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 03/26/2024

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

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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: 11 Number of tenants with cognitive impairment: 16 Total census: 27 The following regulatory insufficiencies were cited during the investigation of Complaints #115373-C, #117180-C and #117812-C; Incidents #117537-I and #118762-I as well as the recertification visit conducted to determine compliance with certification of an Assisted Living Program for People with Dementia.	A 000	The Plan of Correction is attached.	
A 140	481-67.2(2)a Program Policies and Procedures 67.2(2) The program's policies and procedures on allegations of dependent adult abuse shall be consistent with Iowa Code chapter 235E and rules adopted pursuant to that chapter and, at a minimum, shall include: a. Reporting requirements for staff and employees This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to ensure policies regarding abuse and exploitation were consistent with Iowa Code chapter 235E regarding reporting requirements. Findings include::	A 140		

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

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A 140	Continued From page 1 A review of the Abuse, Neglect and Exploitation policy revealed the program developed the policy and procedure to prohibit the exploitation or misappropriation of property by any perpetrator. All employees were educated that alleged or suspected violations involving misappropriation of elder property should be reported immediately to the Administration, but not later than two hours after the alleged incident. The Chief Executive Officer and/or Administrator would ensure all incidents of misappropriation of elder property were investigated and reported immediately to the State Department for Aging and Disability Services Complaint Hotline. The Managing Controlled Medications policy noted if a major discrepancy or pattern of discrepancies occurs or if there is apparent criminal activity, the Director of Nursing would notify the Health Services Administrator and Consultant Pharmacist immediately. They would determine if law enforcement should be notified. All discrepancies would be reported to the Kansas Department of Aging and Disability Services related to misappropriation of elder property. The program's policies did not identify the process of notifying the department (inspections and appeals) as required in Iowa Code chapter 235E. On 3/25/24 at 3:30 PM the HWD (who began employment in October 2023) stated she could not find evidence the program reported these possible cases of dependent adult abuse to the department.	A 140		

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A 150	Continued From page 2	A 150		
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 established policies related to reporting potential dependent adult abuse for 5 of 7 current tenants (Tenant #2, #3, #4, #5 and #7) and 3 of 3 discharged tenants (Tenant C1, C2 and C3) reviewed; and counting and securing medication for 2 of 4 current tenants reviewed (Tenant #1 and Tenant #2). Findings include, but are not limited to: 1. A review of police department records revealed the following: - On 7/14/23 at 12:53 PM, a supervisor from the program reported during a routine audit of patients' medication it was discovered one patient had about 40 Tizanidine taken since 7/3/23. According to drugs.com, Tizanidine is a short-acting muscle relaxer. Another audit showed a patient in the memory care unit had several Trazodone missing. Trazodone is a selective serotonin reuptake inhibitor indicated for the treatment of major depressive disorder according to Drugs.com. The Trazodone may have been taken over night on 7/14/23. a) the nurse wrote an email to the Assistant Director on 7/13/23 identifying Tenant #2 was missing 12 pills of Trazodone. Tenant #5 was missing the Tizanidine. b) on 8/3/23, the former Executive Director sent an email to the police officer stating it was not the first time in recent weeks a medication came up missing. He had several complaints from other	A 150		

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staff reporting a specific employee had been tampering with medication.

- On 11/27/23, the police received a report the medication cart was left unlocked on 11/22/23. Staff discovered the cart was unlocked on 11/23/23 at the evening medication pass. During the course of the investigation, staff members reported the following:
a) there were issues with a previous manager stealing medication numerous times, including more so than what's being reported to police now.
b) since August there have been a few thefts. Morphine was taken sometime in September but no police report was made.

- On 1/4/24 the Health and Wellness Director (HWD) reported to the police Tenant #3 had 9 clonazepam pills missing from her pill organizer. Tenant #3 dispensed her own pills. The HWD reported a hospice employee set up Tenant #3's medication for her on 1/1/24 which was the last time they were aware all pills were present. The HDW reported they had some pills thefts, but this was the first narcotic that was taken.

When interviewed on 3/19/24 at 5:30 PM, Staff C reported Morphine went missing for Tenant C3. The former Registered Nurse (RN) did not count the narcotic pain medication for Tenant C2 when he moved to the program. Tenant C2 moved to the program on a Tuesday with 16 or 17 pills. By Friday, there were 3 pills left in the bottle. Tenant #2 and Tenant #4 had missing medication which was discovered on 7/12/23. A report was made to the police about this and staff wrote statements about what occurred.

