STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IAALP049	A. BUILDING _____ B. WING _____	12/01/2022

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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: 9 Number of tenants with cognitive disorder: 0 TOTAL census of Assisted Living Program: 9 The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification for an Assisted Living Program: 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. This pertained 2 of 2 tenants observed on a medication pass (Tenants #1 and #3). Findings follow: 1. When observed on 11/30/22 at approximatley 11:00 a.m. Staff D administered medications to Tenant #1. She put Tenant #1's oral medications from a pre-filled medication planner into a plastic	A 000		

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

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A 000	Continued From Page 1 cup. Staff D was not observed checking Tenant #1's medication administration record (MAR) prior to preparing Tenant #1's medications. Staff D took the medication cup to Tenant #1 who was seated in her chair in the living area. Tenant #1 spit out the medication and Staff D provided several verbal prompts for Tenant #1 to put the medications back into her mouth and to take the medications; despite Tenant #1's refusal by spitting out the medications. Tenant #1 consumed her medications and Staff D signed off the medications on the MAR. Staff D also administered medications to Tenant #3. She removed the medication strip from the medication planner and provided it Tenant #3. Staff D provided supervision of Tenant #3 administering her insulin. Staff D then used a hand sanitizer and administered an eye drop (the medication was labeled Prednisolone) in Tenant #3's left eye. Staff D did not don gloves prior to administration of Tenant #3's eye drop. Staff D was not observed checking Tenant #3's MAR prior to giving Tenant #3 the medication strip from the medication planner, providing insulin assistance to Tenant #3 or administering the eye drop. 2. When interviewed after the medication pass on 11/30/22 Staff D said Tenant #1 typically refused her medications once per week. When asked about the use of gloves with eye drop administration (for Tenant #3), Staff D indicated she had used hand sanitizer prior to the administration. 3. Record reivew on 11/30/22 of Tenant #1's November 2022 MAR reflected an order for Carvedilol 12.5 milligram (mg) tablet, give in the a.m. The time scheduled on the MAR was 11:00 a.m. and Staff D signed off on 11/30/22 for the administration of the medication. The MAR also reflected an order for alprazolam 0.25 mg, take	A 000		

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A 000	Continued From Page 2	A 000		

one tablet, orally, everyday. The time scheduled on the MAR was 11:00 a.m. Staff D signed off on 11/30/22 for the administration of the medications.

Record review on 11/30/22 of Tenant #3's November 2022 MAR reflected an order for Prednisolone, instill one drop, in the left eye, four times daily at 8:00 a.m., 11:00 a.m., 4:00 p.m. and 8:00 p.m. Staff D did not record her initials for the dose administered on 11/30/22 at 11:00 a.m. Staff D recorded her initials on 11/30/22 at 11:00 a.m. for the administration of Moxifloxacin, instill one drop in the left eye, four times daily. The eye drop was noted as discontinued on 11/30/22. Staff D was observed on 11/30/22 administering an eye drop labeled Prednisolone and not Moxifloxacin.

4. Record review on 11/30/22 of Staff D's training documents revealed Staff D was hired on 4/1/21. Staff D had a Nurse Delegation Form for eye drop administration was most recently documented on 8/19/22. Staff D had Nurse Delegation Form for the Medication Reminder most recently dated 6/15/22.

5. Record review of the Program's Medication Administration Policy: Tenant Delegating Medications to the Program indicated prior to administration of the medication staff would wash their hands and verify it was correct tenant, medication, route, dosage and time. After the administration of the medication staff would document on the MAR. If the tenant refused the medication staff would record the refusal on the MAR. The Nurse Delegation Form for eye drop administration indicated staff would complete hand hygiene and don gloves (single use) prior to eye drop administration.

