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
	S0194	A. BUILDING: _____ B. WING _____	C 10/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERSIDE SENIOR LIVING	209 PARK DRIVE CHARLES CITY, IA 50616

(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: 15 Number of tenants with cognitive disorder: 1 Total census of Assisted Living Program: 16 No regulatory insufficiencies were cited during the investigation of Complaint # 102086-C. The following regulatory insufficiency was cited during the recertification visit conducted to determine compliance with certification rules for an Assisted Living Program.	A 000	Please consider this as the credible allegation of compliance for Riverside Senior Living. The facility has corrected all deficiencies noted by surveyors at the time of the recertification visit. The preparation of the following plan of correction for this regulatory insufficiency does not constitute and should not be interpreted as an admission nor an agreement by the facility of the truth of the facts alleged or conclusions set forth in the statement of insufficiencies. The plan of correction prepared for this insufficiency was executed solely because it is required by provisions of state and federal law.	
A 275	481-67.5(2)f(2) Medications 67.5(2) Each program shall follow its own written medication policy, which shall include the following: f. When medications are administered traditionally by the program: (2) Medications shall be kept in a locked place or container that is not accessible to persons other than employees responsible for the administration or storage of such medications. This REQUIREMENT is not met as evidenced by: Based on observation and interview, staff member failed to follow the program's written Medication Assistance policy during a medication pass for 3 of 3 tenants observed (Tenant #4, Tenant #5, and Tenant #6). Findings include:	A 275		

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

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A 275	Continued From page 1 1. On 10/5/22 during an observed medication pass by Staff B, the following was observed: a.) At 11:52 am, Staff B took Tenant #4's prescribed eye drops from the medication storage cupboard which is located in the medication storage room. Staff B left the medication storage room and went to the dining room to administer the eye drops to Tenant #4. The locked doors to the medication cabinet were left standing open and unlocked. The door to the medication storage room was also left ajar and unlocked. b.) At 11:55 am, Staff B took Tenant #5's prescribed medication from the medication storage cupboard located in the medication storage room. Staff B left the medication storage room and went to the dining room to administer the medication to Tenant #5. The locked doors to the medication cabinet were left standing open and unlocked. The door to the medication storage room was also left ajar and unlocked. c.) At 11:57 am, Staff B took Tenant #6's prescribed medication from the medication storage cupboard located in the medication storage room. Staff B left the medication storage room and went to the dining room to administer the medication to Tenant #6. The locked doors to the medication cabinet were left standing open and unlocked. The door to the medication storage room was also left ajar and unlocked. 2. On 10/6/22 the Program's Medication Assistance policy was reviewed. The policy stated medications stored or administered by the program would be kept in a locked place or container that is not accessible to persons other than employees responsible for the supervision of medications.	A 275	Regarding A275, staff members have been reeducated to close the door to the medication room when staff are not present in the room. Staff members have signed acknowledgement of understanding of this requirement. Compliance will be monitored by the Nurse Manager. Date of Correction: November 11, 2022.	

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A 275	Continued From page 2 3. On 10/6/22 at 11:00 am, the Registered Nurse (RN) stated staff were delegated to keep the medication storage cabinet locked at all times when not in the room. 4. On 10/6/22 at 1:00 pm, the Administrator and the RN confirmed Staff B did not properly secure tenant medications between each tenant pass on 10/5/22.	A 275		