When interviewed on 3/18/24 at 1:30 PM, Tenant #5 reported she was informed someone stole

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Tramadol, a narcotic medication, from her. Her medication was administered by the program.

On 3/18/24 at 4:47 PM, Staff D recalled Tenant C3 had syringes of morphine provided by hospice. When she was counting narcotics with Staff F they discovered one syringe containing morphine was empty. Tenant C2's daughter dropped off a bottle of narcotics to the program, although she was unsure what kind. Pills from the bottle went missing. Tenant #7 stored her medication in a lock box in her apartment. Tenant #7 reported someone came in during the middle of the night and took the pills. Tenant #4 had muscle relaxers stolen. Tenant #2 had Trazodone stolen from her apartment from an unlocked medication box and cabinet stored in the tenant's apartment.

During an interview on 3/19/24 at 8:10 AM Staff E reported being aware of the medication thefts.

The Abuse, Neglect and Exploitation policy identified the program developed the policy and procedure to prohibit the exploitation or misappropriation of property by any perpetrator. All employees were educated alleged or suspected violations involving misappropriation of elder property should be reported immediately to the Administration, but not later than two hours after the alleged incident. The Chief Executive Officer and/or Administrator would ensure all incidents of misappropriation of elder property were investigated and reported immediately to the State Department for Aging and Disability Services Complaint Hotline. Staff would interview the person making the report, individuals alleged to have been involved in the incident, the elder, team members on duty when the alleged incidents occurred and other elders who received

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care from the individual alleged to have committed the abuse. Following each interview, the individual interviewed would complete a witness statement summarizing the events related to the incident. It would be emphasized to each person they were to write a statement in their own words. Each individual would sign and date their witness statements in front of a Notary Public. Within five days of the incident, the Administrator would review the information from the investigation and prepare a written report to include a list of findings, a summary of conclusions of the investigation, recommendations for changes in policies and procedures to prevent a similar event from occurring and recommendations for employee education when the report indicates employees did not follow the policies and procedures.

The Managing Controlled Medications policy noted if a major discrepancy or pattern of discrepancies occurs or if there is apparent criminal activity, the Director of Nursing would notify the Health Services Administrator and Consultant Pharmacist immediately. They would determine if law enforcement should be notified.

On 3/25/24 at 3:30 PM the HWD (who began employment in October, 2023) stated she could not find investigations into the thefts or evidence the program reported these possible cases of dependent adult abuse to the department.

2. a. On 3/20/24 review of an internal investigation report for Tenant #1 dated 2/12/24 revealed on 2/2/24 at 1:55 PM, the Health and Wellness Director (HWD) was contacted by Staff A advising the narcotic count was off. Staff A reported Tenant #1 was missing 13 pills of

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alprazolam. The HWD verified 13 pills were missing. Staff A reported she had the keys to the medication cart with her all day and had not given them to anyone else. No other staff member administered medication to tenants from the medication cart. The last known date the narcotic count was correct was on 2/1/24 at 10:00 PM.

When interviewed on 3/21/24 at 12:40 PM Staff A stated when she came in for her shift that morning, she did her own count without having a second person verify how many pills were present because no one else present was authorized to count medication.

The HWD documented the program would continue to do narcotic counts each shift with 2 people. All staff were educated on needing 2 people to verify narcotic counts each time a new person/shift accessed the medication cart.

A review of the controlled drug record for Tenant #1 identified she used the medication alprazolam, 0.25 mg., which she received daily as needed for anxiety. Tenant #1 had a controlled drug record dated 2/5/24 - 3/19/24. A review of the record revealed staff counted Tenant #1's alprazolam daily, every shift by two staff members on the following dates: 2/6/24, 2/7/24 and 2/12/24. The medication was not counted at all on 2/24/24, 2/26/24, 3/4/24, 3/9/24, 3/10/24, 3/15/24, 3/16/24 and 3/18/24.

b. An investigation report for Tenant #2 revealed on 11/23/23 at 7:00 PM, Staff B called the HWD and former Executive Director and advised them Tenant #2 was missing 20 pills of Trazodone. Tenant #2 had 30 pills of trazodone delivered on 11/17/23 and she received 1 pill daily at bedtime. On 11/23/23, Tenant #2 had 4 pills of trazodone

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left. The last known date the medication count was correct was 11/19/23.

The medication had since been placed under double lock and was being included in the narcotic count. All staff who had access to medications were re-educated in medication administration.

A review of the controlled drug record for Tenant #2's trazodone, dated 2/18/24 - 3/19/24, revealed the medication was not counted every shift, every day by two staff on any of these days. The medication was not counted on any shift on 2/24/24, 2/28/24, 3/1/24, 3/3/24, 3/15/24 and 3/18/24.

