

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>S0237</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>05/06/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>RIVER BEND RETIREMENT COMMUNITY AL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>813 TYLER STREET NE CASCADE, IA 52033</b>
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(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
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A 000	<p><b>Initial Comments</b></p> <p>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.</p> <p>Number of tenants without cognitive disorder: 25 Number of tenants with cognitive disorder: 2 Total census of Assisted Living Program: 27</p> <p>There were no regulatory insufficiencies cited during the onsite infection control survey completed from 5-4-21 to 5-6-21.</p> <p>The following regulatory insufficiency was cited during the recertification visit conducted to determine compliance with certification for an Assisted Living Program:</p>	A 000	<p><i>7/1/20/21</i></p>	
A 350	<p><b>481-69.26(1) Service Plans</b></p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to develop service plans that reflected the identified needs of 1 of 3 tenants reviewed (Tenant #1). Findings follow:</p> <p>1. Review on 5-5-21 of Tenant #1's file revealed Tenant #1 was staged at a six on the Global</p>	A 350	<p><i>1. Tenants will be evaluated prior to move in, within 30 days following move in, annually, and when there is a change of condition. The service plan will identify the individual needs of the tenant.</i></p>	<p><i>7/5/21</i></p>

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*The Manager will ensure overall compliance*

*DD*  
*7/1/21*

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A 350	<p>Continued From page 1</p> <p>Deterioration Scale, which indicated severe cognitive decline. Tenant #1 received hospice services.</p> <p>A Subsequent Health/Functional Assessment was completed on 4-26-21 for a change of condition. The assessment was completed due to a significant physical decline and indicated Tenant #1 required the assistance of two people for all transfers.</p> <p>Continued record review revealed the service plan dated 4-26-21 reflected staff was to assist Tenant #1 with stand pivot transfers using two people, a gait belt and walker (as tolerated).</p> <p>Further record review revealed Charting Notes indicated the following:</p> <ul style="list-style-type: none"> <li>- On 4-23-21 it was noted hospice was there to see Tenant #1 and new orders were received to increase scheduled lorazepam to 0.8 milligram (mg) four times per day and every two hours as needed. Staff reported Tenant #1 had been more restless and agitated at times.</li> <li>- On 4-28-21 it was noted a change of condition assessment was completed as Tenant #1 required the assistance of two people for transfers. Tenant #1 was much more drowsy, lethargic and restless.</li> <li>- On 4-27-21 it was noted hospice was there to see Tenant #1 and new orders were received for lorazepam 0.6 mg twice daily at scheduled times and every two hours as needed. Tenant #1 was able to get to the bathroom that day with assistance of one person, a gait belt and walker.</li> <li>- On 4-28-21 it was noted Tenant #1 was transferred and walked with the assistance of one person and a walker. It was also noted Tenant #1 was more alert.</li> <li>- On 5-3-21 it was noted Tenant #1 ambulated in</li> </ul>	A 350	<p>2. The DON will sign off on all ISP updates following an evaluation.</p> <p>3. Individual Service Plans that are updated after an evaluation will be reviewed by the DON.</p> <p>DON: Director of Nursing</p>	
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PRINTED: 06/16/2021  
FORM APPROVED

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A 350	Continued From page 2  the hallway with assistance of one person, a gait belt and a walker (with wheelchair following behind). - On 5-5-21 it was noted hospice was there to see Tenant #1 and new orders were received for lorazepam 0.6 mg, under the tongue, three times per day at scheduled times and every two hours as needed. Orders were also received for Haldol 0.5 mg, under the tongue, twice daily at scheduled times and morphine 5 mg, under the tongue, every hour as needed.  2. Record review of Tenant #1's most current service plan dated 4-26-21 did not reflect the variance in Tenant #1's transfer needs and abilities, including the transfer assistance documented in Charting Notes as indicated above.  3. When interviewed on 5-6-21 at 10:45 a.m. the Healthcare Coordinator said that week Tenant #1 had walked from the beauty shop with assistance of one person and gait belt with the wheelchair following. She said Tenant #1 took two people to transfer approximately 25 to 30% of the time. Tenant #1's medications were reviewed, medication changes were made and Tenant #1 had bounced back a bit. She said it changed from day to day regarding Tenant #1's transfer status of assist of one person or assist of two people. She confirmed the above finding.	A 350		