6. When interviewed on 12/1/22 at approximately 2:15 p.m. the Interim Program Director and In

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A 000	Continued From Page 3 Training Program Director revealed it was expected staff would wash their hands and put on gloves prior to the administration of eye drops. Staff would look at the MAR prior to administering the medications. If a tenant spit out medications it would be charted as a refusal on the back of the MAR. Regarding Tenant #1's refusal, staff could have reapproached her with a different person or attempted later within the timeframe allowed.	A 000		
A 350	481-69.26(1) Service Plans 69.26(1) A service plan shall be developed for each tenant based on the evaluations conducted in accordance with subrules 69.22(1) and 69.22(2) and shall be designed to meet the specific service needs of the individual tenant. The service plan shall subsequently be updated at least annually and whenever changes are needed. This Requirement is not met as evidenced by: Based on observation, interview and record review the Program failed to update service plans as needed and ensure service plans reflected the needs of the tenants. This pertained to 2 of 2 tenants reviewed (Tenants #1 and #2). Findings follow: Observation on 11/30/22 at approximately 11:00 a.m. revealed Staff D administered medications to Tenant #1. She put Tenant #1's oral medications from a pre-filled medication planner into a plastic cup. Staff D did not check Tenant #1's medication administration record (MAR) prior to preparing Tenant #1's medications. Staff D took the medication cup to Tenant #1 who sat in her chair in the living area. Tenant #1 spit out the medication and Staff D provided several verbal prompts for Tenant #1 to put the medications back	A 350		

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A 350	Continued From Page 4 into her mouth and to take the medications; despite Tenant #1's refusal by spitting out the medications. Tenant #1 consumed her medications and Staff D signed off the medications on the MAR. When interviewed 11/30/22 at 10:33 a.m. Staff D said at times Tenant #1 refused her medications and staff assisted with dressing and morning cares. When interviewed after the medication pass on 11/30/22 Staff D said Tenant #1 typically refused her medications once per week. Record review on 11/30/22 of Tenant #1's file revealed the service plan dated 4/20/22 indicated staff provided medication reminders daily. The service plan did not reflect Tenant #1's medication refusals at times and direction to staff related to her refusals if she refused. Continued record review revealed an evaluation dated 7/20/22 reflected Tenant #1 was an assist of one with her walker for ambulation. She required assistance with dressing, continence, medications and bathing. Tenant #1 required "frequency cueing" for activities of daily living and going to meals. Tenant #1 had a poor appetite and drank supplements between meals. The service plan dated 4/20/22 reflected staff assisted twice per week for bathing and staff set out clothes for dressing and ensured she was dressed appropriately. The service plan reflected Tenant #1 was independent with mobility and transfers, staff assisted with changing her incontinence product and staff served her meals in the dining room daily. The service plan dated 4/20/22 did not reflect Tenant #1 care needs and services as indicated in the evaluation completed on 7/20/22. Tenant #1's service plan was not updated as needed and did not reflect her service needs.	A 350		

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A 350	Continued From Page 5 2. Record review on 11/30/22 and 12/1/22 of Tenant #2's file revealed diagnoses included diabetes mellitus type II, venous insufficiency, peripheral autonomic neuropathy and blindness. An Incident Report dated 11/12/22 at 3:30 p.m. indicated staff was called over to the assisted living (AL) from the attached nursing facility due to the fire alarms going off. Staff found burnt coffee grounds on the stove and under the burner. There was smoke and red embers noted. Staff removed them with tongs and put under cool running water. A window was opened and fan was put in the window. The fire department responded and put a fan in the hallway and opened the door. All apartments were checked and tenants were moved behind fire doors. The fire alarm was reset and the report indicated there were no injuries. Tenant #2 reported his family member put coffee grounds on the stove and must have accidentally turned on the stove with "his belly." Continued record review of a Wound Evaluation & Management Summary dated 11/15/22 indicated Tenant #2 "appeared to be struggling at ALF." It was noted he had new bruising on his left leg and his sacral wound was larger. He was eating less due to trouble cooking for himself. Tenant #2 burnt his eggs that morning. It indicated he had a fire in apartment last weekend. A Wound Evaluation & Management Summary dated 11/22/22 indicated Tenant #2 went to the emergency room (ER) twice with issues related to his Foley catheter and was started on an antibiotic for a urinary tract infection (UTI). Tenant #2 was unable to "perform any offloading in this setting." It was noted the wounds were improving but Tenant #2 developed a new wound while he was ill. Concerns were expressed to the nurse regarding Tenant #2's lack of ability to provide	A 350		