A review of a controlled drug record for Tenant #2 dated 3/4/24 - 3/19/24 revealed she took 0.5 mg. of clonazepam every day as needed. Staff did not count Tenant #2's clonazepam each shift, every day on any of these days. Staff failed to count Tenant #2's clonazepam on the following dates: 3/5/24, 3/9/24, 3/10/24, 3/15/24, 3/16/24, 3/17/24 and 3/18/24.

c. The program had a policy on managing controlled medications. It identified only licensed nursing and pharmacy personnel had access to controlled medications. All controlled drugs would be reconciled every shift. At shift change, a physical inventory of all controlled medications was conducted by two licensed nurses and documented on the controlled substances accountability record. The controlled substances would be counted each shift by one licensed nurse from the off-going shift and one licensed nurse from the oncoming shift and both licensed staff members would sign the controlled substance count sheet. The reconciliation form

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A 150	Continued From page 8 would be kept for a period of three years. On 3/25/24 at 3:30 PM, the HWD reported she did not know what staff were to do regarding the controlled substance count if there weren't two individuals licensed to administer medication in the building. She was told if there weren't 2 medication passers a count couldn't be done with a non-licensed staff. Staff could do the count by themselves. The HWD agreed the program was not following the policy.	A 150		
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 observation, interview and record review, the program failed to provide adequate care to 3 of 6 tenants reviewed (Tenant #4, Tenant #5, and Tenant #6). Findings include: 1) An observation on 3/20/24 at 12:40 PM found Tenant #6 and other tenants at a table in the dining room. Tenant #6 had food on the bottom half of her face, clothing and hands. There were also crumbs of food on the floor and table. The area where Tenant #6 sat was not cleaned at 4:10 PM when she came to the dining room for the evening meal.	A 160		

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A 160	Continued From page 9 On 3/20/24 at 1:30 PM, Tenant #5 reported Tenant #6, her table mate, was unable to feed herself with silverware. Tenant #6 picked up her food with her fingers, including things like ice cream and pudding. Tenant #5 started feeding the pudding and ice cream to Tenant #6 to prevent a mess. On 3/20/24 at 4:37 PM, Staff D reported Tenant #6's ability to feed herself had worsened over the past year and was getting worse. She often ended up with food on herself, clothing and floor. Staff were supposed to clean the dining room floor overnight, but there were times she would come in to work 2nd shift and found the same mess on the floor from the day before. On 3/21/24 at 8:10 AM, Staff E recalled Tenant #6 got Covid-19 about 2 years ago. She did well in occupational therapy, but as soon as that ended, her ability to care for herself had declined. On 3/25/24 at 4:25 PM Tenant #6 reported she struggled to eat food without making a mess which was embarrassing for her. On 3/20/24 at 4:25 PM, the Health and Wellness Director (HWD) reported Tenant #6 finished occupational therapy a while ago due to a lack of participation. Tenant #6's ability to use her hands had gone downhill since that time. She was not aware Tenant #6 was eating food with her hands - especially pudding and ice cream. The kitchen cut up Tenant #6's food and gave her drinks in a plastic cup. Staff should be cleaning her spot in the dining room after each meal. 2) A review of the February, 2024 and March 2024 medication administration record (MAR) identified Tenant #4 used a Fentanyl patch which	A 160		

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was to be applied topically to the skin every three days. In February 2024, Tenant #4 received the patch on 2/1, 2/5, 2/11, 2/14, 2/17, 2/20, 2/23 and 2/26. There was no explanation of why Tenant #4 went four days without a patch change from 2/1 - 2/5 and 6 days without a change of the patch from 2/5 - 2/11. Tenant #4 did not receive a patch on 2/29 because the medication was unavailable.

In March, 2024, Tenant #4 received a new patch on 3/6, 3/9, 3/12 and 3/15. Tenant #4's patch was withheld on 3/3 per doctor or RN orders. The program received a refill of 5 patches on 3/15/24, according to the controlled drug record. Tenant #4's patch was marked unavailable on 3/18 on the MAR. A new patch was not applied to Tenant #4 until 3/21/24.

On 3/20/24 at 3:50 PM, Tenant #4 reported she was frustrated she did not receive a new Fentanyl patch every three days because she had a lot of pain from her arthritis. Tenant #4 said she told the staff they needed to look at the calendar to know when to change the patch but it did not always happen. Tenant #6 hadn't had a new patch all week.

