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
	S0419	A. BUILDING: _____ B. WING _____	C 05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INDEPENDENCE VILLAGE OF ANKENY ASSIS	1275 SW STATE STREET ANKENY, IA 50023

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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 impairment: 33 Number of tenants with cognitive impairment: 0 Total census: 33 The following regulatory insufficiencies were cited during the investigation into Complaint #120310-C.	A 000		
A 160	481-67.3(2) Tenant Rights 481-67.3 Tenant rights. All tenants have the following rights: 67.3(2) To receive care, treatment and services which are adequate and appropriate. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to provide adequate and appropriate treatment to 5 of 6 tenants reviewed (Tenant #1, Tenant #2, Tenant #3, Tenant #5 and Tenant #6). Findings include, but are not limited to: 1. Record review on 4/24/24 revealed a hospital discharge summary for Tenant #1 dated 2/8/24. Tenant #1 was admitted to the hospital on 1/17/24	A 160	A160 Tenant rights; to receive care, treatment and services which are adequate and appropriate. Regional Wellness Director (RWD) in-serviced Wellness Director (WD) on providing adequate and appropriate treatment based on physician orders (healthcare provider plan of care, premove-in, after visit summaries, discharge orders, faxed orders, change orders, etc.) WD has met with third party vendors (hospice, home health, etc.) requesting they document as they see resident in their respective binder located in the Wellness Office or MC as well as conversing with WD and/or Wellness Team Supervisor (WTS) concerns or changes from the visit. WD will bring third party information to weekly care meetings to ensure every-team member is aware of services being delivered to residents	7/25/2024

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

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A 160	Continued From page 1	A 160		

for a right diabetic foot infection with a necrotic right first toe. Tenant #1's right big toe was amputated on 1/18/24. On 1/21/24, Tenant #1 showed further necrosis of the foot. Tenant #1 underwent an amputation on 1/25/24 and had a wound Vacuum (VAC) fitted over the end of his right foot. Tenant #1 was discharged to a long-term care facility on 2/8/24.

An order summary report for Tenant #1 dated 3/4/24 identified the long term care facility had an order to check fasting blood sugars daily in the morning. Tenant #1's face sheet identified he moved to the program on 3/8/24. Tenant #1 receive home health services. The program had the home health plan of care & certification which noted the physician should be notified if Tenant #1's blood sugar was below 70 or over 400.

An internal clinic note dated 3/20/24 revealed during Tenant #1's hospitalization he was started on two medications for uncontrolled diabetes. Tenant #1 received insulin but staff at the program were reportedly not checking his blood sugars as they did not have an order for it. The doctor ordered blood sugar testing supplies (test strips, a meter and lancet) on 3/20/24. Tenant #1's right foot was cared for by staff at a wound clinic.

A review of a weights and vitals summary from the program revealed they started monitoring Tenant #1's blood sugar on 3/22/24 at 8:03 PM. Tenant #1's blood sugars in March ranged from 99 to 402.

Tenant #1 went to the wound clinic on 3/26/2 and the wound VAC was discontinued at this appointment. Tenant #1 returned to the wound clinic on 3/29/24 for a nurse visit. The nurse

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A 160	Continued From page 2	A 160		

reported a concern of increased redness and swelling in Tenant #1's foot. Tenant #1 started on a 10-day supply of antibiotics. The orders were faxed to the program Licensed Practical Nurse (LPN).

Tenant #1 saw the podiatrist at the wound clinic on 4/1/24. Due to the amount of drainage noted since discontinuing the wound VAC, the podiatrist decided to continue the wound VAC. The podiatrist also ordered a one-time infusion of an antibiotic. The challenge, the podiatrist wrote, was Tenant #1 could only come to the clinic twice a week. The wound needed daily dressing changes and the patient was unable to perform the dressing change himself.

Tenant #1 had a service plan dated 3/8/24 which identified staff would administer his medication.

On 4/30/24 at 5:00 PM the Executive Director recalled the Licensed Practical Nurse (LPN) was aware Tenant #1 was going to have his wound VAC removed prior to the date it was taken off his foot. Tenant #1 received in-home nursing services from an outside agency but the LPN did not make arrangements for the tenant to receive dressing changes for his amputated foot prior to the removal of the wound VAC. The Executive Director learned Tenant #1's in-home nurse would have been able to provide Tenant #1 with dressing changes 5 days a week, but this was not coordinated at the time of the event.

On 5/2/24 at 5:42 PM the Consultant Registered Nurse (RN) stated she completed the original assessment for Tenant #1. Tenant #1 said he would monitor his blood sugars. The Consultant RN reported if Tenant #1 was not monitoring his blood sugar, the program should have gotten

