STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165174	A. BUILDING _____ B. WING _____	C 05/23/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASA DE PAZ HEALTH CARE CENTER	2121 WEST 19TH STREET SIOUX CITY, IA 51103

(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) COMPLETION DATE
F 000	INITIAL COMMENTS Correction date 6/2/17 Complaint #67749-C was substantiated. See Code of Federal Regulations (45 CFR) Part 483, Subpart B-C.	F 000		
F 281 SS=E	483.21(b)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS (b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on clinical record review, observation and review of manufacturer's recommendations, facility staff failed instruct a resident to rinse their mouth following administration of steroid inhalers for 1 of 17 sampled residents (Resident #17). The facility identified a census of 55 current residents. Findings include: 1. The Physician's Order dated 5/18/17 directed staff to administer a fluticasone-vilanterol inhaler 110/25 mcg (micrograms) inhaler for Resident #17 once a day (used to treat asthma or chronic lung disease). Observation during medication pass on 5/19/17 at 8:30 AM revealed Staff G, LPN (licensed practical nurse) administered medications to the resident. The resident took one puff from	F 281		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 06/02/2017

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.

POC accepted 6/12/17 VS

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F 281	Continued From page 1 fluticasone-vilanterol inhaler. The resident did not rinse his/her mouth afterwards and Staff G did not instruct the resident to rinse his/her mouth. Review of the package insert titled fluticsone-vilanterol dated April 2015 instructed staff to have the resident rinse his/her mouth with water after use and spit the water out. The insert instructed to not swallow the water.	F 281		
F 309 SS=G	483.24, 483.25(k)(l) PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING 483.24 Quality of life Quality of life is a fundamental principle that applies to all care and services provided to facility residents. Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, consistent with the resident's comprehensive assessment and plan of care. 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices, including but not limited to the following: (k) Pain Management. The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan,	F 309		

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F 309	Continued From page 2 and the residents' goals and preferences. (l) Dialysis. The facility must ensure that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by: Based on record review, staff, family and physician interview, the facility failed to provide intervention for 1 of 14 residents with complaints of pain (Resident #5). Resident #5 did not receive his/her pain medication as ordered by the physician. The facility identified a census of 55 current residents. Findings include: 1. According to the clinical record, Resident #5 entered the facility on 3/25/17 and had diagnoses which included fracture of right tibia and right fibula, Attila fibrillation, pneumonia, septicemia, depression and chronic obstructive pulmonary disease. Documentation in Resident #5's Minimum Data Set (MDS) indicated he/she scored 14 (of 15) on the Brief Interview for Mental Status (BIMS) indicating intact cognition. The assessment for pain management identified Resident #5 received a scheduled medication and PRN (as needed) pain medication. Resident #5 frequently had pain, and the pain made it difficult to sleep. Resident #5 rated his/her worst pain at 5 (out of 10 being worst pain he/she can imagine). The assessment tool also described Resident #5 as requiring staff (one) assistance with most	F 309		

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F 309	Continued From page 3 activities of daily living, including bed mobility, transferring, dressing, toilet use and personal hygiene. A progress note dated 3/30/17 at 5:48 a.m., revealed Resident #5 was receiving skilled therapy for strengthening. The Physician's orders following the ankle pinning dated 4/11/17 revealed the following orders: a. Administer Hydrocodone-acetaminophen 5-325 mg (milligram) take 1 to 2 tablets by mouth every 4 hours as needed (narcotic analgesic). b. Stop Tramadol 50 mg tablet (analgesic) c. Stop Acetaminophen 325 mg tablet. Review of the Progress Notes dated 4/12/17 at 10:58 p.m. revealed the resident [re]-admitted this morning after hospital stay for post right ankle pinning. Resident #5 would receive skilled nursing level of care for rehabilitation services for strengthening for the ankle fracture. The right ankle fully dressed and no drainage visible. No signs/symptoms of neurological deficit to the right foot/toes. Denies tingling or numbness and takes Norco (hydrocodone) for pain. Review of the facility plan of care dated 4/14/17 identified Resident #5 at risk for pain due to right ankle fracture. The care plan interventions alerted staff to monitor/record/report the resident's complaints of pain or request for pain treatment and notify physician if interventions are unsuccessful or if current complaint is a significant change from the residents past	F 309		

