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
	S0067	A. BUILDING: _____ B. WING _____	C 10/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIDGEVIEW ASSISTED LIVING	**4925 WEST AVE BURLINGTON, IA 52601**

(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 impairment: 24 Number of tenants with cognitive impairment: 3 Total census: 27 The following regulatory insufficiencies were cited during the investigation of Complaint #121431-C and the recertification visit conducted to determine compliance with certification of an Assisted Living Program.	A 000	The Plan of Correction is attached.	
A 150	481-67.2(3) Program Policies and Procedures 67.2(3) The program shall follow the policies and procedures established by the program. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the program failed to follow the policy regarding dietary sanitation which possibly affected all tenants of the program. The program also failed to follow the medication management policy regarding 2 of 3 tenants reviewed who received insulin (Tenants #4 and #5). Findings follow: 1. Observation on 10/21/24 and 10/23/24 revealed no cleaning checklists in the kitchen area with staff names, initials and dates.	A 150		

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

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A 150	Continued From page 1 On 10/23/24 record review revealed the program's dietary policy for sanitation of the dietary department which indicated a cleaning schedule would be posted with all cleaning tasks listed. Employees were to initial the form when cleaning tasks were completed. The policy book contained samples of a daily, weekly and monthly cleaning list. Each cleaning list had areas to document the staff responsible for each task and for the staff to initial and date when they completed each task. The daily and weekly checklists had approximately 30 cleaning tasks. The monthly cleaning list consisted of approximately 25 tasks. On 10/23/24 at 2:20 p.m., the Dietary Manager and consultant Registered Dietician (RD) confirmed the dietary staff did not complete any of the daily, weekly or monthly cleaning checklists. The Dietary Manager provided a one page sheet with staff names and 16 cleaning tasks. She said staff were supposed to complete the tasks on the list weekly, but did not initial or date the form. 2. During a medication administration pass on 10/23/24 at 8:30 a.m. the Medication Manager (MM) set up and administered medication for Tenant #4, including insulin. The MM said Tenant #4 did not get her Novalog insulin because it was based on a sliding scale and her blood sugar was only 91. The MM stated Tenant #4 got the Basaglar insulin every morning as it was not dependent on her blood sugar level. The MM set up and administered the Basaglar KwikPen injector with 60 mg of insulin. The Basaglar KwikPen had a sticker on it with a spot to document the date opened. The sticker indicated the KwikPen expired 28 days after opening. The sticker had no date on it.	A 150		

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A 150	Continued From page 2 Tenant #4's Novalog injector pen had the same type of sticker on it, with the date opened of 8/24/24. The sticker indicated the insulin expired 28 days after opening, which would have been 9/21/24. Tenant #4's October Medication Administration Record (MAR) indicated she received the Novalog FlexPen Solution Pen-injector 100 ML insulin based on a sliding blood sugar scale. She received the Novalog if her blood sugar level was over 200. According to the October MAR, Tenant #4 received 3 units of Novalog insulin via the FlexPen on 10/02/24, 10/05/24 and 10/20/24, which were all past the date of expiration. On 10/23/24 at 9:35 a.m. the MM checked the insulin injector pens for the other two tenants who received insulin, including Tenant #5. Tenant #5's Basaglar KwikPen had a sticker on it with no date indicating when it was opened. The sticker indicated the insulin expired 28 days after opening. Review of the Medication Management policy last revised 8/2022 revealed medications were to be labeled and maintained in compliance with label instructions. Tenant #4 and Tenant #5's Basaglar KwikPens both had stickers on which staff were to label when the medication was opened. Both of them were blank. Tenant #4's Novalog injector pen had the same type of sticker on it. The sticker also indicated the insulin expired 28 days after opening. This sticker had an open date documented on it. Documentation on the tenant's MAR revealed she received the insulin 3 times after the insulin had expired. On 10/23/24 at 9:40 a.m. the Director of Nursing (DON) confirmed staff should have documented	A 150		

