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
	S0153	A. BUILDING: _____ B. WING _____	C 06/29/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KENTUCKY RIDGE ASSISTED LIVING	**2060 KENTUCKY AVE SOUTH MASON CITY, IA 50401**

(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: 0 Total census of Assisted Living Program: 58 No regulatory insufficiencies were cited regarding the recertification visit. The following regulatory insuffiency was cited during the investigation of 105297-C	A 000		
A 160	481-67.3(2) Tenant Rights 481-67.3 Tenant rights. All tenants have the following rights: 67.3(2) To receive care, treatment and services which are adequate and appropriate. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to provide adequate care and treatment to 1 of 7 tenants reviewed (Tenant #1). Finding follows: Record review on 6/28/22 revealed a progress note for Tenant #1 dated 5/7/22. According to the note Tenant #1 had a concern regarding the treatment he received while staff were monitoring his blood pressure, in particular Staff A and how she handled an elevated blood pressure.	A 160	The Plan of Correction is attached.	

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

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A 160	Continued From page 1	A 160		

Review of the Program's Complaint Form document reveled the following:
- At 6:30 Staff A attempted to take the tenant's blood pressure. The cuff did not register the blood pressure and both staff and tenant became frustrated. Staff A then began doing his dishes which upset the tenant. He was finally able to get a reading of 220/110. Staff A removed the cuff and left the apartment without saying a word.
- At 6:45 p.m. he pushed his pendant with no immediate response.
- At 7:00 p.m. Staff C responded. When he asked to have his blood pressure taken she said she had to go get a cuff. She left but did not return.
- At 7:15 p.m. Staff D responded to his pendant and took his blood pressure which read 184/94.
- At 8:10 p.m. Staff E responded to his pendant and took his blood pressure which was 167/86.
- During this time period the tenant called the Program phone four times with no answer in between pushing his emergency pendant.

When interviewed on 6/29/22 at 2:50 p.m. Nurse B confirmed Staff A contacted her regarding Tenant #1 but she was in a loud environment so she texted her instead of calling. She went to the Program between 9:00 and 9:15 p.m. to check on the tenant. When she knocked on Tenant #1's door he did not answer. She said she couldn't hear any movement and she had to be back to work the next day at 7:00 a.m. so she left. She confirmed she did not find Staff A to inquire further regarding the concerns with Tenant #1. She said she thought she could resolve the issue with Tenant #1 the next day when she worked.

During the exit, the management team including the delegating nurse/Director acknowledged that Nurse B should have followed up with the tenant

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A 160	Continued From page 2 and/or staff and not waited until the following day to address the concerns.	A 160		

Kentucky RIDGE
A Senior Living Neighborhood

2060 Kentucky Avenue South
Mason City, IA 50401
641-423-5707
Fax: 641-423-5710

This plan of correction serves as Kentucky Ridge's credible allegation of compliance.

A160 Tenant Rights
To receive care, treatment and services which are adequate and appropriate
Correction date is August 15th, 2022

1. RN Health Coordinator or designee will educate nursing staff/resident aides on policy & procedure for obtaining, documenting and reporting blood pressure readings thru in-services and skills labs. (Mandatory All Staff Inservice will be held on August 10th, 2022)
2. Annual competency evaluation will be conducted by the RN Health Coordinator or designee documenting the RA's ability to function appropriately under the protocol including knowledge of skills and procedure, appropriate documentation, and consultation of RN Health Coordinator.
3. Director of Assisted Living or designee will monitor and trend the data related to blood pressure readings by completing weekly audits for at least 3 months or until substantial compliance is attained.
4. Director of Assisted Living has revised the RN Health Coordinator After Hours On Call policy and procedure. This will be reviewed upon hire and annually with the RN Health Coordinators and Resident Aides. (Mandatory All Staff Inservice will be held on August 10th, 2022)

LONG TERM CARE
Good Shepherd Health Center

ASSISTED LIVING
Kentucky Ridge
Cornerstone

INDEPENDENT LIVING
The Manor
Shalom Towers I
Shalom Towers II

TELEPHONE REASSURANCE

ok 9/1/22