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
	S0259	A. BUILDING: _____ B. WING _____	C 06/22/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVER VALLEY PLACE OF OTTUMWA	173 EAST ROCHESTER STREET OTTUMWA, IA 52501

(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 for People with Dementia are defined by the 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:: 8 Total census: 20 No regulatory insufficiencies were cited during the investigation of Complaints #111738-C, #112596-C, and #113634-C. The following regulatory insufficiencies were cited during the investigation of Complaints #112787-C and #113694-C.	A 000		
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 interview and record review the Program failed to follow its policy on disposal of sharps for 1 of 1 tenant reviewed who received insulin injections (Tenant #4). Findings follow: Review of Tenant #4's Medication Administration Record for June 2023 revealed he received insulin injections daily. Review of the Medication Administration procedure for insulin injections confirmed used needles were to be disposed of in a sharps container.	A 150		

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

PRINTED: 07/18/2023
FORM APPROVED

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	80259	A. BUILDING: _____ B. WING _____	C 06/22/2023

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A 150	Continued From page 1 On 6/19/23 at 5:11 p.m. Staff A stated she disposed of used needles in a pee container and then put the cup into the garbage because a biohazard sharps container was not available. On 6/19/23 at 5:30 p.m. Staff B reported a biohazard sharps container was not available to dispose of the used needles. She said she saw a urine cup in the cupboard and was not sure what it was for and wrapped the used needles in her gloves and disposed of them in the regular trash. On 6/19/23 at 6:29 p.m. the Health Care Consultant confirmed Tenant #4 received insulin injections. She stated she provided a urine sample cup for staff to put the used needles into and forgot to follow up on getting a biohazard sharps container.	A 150	Immediate staff education on proper policy and procedure on Sharps disposal • Sharps container provided to tenant #4. • Health and Wellness Director obtained extra Sharps Containers to have on hand • Will audit Sharps inventory weekly for 4 weeks, bi-weekly for 2 months and then monthly thereafter.	6-21-23 6-21-23 7-19-23
A 160	481-67.3(2) Tenant Rights 481-67.3 Tenant rights. All tenants have the following rights: 67.3(2) To receive care, treatment and services which are adequate and appropriate. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to provide adequate and appropriate care, treatment, and services to 3 of 6 tenants reviewed (Tenant #1, Tenant #2, and Tenant #5). Findings follow:	A 160	• Will audit residents Requiring use of Sharps Container for proper use weekly 4 weeks, bi-weekly for 2 months then monthly thereafter. Results of all audits will be brought @ API for Review and action plan developed if indicated.	

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A 160	Continued From page 2 On 6/20/23 at 11:45 a.m. Tenant #1 and Tenant #2 reported they received their 8 p.m. medications after 10 p.m. on several occasions the past few months. They said only 2 staff worked the entire building and felt that was not enough especially since medications were administered late several times. Tenant #1 stated she took pain medication for kidney spasms and had none available over the weekend. She rated her pain around an 8 and was not happy she had to suffer over the weekend until the prescription was refilled. On 6/19/23 at 5:11 p.m. Staff A confirmed she administered medications late on several occasions. She stated there usually was only 2 staff working in the evenings and it was very difficult to assist with showers, get everyone ready for bed, and administer medications by 9 p.m. On 6/19/23 at 4:49 p.m. Staff C reported tenants had complained about late medications but she was busy assisting someone else and no other staff was available to administer medications. On 6/19/23 at 1:05 p.m. Staff D stated Tenant #1 requested pain medication and none was available until the refill came several days later. On 6/19/23 at 12:41 p.m. Staff E stated she administered medications late 1-2 times a week due to not enough staff to do showers and other cares and also get the medications done by the required time. On 6/21/23 at 10:34 a.m. the Health Care Coordinator (HCC) stated she sent in the refill for Tenant #1 when there were 4 pills remaining and should have done it sooner. She confirmed	A 160	• Re-education on reordering medication was completed on 6-21-23.	6-21-23
			• Health and Wellness Director will Randomly audit 5 Residents medications are happening timely. This will occure Weekly for 4 weeks. Bi-weekly for 2months and monthly there after. Results of all audits will be brought to QARI for Review and action plan developed if indicated.	
			• Health Wellness Director will Run med pass Variance Report daily for late Medications	7-19-23
			• Health and Wellness Director will address and varances with staff and corrective measures Implemented.	7-19-23

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A 160	Continued From page 3 Tenant #5 required an Inhaler for COPD and went 5 days without it. The HCC acknowledged she needed to improve on her follow up regarding medications so that the refills are done timely and not at the last minute. On 6/19/23 at 6:53 p.m. the Assistant Director confirmed they required more staff to ensure tenants received the required services and treatment they deserved. She reported more staff have been hired and waiting for others to confirm their offer of employment.	A 160	Results of all audits will be brought to QAPI for Review and action plan developed if indicated	

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