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
	S0121	A. BUILDING: _____ B. WING _____	04/11/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VALLEY VIEW MANOR AL	2423 LUTHERAN DR MUSCATINE, IA 52761

(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: 12 Number of tenants with cognitive impairment: 0 Total census: 12 The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification of an Assisted Living Program for People with Dementia.	A 000		
A 345	481-67.9(4)b 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: b. Within 30 days of beginning employment, all program staff shall receive training by the program's registered nurse(s). This REQUIREMENT is not met as evidenced by: Based on interview and record review, the Program failed to ensure 2 of 3 staff reviewed received delegation training by the Registered Nurse (RN) within 30 days of employment (Staff B and Staff C). Findings include: 1. On 4/11/23 a review of Staff B's personnel record revealed a hire date of 2/14/23. The RN	A 345	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 345	Continued From page 1 completed Staff A's RN delegation training on 3/31/23 which was over 30 days past Staff B's date of hire. 2. On 4/11/23 a review of Staff C's personnel record revealed a hire date of 2/14/23. Staff C's RN delegation training was not fully completed as of 4/11/23, which was over 30 days past Staff C's date of hire. 3. On 4/11/23 at 2:45 p.m., the RN confirmed the above finding.	A 345		
A 355	481-69.26(2) Service Plans 69.26(2) Prior to the tenant's signing the occupancy agreement and taking occupancy of a dwelling unit, a preliminary service plan shall be developed by a health care professional or human service professional in consultation with the tenant and, at the tenant's request, with other individuals identified by the tenant, and, if applicable, with the tenant's legal representative. All persons who develop the plan and the tenant or the tenant's legal representative shall sign the plan. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the Program failed to ensure initial service plans were signed by all parties involved for 1 of 2 tenants reviewed (Tenant #2). Findings include: 1. On 4/11/23, a review of Tenant #2's record revealed an admission date of 12/14/22. The record included an initial service plan implemented on 12/14/22. The initial service plan	A 355		

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A 355	Continued From page 2 lacked the signatures of persons involved in the development of the plan. 2. On 4/11/23 at 11:53 am, the Registered Nurse confirmed the above findings.	A 355		
A 385	481-69.26(3)d 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. d. The service plan updated within 30 days of the tenant's occupancy shall be signed and dated by all parties. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the Program failed to ensure 30 day service plans were signed by all parties involved for 1 of 2 tenants reviewed (Tenant #2). Findings include: 1. On 4/11/23, a review of Tenant #2's record revealed an admission date of 12/14/22. The record included a 30-day service plan dated 1/13/23. The 30-day service plan lacked the signatures of all parties involved persons involved in the review/update of the plan. 2. On 4/11/23 at 11:53 am, the Registered Nurse confirmed the above findings.	A 385		
A 420	481-69.27(1)a Nurse Review 69.27(1) If a tenant does not receive personal or	A 420		

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A 420	Continued From page 3	A 420		

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. To monitor, at least every 90 days, or after a significant change in the tenant's condition, any tenant who receives program-administered prescription medications for adverse reactions to the medications and to make appropriate interventions or referrals, and to ensure that the prescription medication orders are current and that the prescription medications are administered consistent with such orders

This REQUIREMENT is not met as evidenced by:
Based on record review and interview, the facility failed to provide nursing assessments at least every 90 days for 1 of 2 tenants reviewed (Tenant #1). Finding follows:

1. On 4/11/23 record review revealed Tenant #1's admission date of 1/04/20. The service plan dated 5/9/22 revealed the tenant required staff assistance in the areas of mobility, transfering, dressing, hygiene, bathing, incontience care, and medication management.

2. Further review of Tenant #1's record revealed only one nursing assessment completed in the past 12 months, which was dated 10/06/22.

3. On 4/11/23 at 2:50 p.m. the Registered Nurse confirmed the lack of 90 day nursing assessments for Tenant #1.

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A 575	Continued From page 4	A 575		
A 575	481-69.31(2) Managed Risk Policy 481-69.31(231C) Managed risk policy and managed risk consensus agreements. The program shall have a managed risk policy. The managed risk policy shall be provided to the tenant along with the occupancy agreement. The managed risk policy shall include the following: 69.31(2) A consensus-based process to address specific risk situations. Program staff and the tenant shall participate in the process. The result of the consensus-based process may be a managed risk consensus agreement. The managed risk consensus agreement shall include the signature of the tenant and the signatures of all others who participated in the process. The managed risk consensus agreement shall be included in the tenant's file. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the Program failed to implement a managed risk agreement due to the refusal of following physician's orders for 1of 2 tenants reviewed (Tenant #2) Findings include: 1. On 4/11/23 a review of Tenant #2's record revealed an admission date of 12/14/22. The record included a physician's order dated 1/25/23 indicating the Program should take over medication management for Tenant #2 due to his recent Saint Louis University Mental Status Examination for Detecting Mild Cognitive Impairment evaluation (SLUMS) score of 19/30 dated 1/2/23 which indicated mild cognitive impairment. Nurse's notes dated 3/17/23 revealed the Registered Nurse (RN) met with Tenant #2 to inquire about keeping medications	A 575		

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A 575	Continued From page 5 safely locked in the medication cart. At medication times staff would bring the box to the tenant for supervised administration. Tenant #2 refused this suggestion. The RN explained the potential repercussions the physician described if the tenant did not allow the Program to participate his medication administraiton. Tenant #2 strongly refused assistance with medications in his discussion with the RN. Tenant #2's record lacked a managed risk to address the refusal of assistance of medication administration from the Program staff. 2. On 4/11/23 at 11:53 am, the RN confirmed no managed risk agreement was in place for Tenant #2.	A 575		

A345 Staffing

1. All staff members delegation training was completed.

2. Assisted Living staff member orientation to include scheduled delegation training.

3. HR to audit for timely completion of delegation training.

4. 5/14/23

A355 Signed Initial Service Plans

1. Initial Service plans for the mentioned tenants were signed.

2. DON/RN educated on requirements of initial service plans.

3. DON to audit tenant records for signed initial service plans.

4. 5/14/23

A385 Signed 30-day Service Plans

1. 30-day Service plan for the mentioned tenant was signed.

2. DON/RN educated on requirements of 30-day service plans.

3. DON to audit tenant records for signed 30-day service plans.

4. 5/14/23

A420 Nurse Review

1. Nurse review completed for mentioned tenant.

2. DON/RN educated on requirements of nurse reviews

3. DON to audit tenant records for required nurse reviews

4. 5/14/23

A575 Managed Risk Policy

1. Managed Risk Assessment completed for mentioned tenant.

2. DON/RN educated on managed risk policy.

3. DON to audit tenant records for need for managed risk assessments.

4. 5/14/23

√ 5/15/23