Staff did not always administer Tenant #4's medication as prescribed which caused her increased pain.

3) A review of progress notes for Tenant #5 revealed on 3/17/24 at 7:00 PM the HWD documented Tenant #5 was not feeling well. She complained of nasal drainage which was off-colored, a headache and not feeling well. Her temperature was 100 degrees. Tenant #5 was given Tylenol. She did not have Covid-19. The HDW would continue to monitor Tenant #5.

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A 160	Continued From page 11 Staff monitored Tenant #5's blood pressure and pulse on 3/18/24, 3/20/24, 3/22/24 and 3/25/24. They took her temperature on 3/17/24 when it was 100 degrees. Progress notes further documented the HDW spoke with a nurse at Tenant #6's doctor's office on 3/21/24 and reported the tenant's symptoms. The program received an order for Amoxicillin on 3/21/24 at 10:53 AM. The program administered Tenant #5 the first dose of the antibiotic the morning of 3/22/24. On 3/20/24 at 1:30 PM, Tenant #5 reported she met with the HWD on 3/18/24 and said she felt as if she had a sinus infection. Tenant #5 had a temperature of 100 degrees. The HWD told Tenant #5 she would call the doctor and get back with her. Tenant #5 felt pretty dizzy. As of the morning of 3/21/24, Tenant #5 had not heard from the HWD. Tenant #5 reported she felt better when interviewed on 3/25/24. Tenant #5 did not receive prompt treatment from the HWD in addressing her symptoms. On 3/25/24 at 3:30 PM the HWD confirmed there were issues with the care these tenants received.	A 160		
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	A 275		

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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 interview and record review, the program failed to ensure medication was stored in a locked place for 1 of 6 tenants reviewed (Tenant #2). Findings follow:

1) Record review of a police report dated 7/14/23 revealed a written statement from Staff G dated 7/12/23 at 6:20 PM. Staff G entered Tenant #2's apartment to do a visual check when the tenant asked, "do I take this one?" Tenant #2 was holding the cards which held her medication. Staff G collected the following medication from Tenant #2: 10 mg. Escitalopram, 2 packs of 15 mg. of Buspirone, 50mg. of Atenolol, Metronidazole cream, Diclofenac Sodium topical, Timolol Solution and one pill of Buspirone 10mg. which had been discontinued.

Staff G called the Assistant Administrator at 6:25 PM and explained how she found Tenant #2's medication. The former Registered Nurse (RN) called at 6:39 PM and asked for pictures of the medication. Staff G then placed the medication inside of a lock box in a locked cupboard in Tenant #2's apartment.

2) A police report dated 11/27/23 revealed the medication cart was left unlocked on 11/23/23 following the evening medication pass. Staff A discovered the cart was unlocked during the evening medication pass on 11/23/23. An investigative report of the incident written by the Health and Wellness Director revealed Tenant #2 was missing 20 tablets of Trazodone.

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A 275	Continued From page 13 The program had a medication management policy which identified medication would be kept in a locked drawer in the tenants' room which was not accessible to people other than employees responsible for the administration or storage of medication. The Health and Wellness Director did not find any documentation of the incident involving Tenant #2 from 7/12/23. She confirmed the program administered Tenant #2's medication during these time periods and the medication cart was unlocked when found on 11/23/23.	A 275		
A 325	481-67.9(1) Staffing 67.9(1) Number of staff. A sufficient number of trained staff shall be available at all times to fully meet tenants' identified needs. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to provide a sufficient number of staff to meet the needs of 2 of 6 tenants reviewed (Tenant #4 and Tenant #5) reviewed. Findings include: 1) On 3/20/23 at 1:30 PM Tenant #5 reported on 3/4/24 she received a shower with staff assistance. Staff left the apartment and Tenant #5 got her upper body dressed and then needed to use her bathroom. Tenant #5 used a wheelchair and had a brace on her left lower extremity. Tenant #5 fell in the bathroom and no one came to provide assistance for 2 hours. She pressed her pendant 4 times. Tenant #5 said she knew it	A 325		

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A 325	Continued From page 14	A 325		

was 2 hours because she went into the bathroom at 7:30 AM. The Health and Wellness Director (HWD) came and assisted her. The HWD could not stand Tenant #5 up on her own and got assistance from another employee. Staff moved Tenant #5 to the living room at 9:35 AM. Tenant #5 did not have any injuries, but it was humiliating and uncomfortable to lay on the ground for 2 hours.

