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
	S0301	A. BUILDING: _____ B. WING _____	C 04/12/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASSISI VILLAGE ASSISTED LIVING	1001 ASSISI DRIVE DUBUQUE, IA 52001

(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: 24 Number of tenants with cognitive disorder: 1 TOTAL census of Assisted Living Program: 25 The following regulatory insufficiencies was cited during the investigation of Incident # 96747-I. In addition to this investigation, an onsite infection control survey was conducted. No regulatory insufficiencies were cited during this survey.	A 000		
A 665	481-69.33(4) Transportation 481-69.33(231C) Transportation. When transportation services are provided directly or under contract with the program: 69.33(4) Wheelchairs shall be secured when the vehicle is in motion. This REQUIREMENT is not met as evidenced by: Based on interview and record review, a Program staff member failed to ensure the wheelchair of one tenant (Tenant #1) was secured using all belt anchors prior to the vehicle being in motion. Findings include: On 4/8/21 a review of Tenant #1's record revealed an admission date of 2/1/21. Tenant #1 had a diagnosis of congestive heart failure, diabetes, cellulitis, RAKA, pulmonary vascular disease, and	A 665		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0301	A. BUILDING: _____ B. WING _____	C 04/12/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASSISI VILLAGE ASSISTED LIVING	1001 ASSISI DRIVE DUBUQUE, IA 52001

(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 665	Continued From page 1	A 665		

a xenogenic heart valve. Tenant #1's last Short Portable Mental Status Questionnaire (SPMSQ) had a score of zero (normal mental functioning). According to an incident report dated 3/26/21, Tenant #1 tipped over backwards in her wheelchair while riding in the Program van.

When interviewed on 4/6/21 at 2:44 p.m., Tenant #1 stated she was picked up from her doctor appointment by Staff A on 3/26/21. Tenant #1 stated she had an uneventful ride for approximately 10 to 15 minutes back to the Program until they were on the street right in front of the Program when her wheelchair tipped backwards after going through the intersection. Tenant #1 stated it happened very fast. Tenant #1 stated she hit the back of her head, had a bruise on her wrist area, and had a bruise to the back of her left arm. Tenant #1 stated she was not in enough pain after the incident to be taken to the doctor and refused that option. By Monday, 3/29/21, the side of her neck hurt and so she went to the chiropractor at 10:00 a.m. The chiropractor adjusted 1-2 areas on her spine. By later in the day on 3/29/21, her neck and upper back hurt worse. Tenant #1 was taken to the ER for assessment. Tenant #1 received an x-ray and an acute, nondisplaced fracture involving the right lateral mass of C2 was discovered. Tenant was given a cervical collar to keep her neck stabilized and a prescription for acetaminophen hydrocodone, 325 mg tablet to be taken every 4 hours as needed for pain. Tenant #1 stated she was taking the prescription for pain every four hours. Tenant #1 stated the front j-hooks could not have been secured to her chair for her to fall over. Tenant #1 stated she did not unhook them.

When interviewed on 4/8/21 at 9:54 a.m., Staff B stated she secured Tenant #1 into the Program

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0301	A. BUILDING: _____ B. WING _____	C 04/12/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASSISI VILLAGE ASSISTED LIVING	1001 ASSISI DRIVE DUBUQUE, IA 52001

(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 665	Continued From page 2	A 665		

van and transported her to Mercy East for a doctor appointment. Staff B stated Tenant #1 unhooked her seatbelt and unsecured one wheelchair brake prior to the van coming to a stop. Staff B had to remind Tenant #1 to keep all safety belts and wheel locks secured until the vehicle is completely stopped. Staff B stated she only drove Tenant #1 to the appointment but did not bring her back.

When interviewed on 4/8/21 at 9:23 a.m., Staff A stated he picked up Tenant #1 from her appointment on 3/26/21. Staff A stated as he placed Tenant #1 into the Program van and began securing her chair and locking her brakes, they had a discussion about her being a registered nurse that trained at Mercy Hospital. Staff A explained his mother also did around the same time. Staff A stated they had an animated conversation about the topic while he secured her in the van. He stated he even recalled her asking a final question before he shut the back of the van. Because of the engaged conversation, Staff A stated if he was completely honest, he could not say with certainty that he for sure secured the front j-hooks of the wheelchair. He did however recall locking the wheelchair brakes, and securing her lap belt. Staff A stated they made a successful trip back through Dubuque which took approximately 15 minutes through a number of traffic lights, stops and steep hills. Once the van was pulling out of the last intersection directly in front of the Program, Staff A heard a "thump." Staff A saw that Tenant #1 had tipped over backwards in her wheelchair. Staff A stated he immediately pulled over and called over to the Program for assistance. Tenant #1 was on her back in her chair. The lap belt was still secured and her wheelchair brakes were off and the front j-hooks were not secured to the chair. Tenant #1

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0301	A. BUILDING: _____ B. WING _____	C 04/12/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASSISI VILLAGE ASSISTED LIVING	1001 ASSISI DRIVE DUBUQUE, IA 52001

(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 665	Continued From page 3	A 665		

stated she was fine and she was helped back upright. Staff A stated he immediately noted she had a small cut on her hand a small red bump on the back of her head.
Staff A stated he could not confirm if he neglected to secure the front j-hooks because of their animated conversation or if Tenant #1 unsecured the hooks along with the wheelchair brakes before the vehicle was stopped.

On 4/8/21 at 10:01 AM, Staff A and Staff B demonstrated a wheelchair being secured inside the Program van. The surveyor while sitting in the wheelchair, could easily reach down and loosen and remove the j-hooks from the wheelchair. Due to a ledge between the back of the van and the front two seats of the van, a driver could not see this j-hook attachment from his/her seat.

A review of Staff #1's personnel record on 4/8/21 revealed full transportation safety training was completed on 10/24/19. The training included instruction on the policy: Securing Resident on Van-Bus. Step 10 and Step 11 revealed the following:
"10.) Remind residents that wheelchair locks, seatbelt and retractor lockdown must remain in place throughout the ride and if they need assistance they are to alert the driver immediately.
11.) After all passenger(s) are loaded and secured, check that passenger(s) is properly secured."

Staff A did not complete step 11 of the policy, for if he had, he could determine whether he neglected to secure the front j-hooks or Tenant #1 unsecured the front j-hooks prior to the vehicle coming to a full stop.

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
	S0301	A. BUILDING: _____ B. WING _____	C 04/12/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASSISI VILLAGE ASSISTED LIVING	1001 ASSISI DRIVE DUBUQUE, IA 52001

(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 665	Continued From page 4 On 4/8/21, the Director confirmed all drivers were given full retraining after the incident. The Director confirmed the above findings on 4/12/21 at 9:40 AM.	A 665		