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A 160	Continued From page 3 orders to do so. Due to the lack of assistance from staff at the program, Tenant #1 had to have his wound VAC replaced and undergo an infusion of antibiotics. 2. Record review on 3/24/24 revealed a progress note from 3/16/24 (a Saturday) for Tenant #1 identifying the former Licensed Practical Nurse (LPN) received a call from the medication passer informing her the tenant only had one oxycodone pill left. Oxycodone is a narcotic analgesic. Staff contacted the pharmacy on 3/15/24 for a refill of the oxycodone but the medication did not arrive. Pharmacy staff reported they would reach out to Tenant #1's primary care provider (PCP) for a refill. The LPN called Tenant #1's daughter who let them know the PCP they contacted was not the right provider and the podiatrist wrote the prescription. The LPN reached out to the podiatrist's office but no one answered. The LPN called the pharmacy back and learned there was no way to get a refill as no one was in the office until Monday, 3/18/24. The program received the medication on 3/18/24. A review of Tenant #1's March Medication Administration Record (MAR) revealed he could take oxycodone every 8 hours as needed for pain. Tenant #1 received one oxycodone on 3/16/24, 3/17/24, 3/18/24 and 3/19/24. On 4/29/24 at 10:50 AM, Tenant #1 reported he's had a couple of concerns with medication administration. He had surgery on 1/18/24 to remove his big toe. A few days later they amputated half of his foot. Tenant #1 was taking 3 oxycodone daily when he moved in. There was one weekend when staff came to him on 3/16/24, a Saturday morning, and said you only have 1	A 160	Based on noted findings; care staff monitor reviewing PRN medications weekly for needed refills to ensure medications are available. WTS will randomly review medication carts to ensure medications are available	7/25/2024

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A 160	Continued From page 4 oxycodone left (after he took the Sat AM dose). Tenant #1 ended up taking the 1 additional pill Sunday morning and thinks he got the prescription filled on Monday or Tuesday. He was in excruciating pain during this time period. On 5/1/24 at 3:10 PM the Executive Director confirmed staff did not administer medication or treatments as ordered. 3. A review of a wound note for Tenant #6 revealed she was seen by her Primary Care Provider (PCP) on 2/19/24. Tenant #6 was recently in the hospital after having an exacerbation of congestive heart failure. Tenant #6 had been dealing with bilateral lower leg edema but it worsened. The PCP ordered staff to apply Eucerin lotion to Tenant #6's lower legs twice daily and as needed. Staff were also to encourage Tenant #6 to elevate her legs throughout the day. A review of Medication Administration Records (MARs) for the months of February, March and April of 2024 revealed staff were not applying Eucerin to Tenant #6's lower legs as the application of Eucerin was not listed on the MAR. Tenant #6 had an order for furosemide daily as needed for edema, shortness of breath or a weight gain of 3 pounds over night. Tenant #6 had 2 episodes of a 3+ pound weight gain overnight February, 2024. Staff did not provide her with additional furosemide. Tenant #6 had 3 episodes of a 3+ pound weight gain in March, 2024 and did not receive additional furosemide on any of these dates. Tenant #6 had 6 episodes of a 3+ pound weight gain in April, 2024. Furosemide was provided to Tenant #6 on two occasions.	A 160	Type text here All orders are placed in the EHR, including application of creams/ lotions. Also, if an After Visit Summary recommends "encourage resident to" WTS/WD will make this a task/treatment in the EHR. If there are specialized orders requiring additional medications/ treatments/services; care staff will be made informed. Care staff have been inserviced when administering medications to question resident to see if they need any of their prn medications	7/25/2024 7/25/2024

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A 160	Continued From page 5 Tenant #6 was prescribed an albuterol nebulizer treatment on 4/20/24. Tenant #6 could utilize the nebulizer every six hours as needed for shortness of breath. Tenant #6 received the nebulizer treatment once on 4/21/24, but not on any other dates. On 5/1/24 at 8:05 AM, Tenant #6's home health nurse stated Tenant #6's health was not good. She had 4 wounds on her lower extremities which the program did not manage. Tenant #6 had a lot of drainage due to heart failure. When the home health nurse weighed Tenant #6 the other day, her weight was up 4 pounds. The home health nurse called Tenant #6 that evening to find out if she was given extra furosemide by program staff and she did not receive the medication. The home health nurse called the wound nurse practitioner each time she was at the apartment due to the condition Tenant #6's wounds. On 5/1/24 at 12:45 PM, Tenant #6 reported she had episodes in which she has gained 3 pounds in a day but was not given furosemide. Tenant #6 was not able to recall her weight from day to day so she relied on staff to give her the furosemide as needed. Tenant #6 said she could tell when she had extra fluid and needed furosemide as she became short of breath and her legs would swell. Tenant #6 recalled she was put on a nebulizer treatment but staff had only offered it one time. Staff did not ask her if she was short of breath when they came in to administer her medication. Program staff did not properly administer medication and treatments to Tenant #6. Staff did not offer Tenant #6 as needed medication to address her shortness of breath.	A 160	Based on noted findings; care staff monitor reviewing PRN medications weekly for needd refills to ensure medications are available. WTS will randomly review medication carts to ensure medications are available	7/25/2024

