

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>165376</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>03/05/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>RIVERVIEW MANOR HEALTHCARE, LLC</b>		STREET ADDRESS, CITY, STATE, ZIP <b>17990 SPENCER ROAD PO BOX 503 PLEASANT VALLEY, IA 52767</b>	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0725  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p><b>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</b></p> <p>Based on observation, record review, resident and staff interviews, the facility failed to provide timely responses for call lights activated by 8 residents (Resident's #1, #4, #6, #7, #9, #10, #11 and #12). The facility reported a census of 41 residents. Findings include: Observation on 3/4/20 at 7:13 p.m. revealed 3 resident call lights on, as Staff A, Registered Nurse (RN) sat in a chair in the hall next to a medication cart and not in the process of medication administration, and Staff B, Certified Medication Aide (CMA) sat in a wheel chair at the Nurse's Station. As the surveyor approached the Nurse's Station, Staff B self-propelled in the wheel chair and went in a resident's room with an activated call light. At 7:18 p.m., Staff C, CNA came out of a resident's room with a mechanical lift and passed Staff A in the hall. 2 of the 3 call lights remained on and Staff A directed Staff C to help answer the call lights. Interviews with 8 residents, who each scored between 13 to 15 out of 15 possible points on the Brief Interview for Mental Status (BIMS) recorded on the most recent Minimum Data Assessment (MDS) tools, indicating all cognitively intact revealed the following: On 3/4/20 at 1:40 p.m., Resident #1 stated she used her call light, and often took 25 to 30 minutes for staff to respond and waited longer than an hour for help at times. The resident stated she addressed this with the Director of Nursing (DON) and Administrator, it gets better for a day or 2, then returns to the lengthy response. On 3/5/20 at 10:40 a.m., Resident #4 stated it took a long time for staff to answer her call light, a half hour or longer several times a week. On 3/3/20 at 10:45 a.m., Resident #6 stated it took staff 20 to 30 minutes to answer her call light, and sometimes longer. The resident reported being incontinent approximately 3 to 4 weeks earlier and it took staff 3 hours to respond to her call for assistance to get hygiene care. On 3/4/20 at 10:10 a.m., Resident #7 stated she often waited 30 to 40 minutes several times a week for staff to respond to her call light, evening shift was the worst and it also happened on weekends. The resident reported about 2 to 3 weeks ago, she activated her call light because she could smell that her room mate, Resident #8, involuntary of stool. The resident stated she told Staff C, Certified Nurse Aide (CNA) her room mate needed care when she responded to the call light, Staff C stated it wasn't time for rounds or to get the resident up, left the room, did not provide the required care, and didn't return for an hour when the care then provided. On 3/4/20 at 12:50 p.m., Resident #9 stated it took 20 minutes or longer, usually 30 minutes for staff to respond to her call light, and sometimes her room mate had to go out of the room and get staff to respond, it was worst on evenings and weekends. On 3/5/20 at 10:45 a.m., Resident #10 stated staff do not answer her call light, staff tell her she is independent. The resident stated she left the room to find staff to help her room mate when her call light on for at least 30 minutes. The resident reported happens several times a week, addressed the issue with the DON and Administrator and it doesn't change. On 3/5/20 at 12:10 p.m., Resident #11 stated she'd waited quite a while for staff to respond to her call light the evening before, (1 of the 3 lights on at 7:13 p.m. on 3/4/20) she left her room to find staff to assist her and not the first time she's done that. On 3/4/20 at 7:59 p.m., Resident #12 stated he frequently waited 30 to 40 minutes for staff response to his call light, especially on the evening shift. Review of the Resident Council Meeting Minutes revealed: a. On 12/11/19 the residents reported that staff needed to answer call lights sooner. b. On 1/30/20 the residents reported that staff needed to answer call lights in an orderly fashion. The facility's No Call Light Left Behind Policy, revised 6/1/2019, directed staff: a. Staff to respond to call lights in a timely manner. b. All staff to respond to call lights. Non-licensed and non-certified staff also to answer call lights, provide assistance if they could, leave the call light on if they couldn't and alert the appropriate staff. During an interview on 3/5/20 at 1:50 p.m., the DON stated a reasonable response time for call lights is 15 minutes or less. During an interview on 3/5/20 at 1:50 p.m., the facility's Corporate Nurse stated Management Staff would have to work on the evening shift to ensure staff responded timely when resident call lights activated.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.