

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060691	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 03/12/2020
NAME OF PROVIDER OR SUPPLIER CEDAR VALLEY RANCH			STREET ADDRESS, CITY, STATE, ZIP CODE 2591 61ST STREET LANE VINTON, IA 52349		
(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	
R 000	Initial Comments The following regulatory insufficiency was cited during the survey conducted to determine compliance with licensing rules for a Residential Care Facility.	R 000			
R 608	481-57.17(1)k Records 57.17(1) Resident record. The licensee shall keep a permanent record on every resident admitted to the residential care facility, and all entries in the permanent record shall be current, dated, and signed. (III) The record shall include: k. Primary care provider's orders for the resident's level of care, medication, treatments, and diet. The orders shall be in writing and signed by the primary care provider quarterly; (III) This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to obtain quarterly orders from primary care providers as required for 5 of 5 residents reviewed (Residents #1-5). Findings follow: 1. Record review on 3/11/19 revealed the following: Resident #1 was admitted to the facility on 7/29/19. The facility had orders dated 6/24/19 identifying level of care, diet, and medications. Subsequent quarterly orders including all required information could not be located. Resident #2 was admitted to the facility on	R 608			

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

TITLE

(X6) DATE

✓ DD 3/21/20

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NAME OF PROVIDER OR SUPPLIER

CEDAR VALLEY RANCH

STREET ADDRESS, CITY, STATE, ZIP CODE

2591 61ST STREET LANE
VINTON, IA 52349

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R 608

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8/28/19. The facility had orders dated 8/14/19 identifying level of care, diet, and medications. Subsequent quarterly orders including all required information could not be located.

Resident #3 was admitted to the facility on 4/2/19. The facility had orders dated 4/2/19 identifying level of care, diet, and medications. Subsequent quarterly orders including all required information could not be located.

Resident #4 was admitted to the facility on 9/22/18. The facility had orders dated 8/20/18 identifying level of care, diet, and medications. Subsequent quarterly orders including all required information could not be located.

Resident #5 was admitted to the facility on 8/28/19. The facility had orders dated 8/16/19 level of care, diet, and medications. Subsequent quarterly orders including all required information could not be located.

2. On 3/12/20 at 8:50 AM, the Director of Nursing confirmed she had not been getting quarterly orders for residents. She stated the residents' primary care provider did review medications when he came to the facility as they were listed on the Medication Administration Records.

R 608

FOR OUR PLAN OF CORRECTION, WE ARE GOING TO USE THE ATTACHED "Quarterly Physicians Orders". WE HAD USED THESE IN THE PAST AND FOR SOME REASON THE RN STOPPED USING THEM ABOUT A YEAR AGO. THEY WILL BE STARTED AGAIN AS OF APRIL 1, 2020, WHEN THE PHYSICIANS COME TO FACILITY,

04-01-2020

Loene Spencer, Adm
03/26/2020

