STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IAALP414 HFD	A. BUILDING _____ B. WING _____	09/15/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDGEWATER AL - BROOKSIDE	9225 CASCADE AVENUE WEST DES MOINES, IA 50266

(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: 25 Number of tenants with cognitive disorder: 3 TOTAL census of Assisted Living Program: 28 A recertification visit was conducted to determine compliance with certification for an Assisted Living Program. Complaint #104801-C was also completed. The following regulatory insufficiencies were cited.	A 000		
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,	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 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 training/test. This potentially affected 28 of 28 tenants who resided at the Program and pertained to 1 of 1 staff reviewed due to medication error (Staff G). Finding follows: Record review on 9/15/22 revealed a medication incident report for Tenant #2. According to the report on 4/8/22 Staff G administered Ofloxacin Otic (ear) to Tenant #2's eyes. The on call nurse checked to see if any adverse effects for Ofloxacin Otic solution to the eye. No negative effects - no vision disturbances, no redness. Further review revealed Staff G had not completed a department-approved medication training. When interviewed on 11/14/22 at 2:00 p.m. the Director said that Staff G had been "grandfathered" for medication training provided on 1/31/21. The Program could not provide documentation Staff G completed a Department approved medication manager training course. During the exit on 9/15/22 at 11:40 a.m. the Director confirmed Staff G had not completed a department approved medication training.	A 270		
A 345	481-67.9(4)b Staffing 67.9(4) Nurse delegation procedures. The	A 345		

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A 345	Continued From Page 2 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: Based on interview and record review the Program failed to consistently ensure staff received training/nurse delegation within 30 days of employment. This affected 2 of 5 staff reviewed who provided health-related care (Staff B and C) Finding follows: Record review on 9/14/22 revealed the Program hired Staff B on 3/16/22 and completed nurse delegation on 4/28/22. Further review revealed the Program rehired Staff C on 10/14/22 but did not complete nurse delegation. During the exit on 9/15/22 at 11: 30 a.m. the Director acknowledged the Program did not complete the nurse delegations within the required 30 day time frame.	A 345		