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A 160	Continued From page 6 4. A hospital discharge note for Tenant #5 dated 1/19/24 revealed she was admitted to the hospital on 1/11/24 following a fall. She was last seen by cardiology in July, 2023 at which time she was thought to be a high fall risk. On 1/17/24, Tenant #5 had an acute onset of left hemiplegia and right gaze preference. Tenant #5 was diagnosed with a acute/subacute ischemic stroke. Tenant #5 transferred to a long-term care facility following her discharge from the hospital. A review of long-term care discharge instructions for Tenant #5 dated 2/21/24 revealed she was an assist of one with a front wheeled-walker for transfers. She needed help with walking. The program developed a service plan with Tenant #5 on 2/26/24, the date of her admission to the program. Tenant #5 was noted to be independent with transfers. Staff were to remind Tenant #5 to use her pendant due to a history of falls. The plan noted Tenant #5 received physical therapy, occupational therapy and wound care treatment from a Home Health nurse. On 4/30/24 at 4:45 PM Tenant #5's daughter reported they believed the program had physical therapy available to tenants. She did not find out her mother was not receiving the service until one week prior to her discharge. Services from a physical therapist were arranged the last week of her mother's stay at the program. Tenant #5 discharged on 4/29/24. On 4/30/24 at 5:00 the Executive Director reported Tenant #5 was to receive physical therapy and occupational therapy when she moved to the program but it did not occur. The Executive Director was not aware of this until one week before Tenant #5 was ready to discharge	A 160	As noted on page 1 for following physician orders.	7/25/2024

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A 160	Continued From page 7 from the program. 5. Tenant #3 had a service plan dated 7/25/23. The Service plan identified Tenant #3 was independent with meals, eating and drinking, but preferred to eat in his apartment. The dietary department was responsible for ensuring Tenant #3 received his meals. On 4/23/24 at 4:15 PM, Tenant #3 reported he had room trays delivered when staff remembered to do this. On 4/21/24, Tenant #3 did not get his trays delivered. Tenant #3 pushed his pendant but no one came to check on him or bring him food. Tenant #3 believed the program cut staffing levels and now there were not enough people to meet the needs of tenants. 6. On 4/24/24 at 8:50 AM, Tenant #2 recalled on 4/21/24 she shared with the agency Registered Nurse (RN), she was feeling unwell with symptoms such as tiredness, coughing up mucous and shortness of breath. The agency RN reportedly told her she (the RN) was sorry she was going through this. Tenant #2 expected advice from the RN on what she should do. Tenant #2 would also share medical concerns with the caregivers and was often told they could not assist her as they did not administer her medication. Staff did not contact the RN to request an assessment when Tenant #2 reported health concerns. Tenant #2 decided to go to urgent care on 4/22/24. She had a chest x-ray and learned she had a patchy spot on her lung. Tenant #2 was prescribed an antibiotic. On 4/25/24 at 10:49 AM, the agency RN reported she did not recall having a conversation with	A 160	The culinary and clinical team work together to ensure meal delivery to dining room and room trays. A new system has been put into place that every meal all residents are checked off as receiving a meal, either in dining room or room tray. Staffing is adequate. Culinary Director reviews to ensure residents have meals. WD and/or WTS were inserviced on the expectations of caring for all residents regardless of their medication administration needs. WD has inserviced all care staff. They have been instructed to utilize the communication log to report concerns so all staff are aware.	7/25/2024 7/25/2024

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A 160	Continued From page 8 Tenant #2 about her health. The agency RN said it would have been appropriate for a nurse learning of this situation to assess the tenant and get vitals. On 5/1/24 at 3:10 PM the Executive Director confirmed tenants did not receive appropriate care in the above listed incidents.	A 160		
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 administer medication as ordered to 2 of 6 tenants reviewed. Findings include, but are not limited to: 1) A review of a wound note for Tenant #6 revealed she was seen by her Primary Care Provider (PCP) on 2/19/24. Tenant #6 was admitted to the hospital after having an exacerbation of congestive heart failure. Tenant #6 had been dealing with bilateral lower leg edema but it worsened recently. The PCP ordered Eucerin to Tenant #6's lower legs twice daily and as needed. Staff were also to	A 285	Please see pages 4 & 5	7/25/2024

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A 285	Continued From page 9	A 285		

encourage Tenant #6 to elevate her legs throughout the day. A review of Medication Administration Records (MARs) for the months of February, March and April of 2024 revealed staff were not applying Eucerin to Tenant #6's lower legs because the treatment was not listed on the MAR.

Tenant #6 had an order for furosemide daily as needed for edema, shortness of breath or a weight gain of 3 pounds over night. Tenant #6 had 2 episodes of a 3+ pound weight gain in one day in February, 2024. Staff did not provide her with additional furosemide in February. Tenant #6 had 3 episodes of a 3+ pound weight gain in March, 2024 and did not receive additional furosemide on any of these dates. Tenant #6 had six episodes of a 3+ pound weight gain in April, 2024. Furosemide was provided to Tenant #6 on two occasions.

Tenant #6 was prescribed an albuterol nebulizer treatment on 4/20/24. Tenant #6 could utilize the nebulizer every six hours as needed for shortness of breath. Tenant #6 received the nebulizer treatment on 4/21/24.

On 5/1/24 at 12:45 PM, Tenant #6 reported she has had episodes in which she has gained 3 pounds in a day but was not given furosemide. Tenant #6 was not able to recall her weight from day to day so she relied on staff to give her the furosemide as needed. Tenant #6 said she could tell when she had extra fluid and needed furosemide as she became short of breath and her legs would swell. Tenant #6 recalled she was put on a nebulizer treatment but staff had only offered it one time. Staff did not ask her if she was short of breath when they came in to administer her medication.