Tenant #5 had an incident report dated 3/4/24 at 9:00 AM. The report described Tenant #5 as having just finished using the toilet and when she went to stand up her foot slipped. Tenant #5 fell to the ground. Tenant #5 put on her call light for assistance. Tenant #5 was assisted off the ground to her wheelchair. Staff assisted Tenant #5 with getting dressed and provided her with acetaminophen to help with left leg pain.

A device activity report identified Tenant #5 pressed her pendant for staff assistance at 7:51 AM, 9:14 AM, 9:20 AM and 9:41 AM. Staff did not respond to the pendant for 103 minutes.

On 3/19/23 at 4:00 PM, Tenant #4 reported sometimes the medication aide might forget her muscle relaxant which she took to help her fall asleep. Last night the nurse set up the medication in a cup and a staff person brought it to her later in the evening. Tenant #4 asked the staff if the pill cup contained her muscle relaxant but the aide wasn't sure. There were times when there wasn't a staff trained to administer medication working at night.

On 3/20/24 at 1:30 PM, Tenant #5 stated her pain had not been much of an issue lately, but when it was, there were times she could not get an as needed medication because there were no staff

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A 325	Continued From page 15 authorized to give medication on 3rd shift. 2) On 3/20/23 at 4:47 PM, Staff D reported the program no longer employed a housekeeper or laundry person and the caregivers did this work. Tenant #5 hadn't had her apartment cleaned for going on 3 weeks (this was the 3rd week). A caregiver noticed Tenant #5 had feces on her wall a few days ago. It had been there for 3 weeks. The caregiver spot cleaned her bathroom. The floors had not been swept/mopped for over 2 weeks. Staff D related the program did not have enough staff working. Sometimes it took 1-2 hours to respond when tenants paged for assistance. Staff D also administered medication. Med passers were told they could only do the controlled substance count with another licensed medication passer. If there were no other medication passers, the narcotics don't get counted. She often had to pass medication to tenants throughout the building. She worried she will make a mistake administering medication, performing tenant cares and responding to pendants. At times there was not an employee to pass medication on 3rd shift. On 3/21/24 at 8:10 AM, Staff E stated there clearly weren't enough staff in the memory care unit. The aides were expected to do showers and clean rooms while one tenant displayed exit-seeking behavior. There were apartments in the building which were very dirty. The apartment of a tenant in memory care had feces on the toilet and floor which was now cleaned. On 3/19/24 at 2:52 PM, Staff F reported sometimes they had a person certified to administer medication on the overnight shift and sometimes they don't. Sometimes tenants will ask her for Tylenol and she has to tell them there is	A 325		

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A 325	Continued From page 16 no one available to administer medication. On 3/25/24 at 3:30 PM the Health and Wellness Director (HWD) reported she was aware a person was not always working who was authorized to administer medication. She understood the controlled substance count could not always be completed by two people. The program lost their housekeeper about two weeks after she started working (in October) and they have not replaced her. The HWD had heard reports of tenants with dirty apartments.	A 325		
A 135	481-69.22(1) Evaluation of Tenant 69.22(1) Evaluation prior to occupancy. A program shall evaluate each prospective tenant's functional, cognitive and health status prior to the tenant's signing the occupancy agreement and taking occupancy of a dwelling unit in order to determine the tenant's eligibility for the program, including whether the services needed are available. The cognitive evaluation shall utilize a scored, objective tool. When the score from the cognitive evaluation indicates moderate cognitive decline and risk, the Global Deterioration Scale (GDS) shall be used at all subsequent intervals, if applicable. If the tenant subsequently returns to the tenant's mildly cognitively impaired state, the program may discontinue the GDS and revert to a scored cognitive screening tool. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to complete functional and health evaluations prior to admission for 1 of 1 tenants reviewed admitted since 2/1/24 (Tenant #1). Findings follow:	A 135		

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A 135	Continued From page 17 Record review on 3/19/24 of a face sheet revealed Tenant #1 moved to the program on 2/1/24. Tenant #1 had an cognitive assessment and service plan dated 1/30/24. There was no functional or health evaluation in Tenant #1's record. On 3/25/24 at 3:30 PM the Health and Wellness Director confirmed no functional or health evaluation was completed for Tenant #1 prior to her admission to the program.	A 135		
A 140	481-69.22(2) Evaluation of Tenant 69.22(2) Evaluation within 30 days of occupancy. A program shall evaluate each tenant's functional, cognitive and health status within 30 days of occupancy. The evaluation shall be conducted by a health care professional, a human service professional, or a licensed practical nurse via nurse delegation when the tenant has not exhibited a significant change. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to complete an evaluation within 30 days of occupancy for 1 of 1 tenants reviewed admitted to the program since 2/1/24 (Tenant #1). Findings follow: Record review on 3/19/24 revealed Tenant #1 had an initial assessment and service plan dated 1/30/24. The form noted the next review was due 2/29/24. Tenant #1 did not have any additional health, functional or cognitive assessment in the record.	A 140		

