12/13/18

PRINTED: 11/20/2018
FORM APPROVED

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
	S0373	A. BUILDING: _____ B. WING _____	11/13/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVER PALMS	126 WEST STONEBROOK DRIVE MOUNT PLEASANT, IA 52641

(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 visit. Number of tenants without cognitive disorder: 6 Number of tenants with cognitive disorder: 0 Total census of Assisted Living Program: 6 The following regulatory insufficiencies were cited during the intial certification conducted to determine compliance with certification rules for an Assisted Living Program (ALP).	A 000	Preparation and/or execution of this plan of correction does not constitute admission or agreement by this provider of the truth of the facts alleged or conclusions set forth in this statement of deficiencies. The plan of correction is prepared and/or executed entirely because it is required by state and/or federal law. Please accept this as our credible allegation of compliance.	
A 008	481-67.2(1)e Program Policies and Procedures 481-67.2(231B,231C,231D) Program policies and procedures, including those for incident reports. A program's policies and procedures must meet the minimum standards set by applicable requirements. The program shall follow the policies and procedures established by a program. All programs shall have policies and procedures related to the reporting of incidents including allegations of dependent adult abuse. 67.2(1) The program's policies and procedures on incident reports, at a minimum, shall include the following: e. All accidents or unusual occurrences within the program's building or on the premises that affect tenants shall be reported as incidents. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the	A 008	Elements detailing how the program will correct the insufficiency: The program staff and delegating RN were re-educated on policy and procedures for completing needed reports. Measures taken to ensure problem does not recur: Inservice completed and examples of correct reporting were given to staff.	12/3/18 12/3/18

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A 008	Continued From page 1 program failed to complete an incident report in the case of an unusual occurrence for 1 of 1 tenants reviewed (Tenant #1). Findings follow: A review of nurse's notes on 11/13/18 revealed Tenant #1 experienced a drooping left eye, increased blood pressure and an oxygen saturation rate of 72% on 9/15/18. The program contacted Tenant #1's family who then transported Tenant #1 to the emergency room. Tenant #1 was kept at the hospital overnight and was discharged the following day. An incident report was not completed. A nurse's note dated 11/7/18 identified Tenant #1 was having chest pains, blood pressure of 188/100, respirations of 100, non-labored breathing and was physically shaking. Program staff administered nitroglycerin to Tenant #1 with no relief. A nitroglycerin pill was given a second time and program staff contacted 911. Tenant #1 was transferred to the hospital and released the following day. An incident report was not completed. During an interview on 11/13/18 at 10:50 AM, the program's Delegating Registered Nurse confirmed incident reports were not completed for the unusual occurrences listed above.	A 008	How program plans to monitor performance to ensure compliance: QA will be completed by outside compliance and program director or designee.	ongoing
A 059	481-67.9(4)b Staffing 481-67.9(231B,231C,231D) 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,	A 059	Elements detailing how the program will correct insufficiency: Delegating nurse was re-educated on regulatory requirement for staff delegation	12/3/18

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A 059	Continued From page 2 all program staff shall receive training by the program's registered nurse(s). This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to ensure 4 of 8 staff reviewed were trained by the program's Delegating Registered Nurse (RN) within 30 days of beginning employment (Staff C, D, F and G). Findings follow: A review of personnel files on 11/13/18 revealed the following: Staff C had a hire date of 6/6/18. The Delegating RN completed Staff C's initial training on 7/19/18. Staff D had a hire date of 10/4/18. The Delegating RN had not yet completed training of Staff D on 11/13/18. Staff F was hired on 10/9/18. The Delegating RN completed Staff F's initial training on 11/10/18. Staff G was hired on 6/14/18. The Delegating RN completed Staff G's initial training on 7/17/18. On 11/13/18 at 11:20 AM the Delegating RN confirmed she had not completed delegation training for Staff C, D, F and G within 30 days	A 059	Measures taken to make sure problem does not recur: The due date of delegation was added to the new hire spreadsheet. How program plans to monitor performance to ensure compliance: QA will be completed by program director or designee.	12/3/18 ongoing
A 000	Initial Comments	A 000		