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
	S0266	A. BUILDING: _____ B. WING _____	02/13/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROSE OF WATERLOO	421 OAK AVENUE WATERLOO, IA 50703

(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: 58 Number of tenants with cognitive disorder: 2 Total census of Assisted Living Program: 60 The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification for an Assisted Living Program:	A 000		
A 061	481-67.9(4)d 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: d. Certified and noncertified staff shall receive training regarding service plan tasks (e.g., wound care, pain management, rehabilitation needs and hospice care) in accordance with medical or nursing directives and the acuity of the tenants' health, cognitive or functional status. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure staff had documented training regarding assistance provided with	A 061	See attached response and plan of correction	

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

2/27/20

DEPARTMENT OF INSPECTIONS AND APPEALS

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A 061	Continued From page 1 insulin. This pertained to 2 of 2 staff reviewed employed more than 30 days who assisted tenants with insulin (Staff A and Staff B). Findings follow: 1. Record review on 2-12-20 of Staff A's file revealed a hire date of 5-31-19. Nurse delegations were completed within 30 days of hire for Staff A. A delegation document was found for oral medication; however, nurse delegated training on staff assistance with insulin was not documented as completed. 2. Record review on 2-12-20 of Staff B's file revealed a hire date of 9-23-19. Nurse delegations were completed within 30 days of hire for Staff B. A delegation document was found for oral medication; however, nurse delegated training on staff assistance with insulin was not documented as completed. 3. When interviewed on 2-13-20 at 11:02 a.m. the Home Health Administrator revealed Staff A and Staff B both provided reminders for insulin. There were two tenants who received insulin reminders. When staff were trained on oral medication the training on insulin reminders was completed, however this was not documented.	A 061		
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	A 089	See attached response and plan of correction	

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A 089	Continued From page 2 This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure service plans included all identified needs for 1 of 6 tenants reviewed (Tenant #6). Findings follow: A review of Tenant #6's Charts/Clinical Notes revealed on 12-30-19 Tenant #6 fell onto her right knee after tripping over her oxygen tubing. There were no injuries noted. On 2-4-20 it was noted Tenant #6 fell on the floor receiving a laceration to the left cheek and a laceration to the right knee. Tenant #6 reported she tripped over the oxygen tubing, landed on her knees and hit her face on the kitchen chair. Tenant #6's service plan last dated 5/14/19 reflected she was independent in mobility with assistive devices. The plan was not updated to address the falls or safety issues regarding her oxygen tubing. When interviewed on 2-13-20 at 11:02 a.m. the Home Health Administrator confirmed the service plan had not been updated.	A 089		

The Rose of Waterloo, L.P.
By: Ever Green Real Estate Development Corp., Gen. P+R
By: _____, President
Gregory A. McClenahan 02-22-2020

Response to Statement of Deficiencies - Plan of Correction
Recertification visit – 2-12-20 through 2-13-19
DATED 2-22-2020

A 061 - 481-67.9(4)d Staffing – Nurse delegation procedures d. staff shall receive training regarding service plan tasks – e.g. insulin reminders – training should be documented

Plan of Correction: The Supervising RN will complete nurse delegation training (skills testing) on each Home Health Aide (HHA) currently employed by Open Arms for Insulin Medication Reminder by 3/20/2020. Each newly hired HHA will have this skill testing prior to providing any direct care to patients at The Rose of Waterloo. The Administrator will audit all HHA employee files on 3/20/20 to ensure all training was completed.

A checklist for Aide Skills Demonstration has been generated for use in competency evaluation. A copy of this checklist is attached to this Plan of Correction. The Service Plan template has been updated to include additional options for medication assists. A copy of the updated Service Plan template is attached – changes in red.

A 089 - 481-69.26(4)a Service Plans – Service plan shall be individualized and indicate all identified needs – e.g. updated to reflect changed circumstances such as a change in safety concerns and to reflect associated interventions.

Plan of Correction: The Service Plan form will be updated to include an area titled "Safety Concerns" and will include appropriate interventions that will be put in place to decrease the chance of falls or other concerns. All tenants with a recent history of falls will have their service plans updated by 3/20/20. All nursing staff will be educated on updating service plans to include this area. The Administrator will review all incident reports on 3/20/20 for falls that have occurred since 1/01/2020 and ensure all service plans for those tenants that have fallen have been updated appropriately.

A copy of the updated Service Plan template is attached, which reflects the area related to safety concerns – changes in red.

2/27/20

2/25/20