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
	S0339	A. BUILDING: _____ B. WING _____	C 11/09/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDENCREST AT RIVERWOODS ASSISTED LIVING	2210 EAST PARK AVENUE DES MOINES, IA 50320

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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: 19 Number of tenants with cognitive impairment: 19 Total census: 38 No regulatory insufficiencies were cited during the investigation of Complaints #112126-C, 112550-C, 113739-C and 116291-C. The following regulatory insufficiencies were cited during the investigation of Complaints #116084-C and #116567-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 consistently implement medication policy. This affected 1 of 2 tenants (Tenant #1) reviewed as a result of complaint 116657-C. Finding follows: Record review on 11/9/22 revealed Tenant #1's Controlled Substance Disposition Record for September and October 2023 failed to include documentation for 9/28/23 -10/4/23.	A 150		

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

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A 150	Continued From page 1 According to the Program's medication policy, narcotics administered by the Program should be counted with a "narcotic sheet". During the exit on 11/9/23 at 3:15 p.m. the administrative staff confirmed the Program could not locate the narcotic sheet to cover 9/28/23-10/4/23.	A 150		
A 270	481-67.5(2)f(1) 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: (1) The administration of medications shall be provided by a registered nurse, licensed practical nurse or advanced registered nurse practitioner registered in Iowa, by an individual who has successfully completed a department-approved medication aide or medication manager course and passed the respective department-approved medication aide or manager examination, or by a physician assistant (PA) in accordance with 645-Chapter 327. Injectable medications shall be administered as permitted by Iowa law by a registered nurse, licensed practical nurse, advanced registered nurse practitioner, physician, pharmacist, or physician assistant (PA). This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to consistently ensure medications were administered by staff who had successfully completed a department-approved medication	A 270		

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A 270	Continued From page 2 aide/manager training/test. This pertained to 2 of 2 former staff (Staff C and D). Finding follows: Record review on 11/8/23 failed to reveal documentation of Staff C and D's department approved medication training. During the exit on 11/9/22 at 3:15 p.m. administrative staff confirmed documentation of the department approved medication training could not be located for either staff.	A 270		
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 consistently ensure tenants received medications as ordered. This effected 2 of 2 sample tenants identified as a result of complaint 116567-C (Tenants #1 and #2). Findings follow: Record review on 11/9/22 revealed an Tenant #1's September and October 2023 medication administration record (MAR). Review revealed no staff initials on the following dates/times:	A 285		

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A 285	Continued From page 3 Lorazepam .5mg at bedtime - 9/6/23, 9/12/23, 10/6/23, 10/15/23, 10/19/23, 10/23/23. Donepezil 10 mg at bedtime - 9/6/23, 10/6/23 and 10/23/23. Record review on 11/9/22 revealed an Tenant #2's September and October 2023 medication administration record (MAR). Review revealed no staff initials on the following dates/times: Lorazepam .5mg at bedtime - 9/14/23, 10/1/23, 10/13/23, 10/14/23, 10/26/23 and 10/30/23. Seroquel 200 mg at bedtime - 9/13/23, 9/14/23, 10/13/23 and 10/14/23. Donepezil 23 mg at bedtime - 9/13/23, 9/14/23, 10/13/23 and 10/14/23. Further record review revealed Tenant #1 and #2's MARs noted physician's orders for above medications. During the exit interview on 11/9/23 at 3:15 p.m. the administrative staff acknowledged lack of staff initials indicated the medication had not been administered as ordered.	A 285		
A 345	481-67.9(4)b Staffing 67.9(4) Nurse delegation procedures. The program's registered nurse shall ensure certified and noncertified staff are competent to meet the individual needs of tenants. Nurse delegation shall, at a minimum, include the following: b. Within 30 days of beginning employment, all program staff shall receive training by the program's registered nurse(s). This REQUIREMENT is not met as evidenced by:	A 345		

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A 345	Continued From page 4 Based on interview and record review the Program failed to consistently ensure staff received training by the Program's Registered Nurse with 30 days of employment. This pertained to 1 of 2 current staff (Staff A). Finding follows: Record review on 11/8/23 revealed the Program hired Staff A on 12/1/21. Further review revealed documentation of nurse delegations completed on 1/24/22, 1/26/22 and 1/27/22. During the exit on 11/9/23 at 3:15 p.m. the administrative staff confirmed the Program provided all employee training documents.	A 345		
A 380	481-67.9(6) Staffing 67.9(6) Dependent adult abuse training. Program staff shall receive training relating to the identification and reporting of dependent adult abuse as required by Iowa Code section 235B.16. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to consistently ensure staff received Dependent Adult Abuse (DAA) training as required. Chapter 235B.16 required employees complete two hours of training relating to the identification and reporting of Dependent Adult Abuse within six months of initial employment and at least two hours of additional dependent adult abuse identification and reporting training every three years thereafter. This pertained to 1 of 2 staff (Staff A). Finding follows:	A 380		

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A 380	Continued From page 5 Record review on 11/8/23 revealed the Program hired Staff A on 12/1/21. Additional review revealed Staff A's DAA certificate dated 6/27/22. During the exit on 11/9/23 at 3:15 p.m. administrative staff confirmed the Program had provided all training documentation requested for Staff A.	A 380		
A 545	481-69.30(1) Dementia Specific Education for Personnel 69.30(1) All personnel employed by or contracting with a dementia-specific program shall receive a minimum of eight hours of dementia-specific education and training within 30 days of either employment or the beginning date of the contract, as applicable. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to consistently ensure staff received eight hours of dementia- specific training within 30 days of employment. This pertained 2 of 2 former staff (Staff C and D). Findings follow: Record review on 11/9/23 revealed the Program hired Staff A on 12/1/21. Review of Staff A's training records revealed they had not completed eight hours of dementia training. Record review on 11/9/23 revealed Staff B was hired 2/27/22. Review of Staff B's training records revealed they had not completed eight hours of dementia training.	A 545		

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A 545	Continued From page 6 During the exit on 11/9/23 at 3:15 p.m. the administrative staff confirmed the Program had provided all training documents.	A 545		