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A 140	Continued From page 18 The Health and Wellness Director confirmed these findings on 3/25/24 at 3:30 PM.	A 140		
A 145	481-69.22(3) Evaluation of Tenant 69.22(3) Evaluation annually and with significant change. A program shall evaluate each tenant's functional, cognitive and health status as needed with significant change, but not less than annually, to determine the tenant's continued eligibility for the program and to determine any changes to services needed. The evaluation shall be conducted by a health care professional, a human service professional, or a licensed practical nurse via nurse delegation when the tenant has not exhibited a significant change. A licensed practical nurse shall not complete the evaluation when the tenant has exhibited a significant change. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to evaluate 2 of 6 tenants reviewed who experienced a significant change in condition (Tenant #2 and Tenant #6). Findings include: 1) Record review on 3/19/24 of progress notes for Tenant #2 revealed on 2/28/24, she had a red, warm scabbed pressure sore looking wound without drainage on her upper left thigh. The wound was covered with a 4x4 bandage and antibiotic ointment was applied and secured with paper tape.	A 145		

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A 145	Continued From page 19 On 3/11/23, staff put a band aide on Tenant #2's wound on her finger. Staff wrapped Tenant #2's finger on 3/12/24 and Tenant #2 took it off ten minutes later. She refused care on 3/13/24. Tenant #2's finger was still red on 3/17/24 and staff put a band aid on her wound. She refused a band aid on 3/18/24. She did not want her finger wrapped on 3/19/24. The program did not re-evaluate Tenant #2 when she developed a wound on her leg or an injury to her finger. 2) An observation on 3/20/24 at 12:40 PM found Tenant #6 and other tenants at a table in the dining room. Tenant #6 had food on the bottom half of her face, clothing and hands. There were also crumbs of food on the floor and table. On 3/20/24 at 1:30 PM, Tenant #5 reported Tenant #6, her table mate, was unable to feed herself. Tenant #6 had started to pick up her food with her fingers, including things like ice cream and pudding. Tenant #5 started feeding the pudding and ice cream to Tenant #6 to prevent a mess. On 3/20/24 at 4:37 PM, Staff D reported Tenant #6's ability to feed herself had worsened over the past year and was getting worse. She often ended up with food on herself, clothing and floor. On 3/21/24 at 8:10 AM, Staff E recalled Tenant #6 got Covid-19 about 2 years ago. She did well in occupational therapy but as soon as that ended, she declined. Tenant #6 wore a sports bra. There had been numerous times when Tenant #6 arranged her shirt and exposed her breasts.	A 145		

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A 145	Continued From page 20 On 3/25/24 at 4:25 PM Tenant #6 reported her struggle to eat food without making a mess was embarressing for her. Tenant #6 finished occupational therapy a few weeks ago because it did not seem to be helping her. Tenant #6's son provided her with built up silverware and plates with rounded edges but these didn't help because she could not hold the silverware. Tenant #6 had an assessment and service plan dated 12/3/23. Tenant #6 had a goal for staff to ensure she was well-nourished and provided with sufficient menu and snack choices. She was to receive weighted silverware and a plate guard. Tenant #6 required moderate assistance with dressing, to include putting on her bra and clothing. Tenant #6 did not push her button when needing assistance with clothing. Staff were to ensure Tenant #6 was dressed appropriately each day. On 3/25/24 at 3:30 PM, the Health and Wellness Director (HWD) reported she was aware Tenant #6 struggled with eating but did not know she was eating food with her hands. She was aware of Tenant #6 having issues with dressing which resulted in accidental exposure. The HDW confirmed she did not re-evaluate Tenant #2 and Tenant #6 when their needs changed.	A 145		
A 340	481-69.25(2) Tenant Documents 69.25(2) The program records relating to a tenant shall be retained for a minimum of three years after the transfer or death of the tenant. This REQUIREMENT is not met as evidenced	A 340		

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by:
Based on interview and record review, the program failed to retain documentation for 3 of 3 discharged tenants reviewed (Tenant C1, Tenant C2 and Tenant C3). Findings include:

1) Record review on 3/20/23 revealed a progress note for Tenant C1 dated 9/2/23. The morning of 9/2/23, Tenant C1 broke the screen out of her window and climbed out the window. She was observed outside by staff who heard the noise from her room, presumed to be the screen being broken. Multiple efforts were made to get the resident back into the unit without success. Tenant C1's doctor was notified and directed staff to contact the ambulance service to send Tenant C1 to the hospital for evaluation. Tenant C1 did not return to the program.

