STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IAALP383 HFD	A. BUILDING _____ B. WING _____	08/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAND LIVING AT BRIDGEWATER ALP	3 RUSSELL SLADE BLVD CORALVILLE, IA 52241

(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.. General Population Number of tenants without cognitive disorder: 77 Number of tenants with cognitive disorder: 6 TOTAL census of Assisted Living Program: 83 A recertification visit was conducted to determine compliance with certification for an Assisted Living Program. An onsite infection control survey and Complaint #93376-C were also completed. The following regulatory insufficiencies were cited.	A 000	See Attached POC 12/5/21	
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	A 270		

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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A 270	Continued From Page 1 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 aide/manager course. This potentially affected 83 of 83 tenants who resided at the Program and pertained to 6 of 6 staff reviewed. Finding follows: Record review on 8/10/21 revealed documentation of staff's medication training revealed Staff A - F had not completed a department-approved medication aide/manager course. Further review revealed the Program's Policy entitled Medication Needs of Residents. According to the policy, if the Program administered or stored medications or provided medication setup - all medications would be administered by a RN (Registered Nurse), LPN (Licensed Practical Nurse), ARNP (Advanced Registered Nurse Practitioner) licensed in Iowa or 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. When interviewed the Director confirmed staff had not completed the requirements to administer medications.	A 270		

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A 285	Continued From Page 2	A 285		
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 observations, interview and record review the Program failed to consistently ensure tenants received medications as prescribed. This affected 1 of 5 tenants who received medication management (Tenant #8). Finding follows: Record review on 8/10/21 revealed an Incident Report (IR) dated 3/27/21 for Tenant #8. According to the IR - under the description of the incident staff noted - iPad was not charged, caregivers working short, and caregiver passing medication usually does not work AL (assisted living) and may not have been aware of the new tenant, thus all of Tenant #8's a.m. medications were missed. The medications included, Carvedilol 6.25 mg, Clopidor 75 mg, Docusate 100 mg, Finasteride 5 mg, Levothyroxine 50 mcg, Losartan 25 mg and Spironlacdone 25 mg. Further review of the incident report revealed the caregiver stated she had an iPad that wasn't charged and wasn't able to get into the computer so did the best she could. The caregiver failed to report to the next staff that Tenant #8 had not received his medications. The second staff noted the missed medications at the beginning of her	A 285		

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A 285	Continued From Page 3 shift. During the exit interview the Director and Registered nurse acknowledged staff failed to administer Tenant #8's medications as ordered.	A 285		
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 were trained in identification and reporting of dependent adult abuse. This affected 1 of 3 staff reviewed (Staff B). Finding follows: Record review on 8/10/21 revealed no documentation to indicate Staff B completed dependent adult abuse training. When interviewed on 8/11/21 the Executive Director confirmed she had provided all documentation of Staff B's training.	A 380		
A 400	481-67.19(3) Record Checks 67.19(3) Requirements for employer prior to employing an individual. Prior to employment of a person in a program, the program shall request that the department of public safety perform a criminal history check and the department of human services perform child and dependent adult abuse record checks of the person in this state.	A 400		

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A 400	Continued From Page 4 This Requirement is not met as evidenced by: Based on interview and record review the Program failed to consistently perform criminal history and child/dependent adult abuse record checks prior to employment. This affected 1 of 3 staff reviewed (Staff A). Finding follows: Record review on 8/10/21 revealed the Program hired Staff A on 1/3/20. Further review revealed the SING (Single Contact License and Background Check) dated 2/4/20. When interviewed on 8/11/21 the Executive Director said the Program could not locate a SING completed prior to Staff A's employment date.	A 400		

ok

Plan of Correction
Grand Living at Bridgewater
ALP

A270 -Medications

Regulatory Insufficiency
The program failed to consistently ensure medications were administered by staff who successfully completed a department-approved medication aide/manager course.

Plan of Correction: The insufficiency will be corrected as follows
An audit was completed to identify if any staff who are passing medications did have proof of completion of the Medication Manager course. Caregivers will not be allowed to administer medications until successful completion of the department-approved medication aide/manager course.

The following measures will be taken to ensure the problem does not recur
Caregiver on-boarding has been updated to include registration for an approved medication manager course or provide proof of completion. If the new hire is not currently certified, they will not administer any medications until they have completed an approved medication manger course with a delegating nurse.

The program will monitor performance to ensure compliance as follows
Program nurse or designee will monitor each onboarding schedule to ensure staff are not passing medications until completion of the department-approved medication aide/manager course. Caregiver files will be audited quarterly by the Director of Health and Wellness or designee to ensure that any caregiver passing medications have the proper paperwork proof in their personnel files.

Date insufficiencies corrected by December 5, 2021.

A285 -Medications

Regulatory Insufficiency
The program failed to consistently ensure tenants received medications as prescribed.

Plan of Correction: The insufficiency will be corrected as follows
The Program has a new Director of Nursing which requires all caregivers to be re-delegated under her license. All caregivers will be delegated with revised, competency-based delegations. The delegations have been implemented which include visualizing competency of tasks, by the delegating Registered Nurse, including "Purposeful Rounding" for staff members to discuss resident assignments at the beginning and end of every shift.

The following measures will be taken to ensure the problem does not recur
Caregiver competency will be determined within 30 days of hire and be assessed, at least, annually to monitor for continued competency of Purposeful Rounding.

The program will monitor performance to ensure compliance as follows

Program director of nursing or designee will periodically audit direct care staff delegations to ensure Purposeful Rounding is completed routinely and effectively.

Date insufficiencies corrected by December 5, 2021

A380 -Staffing

Regulatory Insufficiency
The program failed to consistently ensure staff received training as required in identification and reporting of dependent adult abuse.

Plan of Correction: The insufficiency will be corrected as follows
All staff will receive training as required in identification and reporting of dependent adult abuse.

The following measures will be taken to ensure the problem does not recur
An audit was completed to identify staff who had not completed the mandatory reporting education and discrepancies addressed immediately. The onboarding process has been updated to include completion of dependent adult abuse training within one week of new hire day.

The program will monitor performance to ensure compliance as follows
The Program Director or designee will monitor to ensure compliance. Employee files will be audited quarterly to ensure staff have completed dependent adult abuse training as required.

Date insufficiencies corrected by December 5, 2021

A400 -Record Checks

Regulatory Insufficiency
The program failed to consistently perform criminal history and child/dependent adult abuse record checks prior to employment.

Plan of Correction: The insufficiency will be corrected as follows
The Program Director or designee will monitor to ensure compliance. All new employees will have a completed criminal history and child/dependent adult abuse record checks prior to employment.

The following measures will be taken to ensure the problem does not recur
An audit was completed to identify staff who have not had a completed criminal history and child/dependent adult abuse record checks prior to employment and discrepancies addressed immediately. The onboarding process has been updated to include completion of a criminal history and child/dependent adult abuse record check prior to new hire day.

The program will monitor performance to ensure compliance as follows
New hire personnel files will be reviewed quarterly for completed criminal history and child/dependent adult abuse record checks prior to employment by the Program Director or designee.

Date insufficiencies corrected by December 5, 2021