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A 350	Continued From Page 6 hygiene care on his own for his buttocks and that he could not "do any offloading." Tenant #2 did not want to go to the nursing home and he was told that he "might worsen if he stays on the ALF side." The document indicated Tenant #2 had a stage 3 pressure wound on the right heel with duration of greater than 57 days. There was a skin tear wound of the left dorsal foot with a duration of greater than 13 days. A stage 3 pressure wound on the left buttock with a duration of greater than 1 day. An autoimmune disease induced wound of the right dorsal foot with a duration of greater than 57 days. A stage 3 pressure wound of the right buttock with a duration of greater than 57 days. Further record review revealed a clinic document dated 11/28/22 indicated Tenant #2 was seen in the office again for a follow up for gross hematuria. He had been seen in the office 10 days prior and the catheter was irrigated. Since that time he went to the ER and a 20 French 3 way catheter "through suprapubic tract" was placed. The catheter was irrigated again in the office on 11/28/22 and had "quite a bit of clot, approximately 500 cc." Continued record review revealed Tenant #2's service plan was updated on 10/27/22 and 11/23/22 and reflected Tenant #2 had an outside agency that provided his wound care three times per week. For continence the service plan indicated he was able to change his incontinence pad if incontinent and he was independent with catheter care. The service plan did not reflect Tenant #2's wounds, hematuria, a UTI, or the fire that occurred in his apartment. Tenant #2's service plan was not updated as needed and did not reflect the service needs of Tenant #2. 3. When interviewed on 12/1/22 at approximately	A 350		

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A 350	Continued From Page 7 2:15 p.m. the Interim Program Director and In Training Program Director confirmed the most current service plans were provided for tenants listed above.	A 350		
A 355	481-67.9(4)d 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 observation, interview and record review the Program failed to provide nurse delegated training related to assistance with insulin administration. This pertained to 3 of 3 staff reviewed that administered medications (Staff C, D and E). Findings follow: 1. When observed on 11/30/22 at the 11:00 a.m. medication pass Staff D administered medications to two tenants, including Tenant #3. Staff D assisted Tenant #3 with oral medications, administered an eye drop and provided supervision of Tenant #3's self-administration of her insulin. 2. Record review of Tenant #3's file revealed a diagnosis included diabetes mellitus type 2. The November 2022 medication administration record (MAR) reflected to assist Tenant #3 with her	A 355		

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A 355	Continued From Page 8 Novolog insulin pen, 30 units in the a.m. The time scheduled on the MAR was 11:00 a.m. Staff D recorded her initials on the MAR for the 11/30/22 assistance. Continued record review revealed Tenant #3's service plan reflected staff assisted with medication administration. 3. Record review of Staff C's training documents reflected Staff C was hired on 9/19/22. Staff C did not have documented nurse delegated training on the provision of assistance with insulin administration. Record review of Staff D's training documents reflected Staff D was hired 4/1/21. Staff D did not have documented nurse delegated training on the provision of assistance with insulin administration. Record review of Staff E's training documents reflected Staff E was hired on 2/12/22. Staff E did not have documented nurse delegated training on the provision of assistance with insulin administration. 4. When interviewed on 12/1/22 at approximately 2:15 p.m. the Interim Program Director and In Training Program Director confirmed Staff C, D, and E administered medications and nurse delegated training related to insulin assistance was not found for the staff listed above.	A 355		
A 465	481-69.28(5) Food Service 69.28(5) Personnel who are employed by or contract with the program and who are responsible for food preparation or service, or both food preparation and service, shall have an orientation on sanitation and safe food handling	A 465		

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A 465	Continued From Page 9 prior to handling food and shall have annual in-service training on food protection. This Requirement is not met as evidenced by: Based on interview and record reivew the Program failed to ensure staff received food safety training prior to handling food. This pertained to 2 of 5 staff reviewed (Staff A and Staff B). Findings follow: 1. Record review on 11/30/22 of Staff A's training documents revealed a hire date of 4/8/22. Staff A was on a leave of absence from 6/13/22 to 9/3/22. Staff A had not completed an orientation on sanitation and safe food handling at the time of the recertification visit. 2. Record reivew on 11/30/22 of Staff B's training documents revealed a hire date of 10/6/22. A Certificate of Completion for Food Safety and Sanitation was completed; however, it was dated 2/28/20. Staff B had not completed an orientation on sanitation and safe food handling related to her current employment at the Program. 3. When interviewed on 12/1/22 at approximatley 2:15 p.m. the Interim Program Director and In Training Program Director confirmed Staff A worked on an as needed basis and majority of the time worked third shift but could pick up on other shifts. Staff B worked second shift. No additional food safety and sanitation training was available for Staff A and Staff B.	A 465		