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A 150	Continued From page 3 when Tenant 4's Basaglar KwikPen was opened and the Novalog FlexPen should have been discarded when it expired on 9/21/24. She also confirmed staff should have documented when Tenant 5's Basaglar KwikPen was opened.	A 150		
A 140	481-69.22(2) Evaluation of Tenant 69.22(2) Evaluation within 30 days of occupancy. A program shall evaluate each tenant's functional, cognitive and health status within 30 days of occupancy. The evaluation shall be conducted by a health care professional, a human service professional, or a licensed practical nurse via nurse delegation when the tenant has not exhibited a significant change. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to complete evaluations within 30 days of occupancy for 1 of 2 tenants reviewed who moved to the program within the past six months (Tenant #1). Finding follows: On 10/24/24, record review revealed Tenant #1's occupancy date of 5/30/24, with initial evaluations and service plan dated 5/17/24. The next evaluation completed was dated 8/12/24. No 30 day evaluation was evident. On 10/24/24 at 11:30 a.m. the Director of Nursing confirmed she did not complete an evaluation for Tenant #1 within 30 days of occupancy.	A 140		
A 360	481-69.26(3) Service Plans 69.26(3) When a tenant needs personal care or	A 360		

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A 360	Continued From page 4 health-related care, the service plan shall be updated within 30 days of the tenant's occupancy and as needed with significant change, but not less than annually. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to develop an updated service plan within 30 days of occupancy for 1 of 2 tenants reviewed who moved to the program within the past six months (Tenant #1). Finding follows: On 10/24/24, record review revealed Tenant #1's occupancy date of 5/30/24, with initial evaluations and service plan dated 5/17/24. The next service plan update was dated 8/12/24. No 30 day service update was evident. According to the initial service plan, Tenant #1 received services for personal care and medication management. On 10/24/24 at 11:30 a.m. the Director of Nursing confirmed she did not complete an updated service plan for Tenant #1 within 30 days of occupancy.	A 360		
A 430	481-69.27(1)c Nurse Review 69.27(1) If a tenant does not receive personal or health-related care, but an observed significant change in the tenant's condition occurs, a nurse review shall be conducted. If a tenant receives personal or health-related care, the program shall provide for a registered nurse:	A 430		

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A 430	Continued From page 5 c. To assess and document the health status of each tenant, to make recommendations and referrals as appropriate, and to monitor progress relating to previous recommendations at least every 90 days and whenever there are changes in the tenant's health status; This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to complete nurse reviews based on a significant change in health status for 2 of 4 tenants reviewed (Tenant #1 and Tenant #2). Finding follows: 1. On 10/24/24 record review revealed Tenant #1's October Medication Administration Record (MAR) showed he had an INR (international normalized ratio) of 5.8 on 8/16/24. An INR is a blood test used to measure how long it takes blood to clot for people taking blood thinners/anticoagulants such as Warfarin (Coumadin). According to the National Institutes of Health (NIH) website, the therapeutic INR range for people on Warfarin is usually between 2.0 and 3.0. An INR score above 4.9 increased the risk of bleeding and was considered critical. No documentation or nurse review could be located in Tenant #1's record regarding the INR of 5.8 on 8/16/24. Review of the MAR indicated Warfarin was held on 8/16/24 and then reduced for a short time. The INR on 8/17/24 was 4.9. On 10/24/24 at 11:30 a.m. the Director of Nursing (DON) said she recalled the program was in contact with the clinic regarding the elevated INR on 8/16/24. The DON and Consultant RN confirmed the nurse should have documented information related to this significant health issue.	A 430		

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A 430	Continued From page 6 2. On 10/24/24 record review revealed Tenant #2's Health and Function Assessment dated 9/10/24, due to change of condition. The assessment indicated Tenant #2 returned from a hospitalization for a possible TIA (transient ischemic attack). The assessment provided no information regarding when Tenant #2 was hospitalized or length of hospital stay. Additional record review revealed no documentation such as an incident report, progress note or nurse review could be located regarding when Tenant #2 was hospitalized. On 10/24/24 at 11:45 a.m. the Director of Nursing (DON) stated she recalled the incident when Tenant #2 went to the Emergency Room (ER) from the program. The program notified Tenant #2's son of medical concerns and the son transported Tenant #2 to the ER. Tenant #2 was subsequently hospitalized. The DON said the incident happened in the evening when she was not present. The Consultant Nurse verified the nurse should have documented information related to this significant health issue.	A 430		

Department of Inspections and Appeals
Attn: Catie Campbell
6200 Park Avenue Suite 100
Des Moines, Iowa 50321

Dear Ms. Campbell:

On behalf of Ridgeview Assisted Living, Burlington, IA, I respectfully submit our Plan of Correction for your approval. This response is specific to the Recertification and Investigation of Complaint #121431-C Visit, for the onsite visit10/21/2024-10/24/2024. Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider of the truth of the alleged facts or conclusions set forth in the statement of insufficiencies. The Plan of Correction is executed solely because it is required by the provisions of Iowa Law.

