

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0033	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/27/2019
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

DAVENPORT LUTHERAN ASSISTED LIVING **1128 W 53RD ST**
DAVENPORT, IA 52806

(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. Number of tenants without cognitive disorder: 16 Number of tenants with cognitive disorder: 0 TOTAL census of Assisted Living Program: 16 The following regulatory insufficiencies were cited during the recertification visit to determine compliance with requirements for an Assisted Living Program (ALP).	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: Based on interview and record review, the program's newly hired registered nurse failed to	A 058		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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NAME OF PROVIDER OR SUPPLIER DAVENPORT LUTHERAN ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1128 W 53RD ST DAVENPORT, IA 52806		
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A 058	Continued From page 1 ensure staff were sufficiently trained and competent in all assigned tasks and delegations within 60 days of hire. Finding follows: A review of staff files on 2/27/19 revealed the program's registered nurse was hired on 12/3/18. Continued record review revealed the following: a. Staff A, hired 3/30/16, was not redelegated on tasks 2/27/19. b. Staff C, hired on 11/9/17, was redelegated on tasks 2/26/19. Continued record review failed to produce evidence the registered nurse conducted reviews with Staff B, Staff D and Staff E to ensure competency in all tasks to which they were assigned. When interviewed on 2/27/19 at 1:35 p.m. the Apartment Coordinator/Director of Nursing confirmed these findings.	A 058		