The program was unable to provide a face sheet, service plan, incident reports, evaluations or medication administration records for Tenant C1 following her discharge from the program.

2) Tenant C2 moved to the program on 6/13/23. The program had a face sheet, progress notes, physician order form and one written order for Tenant C2.

On 3/19/23 at 5:30 PM Staff C stated Tenant C2 came to the program for respite around June 11. He finally took a shower on 6/18/23 with his daughter's assistance. Staff did not administer Tenant C2's medication for awhile. Tenant C2 was prescribed a pain medication which was a narcotic. The former Registered Nurse (RN), didn't count the narcotics or put them in the lock box. Tenant C2 had 16 or 17 narcotic pills. He came in on a Tuesday and two days later one of the other girls realized the medication bottle was

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almost empty. By Friday there were only 3 pills left. They went in and called in everyone who worked the shift.

Tenant C2 had a colostomy and used insulin. No one knew how to deal with the colostomy which was supposed to be emptied daily and changed every 2-3 days. Staff C and the former RN were the only ones who knew how to provide Tenant C2's colostomy care.

On 3/20/23 at 4:37 PM, Staff D reported Tenant C2's daughter came in with a bottle of narcotics. The former RN did not report staff were to administer Tenant C2's narcotic or record information about the pills.

The program did not have an initial assessment, written directions to staff for the care of Tenant C2, a medication administration record or controlled substance count sheet.

3) Record review of a "Hospice Patients in Nursing Facilities: Instructions" form identified Tenant C3 started hospice on 7/26/23.

On 3/19/24 at 5:30 PM, Staff C recalled Tenant C3 had morphine stolen.

On 3/20/24 at 4:47 PM, Staff D reported when she went to complete the medication count with Staff F they discovered the liquid Morphine was missing from the syringe. A hospice nurse brought in the syringes and they were full when she brought them in.

The program did not retain a controlled substance record sheet for Tenant C3. The program did not have Medication Administration Records for Tenant C3 for 7/2023, 8/2023 or

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A 340	Continued From page 23 9/2023. On 3/25/24 at 3:30 PM the HWD confirmed the program did not have the requested records for the discharged tenants.	A 340		
A 360	481-69.26(3) 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. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the program failed to update the service plan for 3 of 6 tenants reviewed (Tenant #6, Tenant #2 and Tenant #1). Findings include: 1) An observation on 3/20/24 at 12:40 PM found Tenant #6 and other tenants at a table in the dining room. Tenant #6 had food on the bottom half of her face, clothing and hands. There were also crumbs of food on the floor and table. On 3/20/24 at 1:30 PM, Tenant #5 reported Tenant #6, her table mate, was unable to feed herself. Tenant #6 had started to pick up her food with her fingers, including things like ice cream and pudding. Tenant #5 started feeding the pudding and ice cream to Tenant #6 to prevent a mess. On 3/20/24 at 4:37 PM, Staff D reported Tenant	A 360		

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#6's ability to feed herself had worsened over the past year and was getting worse. She often ended up with food on herself, clothing and floor.

On 3/21/24 at 8:10 AM, Staff E recalled Tenant #6 got Covid-19 about 2 years ago. She did well in occupational therapy, but as soon as that ended, she has declined. Tenant #6 wore a sports bra. There have been numerous times Tenant #6 arranged her shirt and exposed her breasts.

On 3/25/24 at 4:25 PM Tenant #6 reported her struggle to eat food without making a mess was embarrassing for her. Tenant #6 finished occupational therapy a few weeks ago because it did not seem to be helping her. Tenant #6's son provided her with built up silverware and plates with rounded edges but these didn't help because she could not hold the silverware.

Tenant #6 had an assessment and service plan dated 12/3/23. Tenant #6 had a goal for staff to assure Tenant #6 was well-nourished and provided with sufficient menu and snack choices. She was to receive weighted silverware and a plate guard. Tenant #6 required moderate assistance with dressing, to include putting on her bra and clothing. Tenant #6 did not push her button when needing assistance with clothing. Staff were to ensure Tenant #6 was dressed appropriately each day.