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2) Record review on 3/24/24 revealed a progress note from 3/16/24 (a Saturday) for Tenant #1 identifying the former Licensed Practical Nurse (LPN) received a call from the medication passer informing her the tenant only had one oxycodone pill left. Oxycodone is a narcotic analgesic. Staff contacted the pharmacy on 3/15/24 for a refill of the oxycodone but the medication did not arrive. Pharmacy staff reported they would reach out to Tenant #1's primary care provider (PCP) for a refill. The LPN called Tenant #1's daughter who let them know the PCP they contacted was not the right provider and the podiatrist wrote the prescription. The LPN reached out to the podiatrist's office but no one answered. The LPN called the pharmacy back and learned there was no way to get a refill as no one was in the office until Monday, 3/18/24. The program received the medication on 3/18/24.

A review of Tenant #1's March Medication Administration Record (MAR) revealed he could take oxycodone every 8 hours as needed for pain. Tenant #1 received one oxycodone on 3/16/24, 3/17/24, 3/18/24 and 3/19/24.

On 4/29/24 at 10:50 AM, Tenant #1 reported he's had a couple of concerns with medication administration. He had surgery on 1/18/24 to remove his big toe. A few days later they amputated half of his foot. Tenant #1 was taking 3 oxycodone daily when he moved in. There was one weekend when staff came to him on 3/16/24, a Saturday morning, and said you only have 1 oxycodone left (after he took the Sat AM dose). Tenant #1 ended up taking the 1 additional pill Sunday morning and thinks he got the prescription filled on Monday or Tuesday. He was in excruciating pain during this time period.

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A 285	Continued From page 11 On 5/1/24 at 3:10 PM the Executive Director confirmed staff did not administer medication or treatments as ordered.	A 285		
A 325	481-67.9(1) Staffing 67.9(1) Number of staff. A sufficient number of trained staff shall be available at all times to fully meet tenants' identified needs. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to assure a sufficient number of trained staff present at all times, potentially affecting all tenants. Findings include: 1) Record review of a Zone Activity Report for all tenants dated 4/1/24 - 4/25/24 revealed the following: - Tenant #7 pressed her pendant 50 times during this time period. There were 11 times when it took staff more than 15 minutes to assist Tenant #7. The longer response times ranged from 21 minutes to one hour and 22 minutes. - There were 69 times when it took staff over 15 minutes to respond to tenant pages. - The shortest response time was 1 minute. On one occasion it took staff 3 hours and 20 minutes to assist a tenant. 2) On 4/23/24 at 4:30 PM, Tenant #7 reported staff assisted her by bringing her a breakfast room tray, putting on her shoes and socks, occasionally taking her to the bathroom and also helping with twice weekly showers. Tenant #7 reported she was supposed to get a shower on	A 325	Staffing for culinary and wellness staff is adequate at this time. The Executive Director (ED) will daily review the Zone Activity Report to ensure pendant calls are answered timely, within 10 minutes. The ED will investigate all calls that are longer than 10 minutes. A log will be kept in the Wellness Department. The WD will inservice all care staff the expectation of answering pendant calls timely.	7/25/2024

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A 325	Continued From page 12 Monday and Thursday last week but no one showed up. She finally pinned someone down on Saturday, 4/20/24, and they assisted her with a shower. On Sunday morning (4/21/24) she pushed her pendant at 7:00 AM for assistance and no one showed up until 8:45 AM. At 11:45 AM she went to the dining room for lunch. She sat at the table for at least half an hour and no one brought her food. She went into the kitchen and talked with the cook who then brought her food. Tenant #7 described the program as short staffed. It generally took 45 minutes to get a pendant request answered. Tenant #7 was diagnosed with spinal stenosis and previously spent time in a long term care facility. Tenant #7 wasn't supposed to bend over and was very afraid of falling. She needed minimal help but did wish staff would show up promptly. She sat with a protective cover on her chair because it took staff so long to respond there were times her incontinence undergarment was soaked. 3) On 4/24/24 at 8:50 AM, Tenant #2 reported on Sunday, 4/21/24, she attended breakfast. There was only one cook present and no one to serve the meals, as the one caregiver working was called away. Tenant #2 and Tenant #9 assisted with serving meals and drinks to tenants during the morning meal. On 4/24/24 at 9:50 AM, Tenant #9 recalled service was a disaster on 4/21/24. The chef cooked and plated the meals while Tenant #9 and other tenants helped to serve breakfast to others. Tenant #9 reported staffing has been an issue over the past three months. Last week, no one came to assist him with a shower so he took one on his own.	A 325	Staffing is adequate for culinary and wellness at this time. ED will ensure staffing is appropriate daily at morning meetings.	7/25/2024

