with repositioning. Program nursing staff administered the tenant's medications. When interviewed on 5/21/18 at 12:40 p.m., CNA B reported Tenant #1 was bed-bound and received Hospice care at all times. Program staff only delivered meals to the tenant. When interviewed on 5/21/18 at 2:30 p.m.,	A 038	TO ENSURE THIS WILL NOT REOCCUR, THE DON AND EXECUTIVE DIRECTOR REVIEWED 481-69.23(1). PRIMROSE RETIREMENT COMMUNITY OF COUNCIL BLUFFS COMPLETED THE PETITION OF WAIVER OR VARIANCE FOR TENNANT #1 BECAUSE OF HER BEDBOUND STATUS. THE REMAINING 25 RESIDENTS WERE REVIEWED TO ENSURE COMPLIANCE REGARDING THIS REGULATION. TO ENSURE THIS DOES NOT REOCCUR, THE EXECUTIVE DIRECTOR AND DON WILL DISCUSS ALL RESIDENTS WHO ARE EXPERIENCING A CHANGE OF CONDITION AND/OR THE ADDITION OF HOSPICE SERVICES. IN THE EVENT A RESIDENT HAS BEEN IDENTIFIED AS BEDBOUND, THE ED OR DESIGNEE WILL NOTIFY THE DEPERTMENT OF INSPECTION AND APPEALS WITHIN 24 HOURS OR THE NEXT BUSINESS DAY. IN ADDITION, ALL RESIDENTS WHO HAVE BEEN IDENTIFIED "AT RISK" REGARDING CRITERIA FOR RETENTION WILL BE DISCUSSED AT OUR MONTHLY QA AND SAFETY COMMITTEE MEETING. TRAINING FOR ALL DIRECT CARE STAFF HAS BEEN PROVIDED TO INCLUDE THE ABOVE REGULATION AND REPORTING GUIDELINES. WILL BE CORRECTED BY: 7/13/18.	

Pam M. L

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A 038	Continued From page 3 Licensed Practical Nurse (LPN) A confirmed Tenant #1 did not get out of bed and he/she had a sitter from an outside agency 24 hours per day. LPN A said Program staff assisted Tenant #1 and the sitter with repositioning occasionally. LPN A thought Tenant #1 had been bed-bound for seven to eight months. When interviewed on 5/22/18 at 2:15 p.m., the Director of Nursing confirmed Tenant #1 did not get out of bed and had a sitter 24 hours per day. Observation on 5/23/18 at 8:30 a.m. revealed Tenant #1 lying in a hospital bed eating breakfast. A care giver sat at his/her bedside. The care giver reported the outside agency she worked for provided 24 hour care for Tenant #1, assisting with bathing, grooming, incontinence care, and repositioning. She reported Program staff delivered meals, emptied garbage, did laundry, and administered medications for Tenant #1. Review of Tenant #1's file revealed an age of 101 with diagnoses of dizziness, anxiety, pain, nausea, vomiting, and cardiac failure. Tenant #1 was admitted to Hospice on 1/14/17. Tenant #1 had a Global Deterioration Scale score of 3 as of 2/22/18. The service plan stated all care was provided by private companion. The file did not contain any plans or notice of discharge from the Program due to level of care.	A 038	481-69.26(3)a SERVICE PLANS A086 IN REGARD TO SERVICE PLANS FOR TENANTS #1 AND #2, A NURSE REVIEW WAS COMPLETED ON 6/26/18 INDICATING A CHANGE IN CONDITION ASSESSMENT IS WARRANTED. BOTH TENANTS ASSESSMENTS WERE UPDATED TO REFLECT THE IDENTIFIED CHANGES IN THEIR SERVICE PLAN. A NURSE REVIEW OF ALL RESIDENTS WITH CURRENT SKIN CONDITIONS AND/OR TREATMENTS THAT WARRANT A CHANGE OF CONDITION ASSESSMENT WERE IDENTIFIED AND NOTES INDICATING THIS CHANGE WERE ADDED TO THE SERVICE PLAN. TO ENSURE THIS DOES NOT REOCCUR, RN HAS REVIEWED THIS REGULATION WITH ADON WITH EDUCATION PROVIDED 6/26/18 TO ALL DIRECT CARE STAFF REGARDING CHANGES OF CONDITION. TO ENSURE COMPLIANCE WITH UP TO DATE SERVICE PLANS, RN AND/OR DESIGNEE WILL MONITOR ANY CHANGES REPORTED BY DIRECT CARE STAFF FOR A SIGNIFICANT CHANGE.	
A 086	481-69.26(3)a Service Plans 481-69.26(231C) Service plans. 69.26(3) When a tenant needs personal care or health-related care, the service plan shall be updated within 30 days of the tenant's occupancy	A 086	WILL BE CORRECTED BY 7/13/18.	

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A 086	Continued From page 4 and as needed with significant change, but not less than annually. a. If a significant change triggers the review and update of the service plan, the updated service plan shall be signed and dated by all parties. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the Program Registered Nurse (RN) failed to update tenant service plans with change of condition. This affected 2 of 3 tenants reviewed (Tenant #1, Tenant #2). Findings follow: 1. Record review of Tenant #1's nurses notes revealed entries from 2/25/18 through 3/16/18 noting reddened groin area and treatment completed. Review of the tenant's service plan dated 2/22/18 and signed 3/26/18 revealed no information about the change in skin condition and treatment. Record review of Tenant #2's nurses notes revealed entries from 4/18/18 through 5/15/18 noting an open and reddened area on abdomen with treatments completed. Review of the tenant's service plan dated 4/24/18 revealed no information regarding the change in the tenant's skin condition or treatments applied to the abdomen. When interviewed on 5/22/18 at 2:15 p.m., the	A 086		

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A 086	Continued From page 5 Director of Nursing confirmed Tenant #1's and #2's service plans contained no information about the changes in skin condition or treatment for either tenant. 2. When interviewed on 5/21/18 at 12:00 p.m. Certified Nursing Assistant (CNA) A reported Tenant #1 had been bed bound for some time. She also reported Tenant #1 had a 24 hour care giver from an outside agency who provided cares for him/her. CNA A said the Program staff took meals to Tenant #1 and assisted occasionally with repositioning. Program nursing staff administered the tenant's medications. When interviewed on 5/21/18 at 12:40 p.m., CNA B reported Tenant #1 was bed-bound and received Hospice care at all times. Program staff only delivered meals to the tenant. When interviewed on 5/21/18 at 2:30 p.m., Licensed Practical Nurse (LPN) A confirmed Tenant #1 did not get out of bed and had a sitter from an outside agency 24 hours per day. LPN A said Program staff assisted Tenant #1 and the sitter with repositioning occasionally. LPN A thought Tenant #1 had been bed-bound for seven to eight months. When interviewed on 5/22/18 at 2:15 p.m., the Director of Nursing (DON) confirmed Tenant #1 did not get out of bed and had a sitter 24 hours per day. Review of Tenant #1's service plan dated 2/22/218 revealed he/she was independent with all dressing and grooming tasks, bathed independently, and was independent with mobility with a manual wheelchair. The service	A 086		

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A 086	Continued From page 6 plan did not reflect changes in Tenant #1's condition regarding being bed-bound, needing assistance with dressing, grooming, and incontinence care. When interviewed on 5/22/18 at 2:15 p.m. the DON confirmed Tenant #1's service plan did not reflect his/her actual needs for services because the Program didn't provide the cares. If the service plan reflected Tenant #1's abilities accurately regarding the need for assistance and being bed-bound, the fees for services would increase even though Program staff didn't provide those services.	A 086		