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F 309	Continued From page 4 experience of pain. Progress Notes dated 4/15/17, revealed Resident #5 slept peacefully between prn [medication] up to commode at bedside (non-weight bearing to right ankle/foot due to cast). The Progress Notes dated 4/18/17, 4/19/17, 4/20/17, and 4/21/17 revealed Resident #5 slept peacefully between prn [medication] uses. Review of the April 2017 Medication Administration Record (MAR) included the following pain medication: a. Hydrocodone-acetaminophen 5-325 mg give 1 tablet every 4 hours as needed for pain. b. Hydrocodone-acetaminophen 5-325 mg give 2 tablet every 4 hours as needed for pain. c. Administer Gabapentin 300 mg capsule three time a day. Review of April 2017 MAR revealed staff monitored Resident #5's pain and assessed his/her pain on a scale of 0-10 three times a day (every shift at 6:00 a.m., 2 p.m., and at 10 p.m.) a. From 4/12/17 to 4/16/17 Resident #5 had pain ranging from 3 to 9 (out of ten), and 2 shifts out of 15 the resident had no pain. b. On 4/17/17 at 6:00 a.m. Staff A documented Resident #5's pain rated at 8 (out of 10) c. On 4/17/17 at 2:00 p.m. Staff A documented Resident #5's pain rated at 8 (out of 10) d. On 4/17/17 at 10:00 p.m., Staff G documented Resident #5's pain rated at 6 (out of 10). The MAR showed Resident #5 received	F 309		

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F 309	Continued From page 5 Hydrocodone-acetaminophen as follows for pain: a. Once (1) on 4/12/17 b. Tthree times (3) on 4/13/17 c. Twice (2) on: 4/14/17, 4/15/17, and 4/16/17. d. None administered (hydrocodone-acetaminophen) on 4/17/17. Review of the Controlled Medication Utilization Record dated 4/17/17 at 8:40 a.m. revealed tramadol 50 mg administered to the resident by Staff A. [This medication was discontinued on 4/11/17]. Review of the Medication Administration Record revealed no documentation the tramadol administered on 4/17/17. An interview with Staff A, (CMA) on 5/18/17 at 11:50 a.m. revealed she worked with Resident #5 and she did not seem uncomfortable. During an interview with Staff G, LPN on 5/18/17 at 10:40 PM she stated she did not remember administering tramadol to the resident on 4/17/17. During an interview with Staff B, CMA (certified medication assistant) on 5/18/17 at 10:15 AM she stated the resident had an order for hydrocodone and it had not been filled by pharmacy. She further stated the resident had been in constant pain and asked if it was time for a pain pill. Staff borrowed pain medication from other residents. She also stated she had not been aware if the doctor had been made aware of the resident's pain. She called the pharmacy when the resident ran out and they reported they were waiting of a script from the surgeon. She further stated she did not document the call.	F 309		

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F 309	Continued From page 6 During an interview with Resident #5's spouse on 5/19/17 at 11:26 a.m., he/she reported after surgery the resident returned to the facility. Resident #5 had an order to have Hydrocodone but the medication was not at the facility and the resident could not get Tramadol because he/she did not have an order. Resident #5 had a lot of pain and had no pain medication. Staff had to then go to the emergency box to get medication. [The Controlled Drug Record Ebox revealed no medication given on 4/17/17 to Resident #5.] During an interview with the Advanced Registered Nurse Practitioner on 5/23/17 at 11:30 a.m. she stated Resident #5 reported a lot of pain and had very poor pain control. Resident #5 had not been receiving his/her ordered pain medication. She further stated she would expect staff to give the pain medication as ordered. If the facility did not have the ability to give the ordered medication, she would expect staff to notify the physician to order a different medication that would be available. During an interview with the ADON on 5/18/17 at 9:30 a.m., she reported she did know there was an issue getting Resident #5 his/her medications. The ADON reported the resident did have pain.	F 309		
F 431 SS=E	483.45(b)(2)(3)(g)(h) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in	F 431		