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A 325	Continued From page 13 On 4/25/24 at 10:14 AM, Staff G reported he generally came in at 6:00 AM to prepare breakfast. On 4/21/24, a co-worker was supposed to come to work at 8:00 AM, but she did not show up until 9:30 AM. When no one came in to get the drink cart from the kitchen at 8:00 AM when breakfast started, Staff G went to the dining room at 8:07 AM and realized no other staff was present. Staff G believed there were a number of issues leading to the problems at breakfast on 4/21/24. No one informed the kitchen there was only one care staff in the building and she was unable to help serve. Three tenants ended up serving breakfast to the other tenants. Staff G stated there were not enough staff to help out. On 4/25/24 at 12:30 PM the Executive Director confirmed there was an issue with staffing.	A 325	Type text here	
A 350	481-67.9(4)c 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: c. Training for noncertified staff shall include, at a minimum, the provision of activities of daily living and instrumental activities of daily living. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to provide training for 5 of 5 staff reviewed on how to assist tenants with the	A 350	WD has completed nurse delegation for all wellness/care staff on the provision of activities of daily living and instrumental activities of daily living. WD will complete nurse delegation all new hires within 30 days of hire. ED will monitor all new hire employee files to ensure completion.	7/25/2024

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A 350	Continued From page 14 activities of daily living (Staff A, Staff B, Staff C, Staff D and Staff E). Findings follow: Record review on 4/29/24 revealed Staff A was hired on 1/15/24. The program nurse did not document any training of Staff A on the activities of daily living. Staff B was hired on 10/16/23. The program nurse did not document any training of Staff B on the activities of daily living. Staff C was hired on 12/29/23. The program nurse did not document any training of Staff C on the activities of daily living. Staff D was hired on 12/22/22. The program nurse did not document any training of Staff D on the activities of daily living. Staff E was hired on 1/23/24. The program nurse did not document any training of Staff E on the activities of daily living. The Executive Director confirmed these findings on 4/29/24 at 1:30 PM.	A 350		
A 355	481-67.9(4)d 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: d. Certified and noncertified staff shall receive training regarding service plan tasks (e.g., wound care, pain management, rehabilitation needs and hospice care) in accordance with medical or	A 355	WD inserviced care staff regarding service plan tasks (wound care, pain management, rehab needs and hospice care). WD will train new hires within 30 days of hire. ED will monitor all new hires to en sure completion.	7/25/2024

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A 355	Continued From page 15	A 355		

nursing directives and the acuity of the tenants' health, cognitive or functional status.

This REQUIREMENT is not met as evidenced by:
Based on interview and record review, the program failed to ensure staff were adequately trained to provide services identified on the service plan to 2 of 6 tenants reviewed (Tenant #1 and Tenant #5). Findings include:

1) A review of progress notes from a pre-admission medical visit dated 2/1/24 for Tenant #5 revealed she resided at a long-term care facility. Tenant #5 underwent a procedure on 1/9/24 for treatment of squamous cell carcinoma. Tenant #5 was noted to be more confused. She also required wound dressing changes.

A review of a service plan for Tenant #5, dated 2/26/24, revealed she received outside services, including physical therapy, occupational therapy and nursing. Services provided by the nurse included wound care. Tenant #5 required assistance with scheduled treatments such as wound/skin dressing. Tenant #5 was noted to be at risk for falls. Staff were to escort Tenant #5 to and from meals and activities. Tenant #5 required assistance with transferring in and out of the shower, as well with upper and lower body dressing. Tenant #5 required assistance with medication administration. She was on medication which caused bruising and bleeding.

On 5/1/24 at 8:10 AM, Tenant #5's home health nurse reported she completed Tenant #5's wound care three times a week. She told staff if the wound was leaking to give them a call. If the duoderm dressing came off the wound, staff

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A 355	Continued From page 16	A 355	Type text here	

could put a new one on. There were times she came in and there would be a new duoderm.

2) A service plan for Tenant #1 revealed he received wound care services weekly from a foot and ankle clinic. Staff were to assist him with medication administration. Staff were to administer medication listed on the electronic medication administration record. Tenant #1 required assistance with pain management techniques including repositioning, comfort measures and the administration of as needed medication. Staff were also to monitor Tenant #1's vital signs and weight monthly and as needed.

On 4/25/24 at 8:58 AM, Staff F reported she thought there was a clear lack of training on how to address tenants' needs.

On 4/30/24 at 2:51 PM Staff H stated she was trained by another caregiver on providing assistance to tenants, but not by the Registered Nurse. Staff H reported three tenants received wound care from a home health nurse. Staff H didn't do anything with anyone's wounds. She asked once if they should treat tenants' wounds and another caregiver said to document, "wound nurse" on the Medication Administration Record. Staff H reported a couple of months ago a tenant had a fall. Staff H did not believe she got training on the fall protocol at the program, but knew what to do from experience working at other health care facilities. She helped the caregivers to take the tenant's vitals and told them not to get the tenant up until they spoke with a nurse. Staff H wondered if some of her co-workers ever got trained on how to take vitals. Staff H mentioned something about the lack of training to the Register Nurse (RN) and the RN asked Staff H if