481-67.2(3) Program Policies and Procedures 67.2(3) The program shall follow the policies and procedures established by the program.

1. Elements detailing how the Program will correct each regulatory insufficiency
    - The program shall follow the policies and procedures established by the program.
2. Measures taken to ensure the problem does not recur
    - The Director of Nursing was educated on program policies related to medication management.
    - The program staff were re-educated related to medication labels and label instructions.
    - The Dietary Manager was re-educated on program policies related to the dietary sanitation process.
    - The dietary staff were re-educated on the program sanitation process.
3. How the Program plans to monitor performance to ensure compliance
    - The Director of Nursing and/or Designee will complete ongoing audits to ensure medications are that are to be labeled, will be labeled and maintained in compliance with label instructions.
    - The Dietary Manager and/or Designee will complete ongoing audits to ensure the sanitation process established by the program are completed.
4. The date by which the regulatory insufficiency will be corrected
    - The regulatory insufficiency will be corrected on or before December 20, 2024.

481-69.22(2) Evaluation of Tenant 69.22(2) Evaluation within 30 days of occupancy. A program shall evaluate each tenant's functional, cognitive and health status within 30 days of occupancy. The evaluation shall be conducted by a health care professional, a human service professional, or a licensed practical nurse via nurse delegation when the tenant has not exhibited a significant change.

5. Elements detailing how the Program will correct each regulatory insufficiency

- Tenants shall receive an evaluation within 30 days of occupancy.

6. Measures taken to ensure the problem does not recur
    - The Director of Nursing was educated on when to complete an evaluation of a tenant based on regulatory requirements and program policies.
7. How the Program plans to monitor performance to ensure compliance
    - The Director of Nursing and/or Designee will complete ongoing audits to ensure tenant are assessed within 30-days of occupancy.
8. The date by which the regulatory insufficiency will be corrected
    - The regulatory insufficiency will be corrected on or before December 20, 2024.

481-69.26(3) Service Plans 69.26(3) When a tenant needs personal care or health-related care, the service plan shall be updated within 30 days of the tenant's occupancy and as needed with significant change, but not less than annually.

9. Elements detailing how the Program will correct each regulatory insufficiency
    - Tenants' receiving personal care or health-related care, shall have updated service plans within 30-days of the tenant's occupancy and as needed with a significant change.
10. Measures taken to ensure the problem does not recur
    - The Director of Nursing was educated on when to the service plan of a tenant based on regulatory requirements and program policies
11. How the Program plans to monitor performance to ensure compliance
    - The Director of Nursing and/or Nurse Designee will review the service plans for all tenants receiving personal or health-related cares within 30 days of occupancy or when changes are needed.
12. The date by which the regulatory insufficiency will be corrected
    - The regulatory insufficiency will be corrected on or before December 20, 2024.

481-69.27(1)c Nurse Review69.27(1) If a tenant does not receive personal or health-related care, but an observed significant change in the tenant's condition occurs, a nurse review shall be conducted. If a tenant receives personal or health-related care, the program shall provide for a registered nurse: c. To assess and document the health status of each tenant, to make recommendations and referrals as appropriate, and to monitor progress relating to previous recommendations at least every 90 days and whenever there are changes in the tenant's health status;

13. Elements detailing how the Program will correct each regulatory insufficiency
    - If a tenant receives personal or health-related care, the program shall provide for a registered nurse: To assess and document the health status of each tenant, to make recommendations and referrals as appropriate, and to monitor progress relating to previous recommendations at least every 90 days and whenever there are changes in the tenant's health status.
14. Measures taken to ensure the problem does not recur

- The Director of Nursing was educated on when to complete a nurse review to observe for a significant change in the tenant's condition.

15. How the Program plans to monitor performance to ensure compliance
    - The Director of Nursing and/or Designee will complete ongoing audits to ensure tenants are observed for a changes in condition.
16. The date by which the regulatory insufficiency will be corrected
    - The regulatory insufficiency will be corrected on or before December 20, 2024.

If you have any questions regarding this plan of correction, please contact me at **319-752-1200**

Respectfully submitted,

Audra Larison

Audra Li, Executive Director

2/13/24 ok