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F 431	Continued From page 7 §483.70(g) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. (a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. (b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-- (2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and (3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. (g) Labeling of Drugs and Biologicals. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. (h) Storage of Drugs and Biologicals. (1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.	F 431		

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F 431	Continued From page 8 (2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on clinical record review, observation, staff interview and facility policy review, the facility failed to ensure prescribed narcotic medications were available for residents as ordered for 8 of 17 sampled residents (#1, #3, #7, #9, #11, #12, #13 and #14). The facility identified a census of 55 current residents. Findings include: 1. Review of Physician Order Resident #1 dated 5/9/17 revealed the order for hydrocodone/APAP (Tylenol) 7.5-325 mg (milligrams) 1 tablet as needed for pain up to 4 times a day. Review of the Controlled Drug Record dated 2/22/17 through 5/10/17 revealed staff borrowed one pill for Resident #2 on 3/16/17 at 12:40 PM and another pill on 4/1/17 (not timed). Review of the Physician Order for Resident #2 dated 5/9/17 revealed the order for hydrocodone/APAP 7.5-325 mg 1 every 6 hours as needed. 2. Review of the Physician Order dated 5/9/17 Resident #3 had an order for tramadol 50 mg. Review of the Controlled Drug Record dated 3/25/17 through 4/20/17 revealed on 4/2/17 at	F 431		

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F 431	Continued From page 9 5:58 PM staff borrowed 2 pills for Resident #8. Review of the Physician Order dated 5/4/17 revealed Resident #8 had an order for tramadol 50 mg 2 pills every 6 hours. 3. Review of the Physician Order dated 3/16/17 revealed Resident #7 had an order for hydrocodone/APAP 5-325 mg 1 tablet every 6 hours as needed for pain. Review of the Controlled Drug Record dated 4/5/17 through 4/18/17 revealed staff borrowed a total of 8 pills for Resident #5 on 4/18/17 at 12:15 AM, 6:40 AM, 11:20 AM and 11:15 PM . Review of the Physician Order dated 4/11/17 revealed Resident #5 had an order for hydrocodone/APAP 5-325 mg give 1 to 2 tablets every 4 hours as needed for pain. 4. Review of the Physician Order dated 4/27/17 revealed Resident #11 had an order for oxycodone 5 mg 1 or 2 tablets every 4 hours as needed for pain . Review of the Controlled Drug Record dated 5/1/17 through 5/5/17 revealed that on 5/5/17 at 12:13 PM staff borrowed 2 of Resident #11's pills for Resident #6. Review of the Physician Order dated 9/9/17 revealed Resident #6 had an order for oxycodone 5 mg 1 tablet every 4 hours as needed for pain. 5. Review of the Physician Order dated 5/9/17 revealed Resident #9 had an order for tramadol 100 mg 4 times a day. Review of the Controlled Drug Record dated 2/24/17 through 3/21/17 revealed that on 3/21/17 at 10:00 PM staff borrowed 1 pill for Resident #10.	F 431		

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F 431	Continued From page 10 Review of the Physician Order dated 5/9/17 revealed Resident #10 had an order for tramadol 50 mg 1 tablet every 8 hours as needed for pain. 6. Review of the Physician Order dated 1/27/17 revealed Resident #12 had an order for tramadol 50 mg 1 tablet 3 times a day. Review of the Controlled Drug Record dated 3/24/17 through 5/23/17 revealed on 4/23/17 at 3:44 PM staff borrowed 2 pills for Resident #13. Review of the Physician Order dated 5/9/17 revealed Resident #13 had an order for tramadol 50 mg 1 tablet every hours as needed for pain. 7. Review of the Physician Order dated 5/9/17 revealed Resident #14 had an order for hydrocodone/APAP 10/325 mg 3 times a day. Review of the Controlled Drug Record dated 4/20/17 through 5/16/17 revealed on 5/8/17 at 1:15 AM staff borrowed 1 pill for Resident #15. Review of the Physician Order dated 5/19/15 revealed Resident #15 had an order for hydrocodone mg 1 tablet every 4 hours as needed for pain. 8. Review of the Physician Order dated 5/9/17 revealed Resident #13 had an order for hydrocodone-APAP 5/325 mg 1 or 2 every 4 hours as needed for pain.. Review of the Controlled Drug Record dated 3/5/16 through 3/19/16 revealed on 3/17/17 at 8:00 AM and 3/11/17 at 8:00 AM staff borrowed 1 pill each day for Resident #16. Review of the Physician Order dated 5/4/17 revealed Resident #16 had an order for hydrocodone-APAP 5/325 mg 1 tablet every 6	F 431		