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A 355	Continued From page 17 she wanted to do the training. On 4/25/24 at 10:49 AM, the agency Registered Nurse (RN), stated staff should know how to inform a tenant what the protocol is related to a medical issue and then let them know what the policy is if they choose to refuse. Sometimes staff didn't call a nurse when they should. A review of staff training documentation revealed 5 of 5 staff (Staff A, Staff B, Staff C, Staff D and Staff E) did not have training to address tenant needs such as wound care, bathing or repositioning. 3 of 4 staff who administered medication were not trained by the nurse on meeting tenants needs relating to medication issues. The Executive Director confirmed these findings on 4/25/24 at 12:30 PM.	A 355	WD has delegated all care staff on medication administration, meeting the resident's needs. WD will delegate medication administration to all new hires within 30 days of hire. ED will monitor all new hires employee files to ensure completion.	7/25/2024
A 365	481-67.9(4)g 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: g. The program shall have in place a system by which certified or noncertified staff communicate in writing occurrences that differ from the tenant's normal health, functional and cognitive status. The program's registered nurse or designee shall train certified and noncertified staff on reporting to the program's registered nurse or designee and documenting occurrences that differ from the tenant's normal health, functional and cognitive status. The written communication required by	A 365		

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A 365	Continued From page 18 this paragraph shall be retained by the program for a period of not less than three years, and shall be accessible to the department upon request. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to maintain a communication system between staff and the registered nurse. Findings follow: On 4/24/24 at 4:00 PM, the monitor requested the communication log for the month of April, 2024. On 4/24/24 at 4:20 PM, the Executive Director confirmed the program did not have a method for staff to communication changes in tenant's health to the registered nurse.	A 365	Communication log book has been started for Assisted Living and for Memory Care. WD/WTS have inserviced staff on what needs to be put into log and staff are to review upon arrival for shift. WD/WTS review the logs and respond accordingly.	7/5/2024
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. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to complete a background check for 2 of 5 employees reviewed prior to the date of hire (Staff C and Staff D). Findings follow:	A 400	The Program Administrator has completed an audit of current employee files to ensure compliance with background checks completed prior to hire date. The ED will monitor all new hires to ensure compliance with background checks prior to hire date.	7/25/2024

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A 400	Continued From page 19 Record review on 4/29/24 revealed Staff C was hired on 12/29/23. A review of Staff C's employee file revealed the program did not obtain a criminal or dependent adult abuse history before her first day of employment. Staff D was hired on 12/22/22. A review of Staff D's employee file revealed the program did not obtain a criminal or dependent adult abuse history prior to her date of hire. The Executive Director confirmed this finding on 4/29/24 at 1:30 PM.	A 400		
A 140	481-69.22(2) Evaluation of Tenant 69.22(2) Evaluation within 30 days of occupancy. A program shall evaluate each tenant's functional, cognitive and health status within 30 days of occupancy. The evaluation shall be conducted by a health care professional, a human service professional, or a licensed practical nurse via nurse delegation when the tenant has not exhibited a significant change. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to conduct a 30 day evaluation of the functional, cognitive and health status of 3 of 3 tenants reviewed who were admitted within the prior three months (Tenant #1, Tenant #4 and Tenant #5). Findings follow: Record review on 4/24/24 revealed a face sheet for Tenant #1 identifying he moved to the program on 3/8/24. There were not evaluations for Tenant #1 developed within 30 days of his admission.	A 140	RWD inserviced WD on the Iowa regulations 69.22. WD understands premove-in evaluations and to complete another within 30 days of move in. The EHR is set to auto-matically place the 30 day date to trigger WD to complete evaluation. ED will monitor new move-in evaluations are completed timely.	7/25/2024

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A 140	Continued From page 20 Tenant #4's face sheet noted he moved to the program on 2/26/24. There were not evaluations for Tenant #4 developed within 30 days of his admission. Tenant #5's face sheet noted she moved to the program on 2/26/24. There were not evaluations for Tenant #5 developed within 30 days of her admission. The Executive Director confirmed this finding on 4/24/24 at 5:00 PM.	A 140		
A 145	481-69.22(3) Evaluation of Tenant 69.22(3) Evaluation annually and with significant change. A program shall evaluate each tenant's functional, cognitive and health status as needed with significant change, but not less than annually, to determine the tenant's continued eligibility for the program and to determine any changes to services needed. The evaluation shall be conducted by a health care professional, a human service professional, or a licensed practical nurse via nurse delegation when the tenant has not exhibited a significant change. A licensed practical nurse shall not complete the evaluation when the tenant has exhibited a significant change. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to evaluate the functional, health and cognitive status of 3 of 6 tenants reviewed	A 145		