On 3/26/24 at 3:30 PM, the Health and Wellness Director (HWD) reported she was aware Tenant #6 struggled with eating but did not know she was eating food with her hands. She was aware of Tenant #6 having issues with dressing which resulted in accidental exposure. The HWD confirmed Tenant #6's service plan did not address these issues.

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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 360	Continued From page 25 2) Record review on 3/19/24 of progress notes for Tenant #2 revealed on 2/28/24, Tenant #2 had a red, warm scabbed pressure sore looking wound without drainage. The wound was covered with a 4x4 bandage and antibiotic ointment was applied and secured with paper tape. On 2/29/24, Staff reported Tenant #2 refused to shower after multiple attempts. Staff suggested she put on clean clothing and she also refused to do this. At one point Tenant #2 raised her fist as if she was going to hit the aide. On 3/11/23, staff put a band aide on Tenant #2's wound. Staff wrapped Tenant #2's finger on 3/12/24 and Tenant #2 took it off ten minutes later. Tenant #2 refused care on 3/13/24. Tenant #2's finger was still red on 3/17/24 and staff put a band aid on her wound. Tenant #2 refused a band aid on 3/18/24. She did not want her finger wrapped on 3/19/24. Tenant #2 had a service plan dated 1/29/24. Her service plan did not address skin issues or what to do when Tenant #2 refused cares. The plan did identify staff should use redirection techniques when Tenant #6 started having verbal behaviors. 3) Tenant #1 had an initial service plan dated 1/30/24. A 30-day service plan was not found in the record. The HWD confirmed these findings on 3/25/24 at 3:30 PM.	A 360		

River Valley Place – Ottumwa

Plan of Correction REVISED

POC date is 7/12/24

A140

1) Program RNs last day of employment was 5/1/2024. The new program RN began employment on 5/13/2024. The community will follow the policy and procedure established by the program regarding dependent adult abuse. Staff will be re-educated on policy for reporting dependent adult abuse by June 15, 2024. The program RN or designee will monitor this monthly as new employees are hired.

A150

1) Program RNs last day of employment was 5/1/2024. The new program RN began employment on 5/13/2024, all staff will be re-educated on program Policies and Procedures by June 15, 2024. Going forward all new employees will be educated on policies and procedures upon hire. This will be monitored upon QAs of new employee files by the program RN or designee monthly.

A160

1) Program RNs last day of employment was 5/1/2024. The new program RN began employment on 5/13/2024, within 60 days of hire program RN will delegate and re-educate staff on service plans and cares to be provided to residents. This will be completed by July 12, 2024. All new employees will be delegated prior to providing care to the residents, typically within 30 days of hire. Residents will be asked periodically how they feel things are going at the community, how the meals are and if they are receiving all that they want, how activities are going and if they are participating in activities of their choice adjustments will be made accordingly.
2) Staff will be educated on resident rights upon hire.

A275

1) The program will follow the written medication policy including keeping medications in a locked container that is not accessible by anyone except for the employee who is responsible for dispensing of the medications. All staff will be re-educated about the medication policy before June 15, 2024. The new program RN or designee will spot check the medication carts at least 3xs week to ensure that the medication carts are locked. This will be completed until it is no longer an issue.

A325

1) All staff will receive Relias training prior to working on the floor. This training will include requirements for dementia specific training, dependent adult abuse training, medication management if applicable, and all delegations related to providing ADLs to residents.
2) The program RN will delegate all employees within an allotted timeframe to enable them to provide specified cares/services to residents.

3) All staff passing medications will successfully pass the medication management course and be delegated by the program RN prior to passing the medications to residents in the community.
4) A community housekeeper was hired to clean apartments.

A135

1) Program RN last day of employment was 5/1/2024, new program RN began employment on 5/13/2024. The new program RN was trained on 5/14/2024 regarding correct way to evaluate resident according to assessment/service plan schedule.

A140 1) New program RN was educated on 5/14/2024 for guidelines of evaluations of tenants. Program RN will review current tenants care plans to ensure these are up to date. This will be completed by June 15, 2024.

A145

1) Education provided to new program RN on 5/14/2024 regarding evaluation of residents. All staff will be re-educated on or before 6/15/2024 when to call on call nurse. Going forward staff will be educated on expectations upon hire.

A340

1) Education provided to new program RN on 5/14/2024 regarding tenant documents and retaining those records for 3 years per policy regarding incident report completion. All staff will be re-educated on or before June 15, 2024.

A360

1) Program RNs last day was 5/1/2024. The new program RN began on 5/13/2024 and was educated on 5/14/2024. The new program RN will review all current residents service plans to ensure that these match the needs of the resident and current abilities. This will be completed by June 15, 2024.