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
	S0237	A. BUILDING: _____ B. WING _____	06/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVER BEND RETIREMENT COMMUNITY AL	813 TYLER STREET NE CASCADE, IA 52033

(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: 44 Number of tenants with cognitive impairment: 3 Total census: 47 The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification rules for an Assisted Living Program:	A 000		
A 285	481-67.5(2)f(4) 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: (4) Medications and treatments shall be administered as prescribed by the tenant's physician, advanced registered nurse practitioner or physician assistant. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to administer medications as prescribed. This pertained to 13 of 20 tenants who received medications administered by the Program. Findings follow: 1. Record reivew on 6/13/23 of March 2023 incident reports indicated there were 22 reports	A 285	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 285	Continued From page 1	A 285		

completed for medication errors related to medications not available to administer. It occurred with six tenants. For example, Tenant #3 had 17 medication errors related to meds not available to administer provided by either Tenant #3's family or the pharmacy.

2. Record review on 6/13/23 of April 2023 incident reports indicated there were 36 reports completed for medication errors related to medications not available to administer or another type of medication error. It occurred with four tenants. For example, Tenant #3 had 30 medication error reports for medications not available to administer provided by either Tenant #3's family or the pharmacy.

3. Record review on 6/13/23 of May 2023 incident reports indicated there were 20 reports completed for medication errors related to medications not available to administer. It occurred with eight tenants. For example, Tenant #5 did not receive her scheduled doses of Eliquis (anticoagulant medication) on 5/15/23 and 5/16/23 due to the medication not being available to administer. In addition, Tenant #6 did not receive his scheduled doses of penicillin (antibiotic) on 5/15/23 and 5/16/23 due to the medication not being available to administer.

4. When interviewed on 6/20/23 at 1:55 p.m. the Healthcare Coordinator said the pharmacy issues had been going on for several months but had been worse in the past three weeks. There was a transition that occurred with the pharmacy. There was a meeting that occurred on 6/12/23 regarding the possibility of switching to a new pharmacy. There was no negative outcome related to the medications not available to administer.

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A 285	Continued From page 2 When interviewed on 6/20/23 at 2:41 p.m. the Director of Nursing said there had been issues on and off with the pharmacy since she worked there but had been worse in the past six to eight months. There was no negative outcome related to medications not administered. She said they had planned to meet with the pharmacy soon.	A 285		
A 395	481-69.26(4)a Service Plans 69.26(4) The service plan shall be individualized and shall indicate, at a minimum: a. The tenant's identified needs and preferences for assistance 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 3 of 4 tenants reviewed (Tenants #1, #2 and #4). Findings follow: 1. Review of Tenant #1's file on 6/14/23 revealed a Physician Notification form dated 5/18/23 with an order to encourage left foot inversion rotation. The order was noted on 5/18/23. Continued record review revealed the service plan signed on 9/26/22 and reviewed on 3/22/23 did not reflect the update for the order to encourage left foot inversion rotation. 2. Review of Tenant #2's file on 6/14/23 revealed Charting Notes indicating the following: a. On 5/12/23 Tenant #2 had swelling in his bilateral lower extremities (BLE). A small blister	A 395		

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A 395	Continued From page 3	A 395		

was noted on his right shin, it was intact with fluid under. It was noted it was not a significant change as Tenant #2 had a history of edema and skin issues.

b. On 5/18/23 Tenant #2 had a sore bleeding on his leg. Staff placed a band-aid over it. It was the site of the blister previously noted. Tenant #2's family came that morning and dressed it. Family changed it when they were there every morning.

The tenant's service plan dated 6/8/23 reflected Tenant #2 had a chronic ulcer of the great right toe and an area on his calf that recently had a blister. The update of the area affected on Tenant #2's leg was not completed until 6/8/23; despite being noted on 5/12/23.

3. Review of Tenant #4's file on 6/14/23 revealed Charting Notes indicating the following:

a. On 5/18/23 staff reported last evening Tenant #4's spouse was looking for her at the gazebo and she was not there. Staff found her outside the door by the chapel. She had left the building without her key card.

b. On 5/19/23 staff was notified by a visitor that Tenant #4 was outside on the ground near the 200 hallway. Staff assisted her to stand. Tenant #4 had an open area on her head and hand. She was not sure how long she had been on the ground. Staff cleansed the areas and changed her clothes. Tenant #4's family and a nurse were notified. A nurse followed up with Tenant #4 and she declined to answer the nurse's questions and denied pain.

c. On 5/22/23 it was noted that on Saturday staff notified a nurse that Tenant #4's family had taken her to the emergency room (ER) due to arm and shoulder pain. Tenant #4 returned and had a fractured shoulder. Tenant #4 had a sling and needed increased assistance with cares.

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A 395	Continued From page 4 A Health and Functional Assessment dated 5/25/23 reflected Tenant #4 left the building to smoke but was not able to get herself back inside. The evaluation indicated she was not trying to leave but was trying to hide her smoking. She did not remember where the designated smoking areas were located, did not remember to take her card with her to get back inside and walked to several doors to get back inside. Tenant #4 fell doing that on 5/19/23. She was seen in the ER on 5/20/23 and had a fractured shoulder and she was placed in a sling. Tenant #4 was agreeable to not smoking and would notify the nurses of any withdrawal symptoms. The tenant's service plan dated 5/25/23 reflected the right shoulder fracture; however, did not reflect the use of the sling or the issues noted above with smoking and agreement to stop smoking. 4. When interviewed on 6/20/23 at 2:41 p.m. the Healthcare Coordinator confirmed all service plans for the tenants listed above were provided.	A 395		

813 TYLER ST NE, CASCADE, IA 52033 - (563) 852-5081

On behalf of River Bend Retirement Community in Cascade, I'm submitting our Plan of Correction for your approval. Our response is specific to the onsite visit which ended on June 20, 2023 for our Assisted Living (ALP). Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of insufficiencies. The plan of correction is prepared and/or executed solely because it is required by the provision of state law.

ALP Plan of Correction

Medication Administration

Tenants will receive medications as ordered by the physician when medications are delegated to the program. Staff responsible for medication administration will be retrained on when to order refills and what to do when a medication is not available. A letter will be sent to families/legal representative specific to expectation for reordering medications when family/legal representative are responsible for ordering medications. The RN or nurse designee will review medications when completing a 90 day nurse review. The RN or designee will audit medication administration records at least quarterly to ensure medications are administered as ordered by the physician.

Service Plans
The RN will update service plans for Tenants #1 and #4. Tenant #2 no longer resides at the Program. All tenants will have a service plan that identifies tenant needs and requests for assistance. The RN and nurse designee will be re-educated on regulatory requirements for service plan development. The RN and/or designee will review service plans at least every 90 days when completing a 90 day nurse review to ensure service plans are accurate and identify tenant needs and requests for assistance.

This Plan of Correction will be completed on or before August 25, 2023.

Sincerely,

Jill Koopmann

Jill Koopmann, Manager

ok