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A 145	Continued From page 21 when they experienced a significant change (Tenant #4, Tenant #5 and Tenant #6). Findings include, but are not limited to: 1) Record review on 4/29/24 for Tenant #6 revealed she visited her Primary Care Provider (PCP) on 12/13/23 following a hospital visit for congestive heart failure. Tenant #6 was noted to have significant edema and a 10 pound weight gain. Tenant #6 developed C-diff during her hospitalization. C-diff (also known as Clostridioides difficile or C. difficile) is a germ (bacterium) that causes diarrhea and colitis (an inflammation of the colon). Tenant #6 continued to experience diarrhea and a stool sample came back positive for C-diff. Tenant #6 had a wound on her left lower extremity which was being treated by a home health nurse. The program was to continue wound care as ordered. Tenant #6 returned to her PCP on 2/5/24 and a wound treatment plan was developed. Tenant #6's edema to her bilateral extremities had worsened. Tenant #6 was noted to have wounds to her posterior left lower leg and to her lateral left lower leg. Tenant #6 was in isolation for C-diff. On 3/7/24, Tenant #6 saw her PCP and was noted to have edema to her bilateral lower extremities. Staff were to continue Tenant #6's wound care. She experienced diarrhea earlier in the week. The program completed a Wellness Evaluation for Tenant #6 on 4/20/24. The evaluation made no mention of Tenant #6 having skin issues. The evaluation did not identify Tenant #6 received wound care from a home health agency. The evaluation did not identify Tenant #6 had issues with C-diff.	A 145	A145 Regional Wellness Director inserviced WD on Standard Operation Procedure, WE008 Change in Resident Condition and Stop and Watch Too; and Standard Operation Procedure, WE063 Resident Evaluation and Service Plan. WD understands that if there is a significant change in condition, including new third party services, will complete a new evaluation and update service plan accordingly. WD and/or WTS will inservice wellness/care staff on significant changes in resident's condition and the Stop and Watch Tool. If there is a report of a change of condition of a resident, wellness/care staff will report the information to the WD. The WD will complete new evaluation and update the service plan accordingly. and WD will review the service plan with resident and/or family member and obtain signature of agreement. ED will review compliance with the process at daily standup meetings review EHR to ensure completion	7/25/2024

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A 145	Continued From page 22 2) Tenant #4 had an initial evaluation completed on 2/20/24 and an updated evaluation developed on 4/13/24. Tenant #4 moved to the program on 2/26/24. A review of progress notes revealed on 4/10/24 Tenant #4 was seen in urgent care on 4/8/24 for shortness of breath. Tenant #4's symptoms worsened on 4/11/24 and he had an elevated blood pressure. An ambulance was called the morning of 4/10/24, but Tenant #4 refused to go to the emergency room. Tenant #4 was increasingly short of breath on 4/10/24 with elevated blood pressure. Tenant #4 agreed to go to the hospital and was admitted to rule out pneumonia and congestive heart failure. Tenant #4 returned to the program on 4/14/24. On 4/14/24, Tenant #4 was noted to be sitting on his floor during rounds. Tenant #4 was awake, but stuttering his words and unable to move due to extreme back pain. Staff were unable to assess Tenant #4's pain level or his vitals. Tenant #4 was transferred to the hospital. Tenant #1 returned from the hospital on 4/16/24 without new orders. On 4/18/24, Tenant #4 was noted to have a low blood sugar of 55. Staff gave him glucose oral gel. On 4/22/24, Tenant #4 continued to display shortness of breath and fatigue. Tenant #4's physician and family were made aware of his symptoms. On /23/24, Tenant #4 was in his room with his home health nurse who was concerned about Tenant #4's elevated blood pressure. The program did not complete new evaluations	A 145		

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when Tenant #4 was hospitalized due to respiratory issues or experienced low blood sugar requiring staff intervention. Tenant #4's evaluations did not address his diabetes, respiratory issues or high blood pressure.

3) A hospital discharge note for Tenant #5 dated 1/19/24 revealed she was admitted to the hospital on 1/11/24 following a fall. She was last seen by cardiology in July, 2023 at which time she was thought to be a high fall risk. On 1/17/24, Tenant #5 had an acute onset of left hemiplegia and right gaze preference. Tenant #5 was diagnosed with a acute/subacute ischemic stroke. Tenant #5 transferred to a long-term care facility following her discharge from the hospital.

A review of long-term care discharge instructions for Tenant #5 dated 2/21/24 revealed she was an assist of one with a front wheeled-walker for transfers. She needed help with walking.

The program developed a service plan with Tenant #5 on 2/26/24, the date of her admission to the program. Tenant #5 was noted to be independent with transfers. Staff were to remind Tenant #5 to use her pendant due to a history of falls. The plan noted Tenant #5 received physical therapy, occupational therapy and wound care treatment from a Home Health nurse.

On 4/30/24 at 4:45 PM Tenant #5's daughter reported they believed the program had physical therapy available to tenants. She did not find out her mother was not receiving the service until one week prior to her discharge. Services from a physical therapist were arranged the last week of her mother's stay at the program. Tenant #5 discharged on 4/29/24.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0419	A. BUILDING: _____ B. WING _____	C 05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INDEPENDENCE VILLAGE OF ANKENY ASSIS	1275 SW STATE STREET ANKENY, IA 50023

(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 145	Continued From page 24 On 4/30/24 at 5:00 the Executive Director reported Tenant #5 was to receive physical therapy and occupational therapy when she moved to the program. The Executive Director was not aware of this until one week before Tenant #5 was ready to discharge from the program. The Executive Director confirmed these findings on 5/1/24 at 3:10 PM.	A 145		
A 395	481-69.26(4)a Service Plans 69.26(4) The service plan shall be individualized and shall indicate, at a minimum: a. The tenant's identified needs and preferences for assistance This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to update the service plans of 3 of 6 tenants reviewed when they experienced a significant change (Tenant #4, Tenant #5 and Tenant #6). Findings include, but are not limited to: 1) Record review on 4/29/24 for Tenant #6 revealed she visited her Primary Care Provider (PCP) on 12/13/23 following a hospital visit for congestive heart failure. Tenant #6 was noted to have significant edema and a 10 pound weight gain. Tenant #6 developed C-diff during her hospitalization. C-diff (also known as Clostridioides difficile or C. difficile) is a germ (bacterium) that causes diarrhea and colitis (an	A 395	See page 22	7/25/2024