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F 431	Continued From page 11 hours as needed. 9. Review of the Physician Order dated revealed Resident #14 had an order for hydrocodone-APAP 10/325 mg 1 or 3 times a day for pain.. Review of the Controlled Drug Record dated 3/5/17 through 4/20/17 revealed on 5/8/17 at 1:15 AM staff borrowed 1 pill for Resident #15. Review of the Physician Order dated 5/9/17 revealed Resident #15 had an order for hydrocodone-APAP 5/325 mg every 12 hour as needed Review of the In-service/Training dated 3/8/17 at 2:00 PM revealed the following topics were discussed with staff: a. Admission check list. b. Crash carts. c. Medication carts. d. Narcotics. e. Charge Nurses. During an interview with Staff B, CMA (certified medication assistant) on 5/12/17 at 1:10 PM she stated the pharmacy used for residents with skilled services can be slow to deliver medications to the facility. If staff order medications today, the medications will get at the facility at 11:00 PM. If staff needed to refill a narcotic pain pill, a physician wrote a prescription and they faxed it to the pharmacy. Staff B stated the nurses borrowed medications from other residents. She further stated she had not borrowed medications and she did not feel residents experienced severe pain due to medications not being available. She also stated discontinued medications continue to be counted and stay in the medications cart until destroyed.	F 431		

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F 431	Continued From page 12 She stated she orders medications when residents have 6 pills left and it is anyone's responsibility to re-order medications. During an interview with Staff C, RN (registered nurse) on 5/18/17 at 7:30 AM she stated when staff borrowed medications they used the same dose of medication. If borrowed, she sent a facsimile to the pharmacy to let them know she borrowed a medication and she assumed the pharmacy sent a pill to replace it. She further stated a long while ago she called the pharmacy and they told her to borrow a medication. She further stated staff had an in-service and do not borrow pills for residents any longer. During an interview with the Administrator on 5/16/17 at 3:00 PM she stated staff were borrowing medications from other residents. Staff knew they should not borrow but felt they had no choice. The facility had an E-kit (medication emergency box). She further stated that during an in-service completed on 3/8/17, the DON (Director of Nursing) instructed staff not to borrow medications from other residents. She did not know medication continued to be borrowed from resident to resident. During an interview with Staff G, LPN (licensed practical nurse) on 5/18/17 at 10:40 PM she stated she knew it had not been OK to borrow medications. The pharmacy E-kit does have narcotics. To use the E-kit staff have to call the pharmacy and the pharmacist can take 1 or 2 hours to call back. If the resident's script ran out, they need to have a new script so staff call the doctor to get the script. 2. Observation on 5/18/17 at 7:32 AM revealed	F 431		

