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Number 6404					Report of January	date 11, 2017
Facility name Elm Crest Reti	rement Community		Survey dates December 5, 6, 19, and 27, 2016			27, 2016
Facility address 2104 12 <sup>th</sup> Street						
City Harlan, IA. 515	37	HL				
Rule or Code Section	Na	ature of Violation	Class	Fine Amo		Correction Date
58.20(1)	supervisor. Every n health service supe	mplementation of the				Upon Receipt
58.19(2)a	the physician include topical, injectable (t	ntion and treatment.  all medications as ordered by ding oral, instillations, o be injected by a registered ractical nurse only); (I, II)				
	DESCRIPTION:					
	interviews, the facility medications as order	ew, facility policy, and staff refailed to administer all ed by the physician for one of four the facility reported a census				
	Findings include:					
	the resident 87 years muscle weakness, pr syncope and collapse depressive disorder,	sheet for Resident #1 revealed old and diagnoses to include; esence of a cardiac pacemaker, e, history of falling, major Atrial fibrillation, hypertension, pothyroidism, iron deficiency d glaucoma.				
	#1 dated on 11/22/16	um Data Set (MDS) for Resident 5 revealed a Brief Interview for of 11 (represents moderately				
	11/29/16 at 9:58 AM another resident's mo	notes for Resident #1 dated on revealed; Resident was given brning medications [Resident #2] macy had been called regarding				

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	Seroquel 75 mg dose The progress notes in may cause increased took Resident #1 bad. The resident is unresident to, color pale, temper per minute, respirator 68/no read. Oxygen sair. 911 called and ta The ambulance report 9:34 a.m. dispatched the incorrect medicat mental status, needing home.  Review of the medicat dated 11/30/16 reveat dose Seroquel and Coin stable but guarded initially admitted for mental status changed The physician docum the changes are most [accidental ingestion] slow metabolism, it is [medications] out of his stated he was worried his/her somnolence a pneumonitis. The representations as follow tablet (tab) prn (as new Tylenol 500 mg 1-2 et 325 mg daily; calcium daily; Eliquis 5mg twi	pine 200 milligram (mg) dose and experted identified the medication/s drowsiness and dizziness. Staff expensive and drooling from side of does not open eyes when spoken rature 97 degrees, pulse 60 beeps ry rate at 8 and blood pressure saturation at 96% while on room ken to Emergency (ER).  In the dated 11/29/16 documented at for an 87 year old who was given ions, and had a sharp decrease in any a transport from the nursing at center History and Physical alled accidental ingestion of high-blozapine. Admitted into acute care a condition. The resident was observation but due to persistent expensions and had a sharp decrease in the service of the family at likely related to the family at likely related to the medications. Due to the resident's age and will take longer to get this his/her system. The physician diabout potential aspiration with and concern for aspiration with and concern for aspiration wort documented the current ws: alprazolam for anixety.5 mg 1 peeded); Colace 100 mg daily; every 4-6 hours prn; ferrous sulfate in carbonate with vitamin D 1 tab ce daily; levothyroxine 112 mcg mg daily; simvastatin 10 mg daily; and daily; simvastatin 10 mg daily;				