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A 395	Continued From page 25 inflammation of the colon). Tenant #6 continued to experience diarrhea and a stool sample came back positive for C-diff. Tenant #6 had a wound on her left lower extremity which was being treated by a home health nurse. The program was to continue wound care as ordered. Tenant #6 returned to her PCP on 2/5/24 and a wound treatment plan was developed. Tenant #6's edema to her bilateral extremities had worsened. Tenant #6 was noted to have wounds to her posterior left lower leg and to her lateral left lower leg. Tenant #6 was in isolation for C-diff. On 3/7/24, Tenant #6 saw her PCP and was noted to have edema to her bilateral lower extremities. Staff were to continue Tenant #6's wound care. She experienced diarrhea earlier in the week. As of 4/29/24, the last update to Tenant #6's service plan was dated 9/23/23. The September, 2023 service plan did not address Tenant #6's need for wound care or issues with C-diff. 2) Tenant #4 moved to the program on 2/26/24 according to his face sheet. He had an initial service plan written on 2/21/24 with an update on 4/13/24. A review of progress notes revealed on 4/10/24 Tenant #4 was seen in urgent care on 4/8/24 for shortness of breath. Tenant #4's symptoms worsened on 4/11/24 and he had an elevated blood pressure. An ambulance was called the morning of 4/10/24, but Tenant #4 refused to go to the emergency room. Tenant #4 was increasingly short of breath on 4/10/24 with elevated blood pressure. Tenant #4 agreed to go to the hospital and was admitted to rule out	A 395	A395 Regional Wellness Director inserviced WD on Standard Operation Procedure, WE008 Change in Resident Condition and Stop and Watch Too; and Standard Operation Procedure, WE063 Resident Evaluation and Service Plan. WD understands that if there is a significant change in condition, including new third party services, will complete a new evaluation and update service plan accordingly. WD and/or WTS will inservice wellness/care staff on significant changes in resident's condition and the Stop and Watch Tool. If there is a report of a change of condition of a resident, wellness/care staff will report the information to the WD. The WD will complete new evaluation and update the service plan accordingly. and WD will review the service plan with resident and/or family member and obtain signature of agreement. ED will review compliance with the process at daily standup meetings review EHR to ensure completion	7/25/2024

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A 395	Continued From page 26	A 395		

pneumonia and congestive heart failure. Tenant #4 returned to the program on 4/14/24.

On 4/14/24, Tenant #4 was noted to be sitting on his floor during rounds. Tenant #4 was awake, but stuttering his words and unable to move due to extreme back pain. Staff were unable to assess Tenant #4's pain level or his vitals. Tenant #4 was transferred to the hospital. Tenant #1 returned from the hospital on 4/16/24 without new orders.

On 4/18/24, Tenant #4 was noted to have a low blood sugar of 55. Staff gave him glucose oral gel.

On 4/22/24, Tenant #4 continued to display shortness of breath and fatigue. Tenant #4's physician and family were made aware of his symptoms. On /23/24, Tenant #4 was in his room with his home health nurse who was concerned about Tenant #4's elevated blood pressure.

The program did not update Tenant #4's service plan after he was hospitalized due to respiratory issues or experienced low blood sugar requiring staff intervention. Tenant #4's service plan did not address his diabetes, respiratory issues or high blood pressure.

3) A hospital discharge note for Tenant #5 dated 1/19/24 revealed she was admitted to the hospital on 1/11/24 following a fall. She was last seen by cardiology in July, 2023 at which time she was thought to be a high fall risk. On 1/17/24, Tenant #5 had an acute onset of left hemiplegia and right gaze preference. Tenant #5 was diagnosed with a acute/subacute ischemic stroke. Tenant #5 transferred to a long-term care facility following her discharge from the hospital.

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A 395	Continued From page 27 A review of long-term care discharge instructions for Tenant #5 dated 2/21/24 revealed she was an assist of one with a front wheeled-walker for transfers. She needed help with walking. The program developed a service plan with Tenant #5 on 2/26/24, the date of her admission to the program. Tenant #5 was noted to be independent with transfers. Staff were to remind Tenant #5 to use her pendant due to a history of falls. The plan noted Tenant #5 received physical therapy, occupational therapy and wound care treatment from a Home Health nurse. On 4/30/24 at 4:45 PM Tenant #5's daughter reported they believed the program had physical therapy available to tenants. She did not find out her mother was not receiving the service until one week prior to her discharge. Services from a physical therapist were arranged the last week of her mother's stay at the program. Tenant #5 discharged on 4/29/24. On 4/30/24 at 5:00 the Executive Director reported Tenant #5 was to receive physical therapy and occupational therapy when she moved to the program. The Executive Director was not aware of this until one week before Tenant #5 was ready to discharge from the program. The service plan did not correctly address Tenant #5's mobility needs. It was not updated when Tenant #5 began to receive physical therapy and occupational therapy. The Executive Director confirmed these findings on 5/1/24 at 3:10 PM.	A 395		