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(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) COMPLETION DATE
F 431	Continued From page 13 the Staff B passed medication for Emory hall in dining room. The medication cart contained a medication cup in the top drawer with one blue pill and one yellow pill. The medication cup had no label for resident identification. Staff B asked Staff C and Staff F, RN about the medications and both staff denied knowledge of the medications. Staff B returned the medication cup and pills to the top drawer of the medication cart. Observation on 5/19/17 at 7:55 M revealed the a medication card identified metoprolol 25 mg (beta blocker for angina and heart failure) with 1/2 tablet (12.5 mg) remaining in the card. The medication was unsecured and no staff worked in the vicinity of the medication. At 8:05 AM the Office Manager entered, identified the unsecured medication card and notified the nurse. During an interview with the Administrator on 5/19/17 at 12:00 PM she stated she expected staff to keep medications secure in the medication cart. Review of the Policy and Procedure titled Medication Management dated 5/14/17 directed staff to the following: a. Remove discontinued medications from medication supply during the shift the medication is discontinued on. b. Store in a locked location as identified by the facility, for disposition according to state and federal requirements. Review of the Policy and Procedure titled Medication Management/Controlled Substance & Destruction revised 5/16 directed staff to do the following: a. The DON (Director of Nursing) and Licensed	F 431		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165174	A. BUILDING _____ B. WING _____	C 05/23/2017

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F 431	Continued From page 14 nurse secures the Individual Count Sheet to the discontinued medication and locks the medication in a secured, double locked box. The DON maintains the keys to this locked box in a secured area. b. The destruction record must be maintained in a separate location that is only accessible to the DON or Administrator. c. This box is subject to a quality review check by the Administrator or Regional Nurse at any time. OR 2 licensed nurses or nurse/certified medication assistant (as allowed by specific state law) destroy the medication upon discontinuation. Both licensed nurses sign the destruction log and individual count sheets indicating drug destroyed. amount destroyed and method of destruction. d. If resident is discharged to hospital, return anticipated the narcotic remains in the narcotic box of the cart and is counted each shift as per normal protocol until resident returns. If drug is discontinued upon return it is then destroyed as noted above. Review of the Policy and Procedure titled Medication Administration dated 1/13 directed staff to do the following: a. Lock medication cart before entering resident room. Never leave the medication cart open and unattended	F 431		

This plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or the conclusions set forth in the statement of deficiencies. This plan of correction is prepared solely because it is required by State and Federal law.

F281: It is the practice of Casa de Paz to instruct residents to rinse their mouth following administration of steroid inhalers.

1. Resident #17 was instructed to rinse mouth following administration of steroid inhaler on 5/25/17.
2. Residents who are administered steroid inhalers are instructed to rinse their mouth on 5/25/17.
3. Staff were educated by Administrator on instruction being provided to residents to rinse mouth following the administration of steroid inhalers on 5/25/17.
4. The DON or designee will assure ongoing compliance through a random audit of Med Pass. Results of the reviews will be reported to the facility QAPI committee monthly for three months.

Date of compliance is 6/2/17.

F309: It is the practice of Casa de Paz to provide intervention for residents with complaints of pain.

1. Resident #5 discharged from the facility on 5/5/17; no further corrective action could be implemented.
2. A review of MARs was conducted on 6/2/17 to assure that residents reporting pain were provided interventions. Medications of discharged residents were removed from medication carts on 5/25/17 for discharged residents.
3. Staff were educated by DON and Administrator on 5/25/17 regarding intervention implementation for complaints of pain and removal of medications from med carts when a resident is discharged to the hospital.
4. The DON or designee will assure ongoing compliance through a weekly review of MARS and assessments. Results of the reviews will be reported to the facility QAPI committee monthly for three months.

Date of compliance is 6/2/17.

F431: It is the practice of Casa de Paz to ensure prescribed narcotic medications were available for residents as ordered.

1. Residents 1, 3, 9, 11, 13, and 14 have prescribed narcotic medication available as ordered on 6/2/17. Resident #7 discharged from the facility on 4/6/17, Resident #12 discharged from the facility on 5/3/17; no further corrective action could be implemented. Staff educated on 5/18/17 on proper medication storage by Administrator.
2. A med cart audit was completed on 6/2/17 to ensure prescribed narcotic medications are available for residents as ordered and for proper medication storage. Narcotic medication administration records were reviewed on 5/25/17 to ensure medications were not borrowed.
3. Staff were educated by Administrator on proper medication storage and proper medication supply on hand on 5/25/17.
4. The DON or designee will assure ongoing compliance through random observations of med carts. Results of the observations will be reported to the facility QAPI committee monthly for three months.

Date of compliance is 6/2/17.