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	for Resident #1 reveal not been given the macetaminophen 500 (anti-depressant), collosoftener), Eliquis 5 m hydrochloride 10 mg  Review of the Medical Resident #2, (the recitor Resident #1 by mis medications ordered 25 mg by mouth, Sermg and Clozapine 20 mcg by mouth ordered Review of the Medical for Resident #1 reveal given to the resident ER 25 mg (high blook Multivitamin, Seroque medication), Synthrochormone replacement inflammatory), Clozal medication).  An untitled form from documented an update given antibiotics for a physician assistant reare just waiting for his they had been in control.	ation Administration Record (MAR) aled the AM medications that had orning of 11/29/16 are: mg 2 tablets (pain), Celexa 5 mg lace 100 mg 1 capsule (stool g 1 tablet (heart drug), Midodrine (heart drug).  Ation Administration Record for ord of medications that was given stake) revealed the following at 8 AM, Metoprolol Succinate ER oquel 75 mg by mouth, Aleve 220 00 mg by mouth and Synthroid 50 od to be given at 7 AM.  Ation Error Report dated 11/29/16 aled the following medications by mistake: Metoprolol Succinate d pressure medication), al 75 mg (antipsychotic id 50 mcg (micrograms, thyroid at), Aleve 220 mg (antipine 200 mg (antipsychotic id 50 mcg (micrograms, thyroid at), Aleve 220 mg (antipsychotic id 50 mcg (micrograms, thyroid at), Aleve 220 mg (antipsychotic id 50 mcg (micrograms, thyroid at), Aleve 230 mg (antipsychotic id 50 mcg (micrograms, thyroid at), Aleve 230 mg (antipsychotic id 50 mcg (micrograms, thyroid at), Aleve 230 mg (antipsychotic id 50 mcg (micrograms, thyroid at), Aleve 230 mg (antipsychotic id 50 mcg (micrograms, thyroid at), Aleve 230 mg (antipsychotic id 50 mcg (micrograms, thyroid at), Aleve 230 mg (antipsychotic id 50 mcg (micrograms, thyroid at), Aleve 230 mg (antipsychotic id 50 mcg (micrograms, thyroid at), Aleve 230 mg (antipsychotic id 50 mcg (micrograms, thyroid at), Aleve 230 mg (antipsychotic id 50 mcg (micrograms, thyroid at), Aleve 240 mg (antipsychotic id 50 mcg (micrograms, thyroid at), Aleve 240 mg (antipsychotic id 50 mcg (micrograms, thyroid at), Aleve 240 mg (antipsychotic id 50 mcg (micrograms, thyroid at), Aleve 240 mg (antipsychotic id 50 mcg (micrograms, thyroid at), Aleve 240 mg (antipsychotic id 50 mcg (micrograms, thyroid at), Aleve 240 mg (antipsychotic id 50 mcg (micrograms, thyroid id 50 mcg (micrograms) and id 50 mcg (micrograms) and id 50 mc				

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	#1's primary care phy and would have died away.	on 12/19/16 at 1:49 PM, Resident ysician stated it was a major injury if the facility had not acted right on 12/6/16 at 10:20 AM, Staff A,				
	During an interview on 12/6/16 at 10:20 AM, Staff A, Licensed Practical Nurse (LPN) stated she was at her med cart that morning 11/29/16 setting up medications for Resident #2 when her grandmother Resident #1 entered and said good morning, she then picked up the med cup that had medication for Resident #2 and gave them to her grandmother without thinking. She stated when she returned to her med cart, she realized what she had done because Resident #2's medication record was up on her screen. She explained it to her grandmother and her supervisor right away. She spoke to her supervisor and before Resident #1 finished breakfast he/she had a change of condition, taken back to his/her room, 911 had been called and sent out to the ER. She stated since the incident, all the nurses have reviewed the 6 rights of medication administration with her.					
	Registered Nurse (Ri unavoidable interrupt double check the me the MAR just before a resident. She stated and planning two ste	on 12/6/16 at 4:45 PM, Staff B, N) stated that because of tions in the facility she always will dications in the med cup against she administers them to the that the nurses are always thinking ps ahead and they have other eir head, so they have to be careful				
	RN stated they are exmedication administration with photo until they like	on 12/7/16 at 11:30 AM, Staff D, xpected to follow the 6 rights of ation, never click off their MAR have it completed. They are able to one can see it, but the person				

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	they are giving med's unlocked.	s to is still on the screen when it is				
	During an interview on 12/7/16 at 11:40 AM, Staff C, RN stated she will always leave the resident she is giving med's to locked up on her screen and she will leave it there until she has completed the medication administration, then she will sign them off when finished. If she is interrupted, she will lock the cart, lock the screen, leave and complete what was needed then she can bring up the same person she had up just before walking away.  During an interview on 12/7/16 at 11:15 AM, Staff E,					
	best not to be interru cart, the screen and t	always do one at a time, do her pted but if she is, she will lock the the person she had been working in the MAR, she then will review the in there.				
	Procedure revealed to 1. wash hands, 2. bring the med cart be administered, 3. check the electron (e-mar), 4. read the order entities. The remove the medical forms of the label is wrong and the special instructions, 9. check the appearal indicated,	ng the med cart to where the medications are to ministered, eck the electronic medication administration record ir), d the order entirely, nove the medication ny discrepancy, check the physician's order, ne label is wrong, check with the pharmacy, e appropriate measuring device and read all al instructions, eck the appearance of the drug, crush only when sted, itial the e-mar as each medication is removed				

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	e-mar, 12-26. (did not apply FACILITY RESPONS	dent by checking the picture in the in this incident) SE:				

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