STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165448	A. BUILDING _____ B. WING _____	C 10/01/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BISHOP DRUMM RETIREMENT CENTER	5837 WINWOOD DRIVE JOHNSTON, IA 50131

(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 The following deficiency relates to the investigation of complaint #78665. (See Code of Federal Regulation (42CFR) Part 483, Subpart B-C.) The immediate jeopardy was corrected on September 24, 2018, prior to surveyor entrance so is considered past non-compliance. No plan of correction is required and no revisit will be completed. Complaint #77224 & 78459 was not substantiated.	F 000		
F 757 SS=J	Drug Regimen is Free from Unnecessary Drugs CFR(s): 483.45(d)(1)-(6) §483.45(d) Unnecessary Drugs-General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used- §483.45(d)(1) In excessive dose (including duplicate drug therapy); or §483.45(d)(2) For excessive duration; or §483.45(d)(3) Without adequate monitoring; or §483.45(d)(4) Without adequate indications for its use; or §483.45(d)(5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or §483.45(d)(6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section. This REQUIREMENT is not met as evidenced	F 757		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165448	A. BUILDING _____ B. WING _____	C 10/01/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BISHOP DRUMM RETIREMENT CENTER	5837 WINWOOD DRIVE JOHNSTON, IA 50131

(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 757	Continued From page 1 by: Based on clinical record review, staff and physician interviews, the facility failed to adequately monitor laboratory values for one of four residents on Coumadin (anticoagulant) resulting in an immediate jeopardy to resident's health and safety. Resident #3 was hospitalized for supratherapeutic international normalized ratio (INR). The facility census was 128 residents. Findings include: A Minimum Data Set (MDS) assessment dated 8/11/18, documented Resident #3 had diagnoses of chronic obstructive pulmonary disease (COPD), chronic respiratory failure, diabetes mellitus and chronic fatigue and had a Brief Interview for Mental Status (BIMS) score of 15, indicating intact cognition. The MDS assessment documented the resident required supervised assistance with transfer, walking, toileting and limited assistance for dressing and bathing. Laboratory results for the INR completed on 5/1/18 revealed a results of 1.6. Coumadin increased from 3 milligrams (mg) to 4 mg. Laboratory results on 5/7/18, revealed the INR was 1.9 with an order to increase from 4 mg to 5 mg. Laboratory results on 6/11/18, revealed the INR was 1.6 with no new order. Laboratory results on 6/22/18, revealed the INR was 2.2 with an order to recheck in one month. A history and Physical dated 6/22/18, documented the INR goal was to be between 2-3.	F 757	Past noncompliance: no plan of correction required.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165448	A. BUILDING _____ B. WING _____	C 10/01/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BISHOP DRUMM RETIREMENT CENTER	5837 WINWOOD DRIVE JOHNSTON, IA 50131

(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 757	Continued From page 2 Laboratory results on 8/3/18, revealed the INR was 2.1, with no new order. Progress notes dated 8/3/18 at 10:47 a.m., documented a call was placed to the new physicians office for clarification on all medications since assuming care of the resident. The resident had no further INR laboratory tests completed after the 8/3/18 results but continued on Coumadin 5 mg daily. Progress notes dated 9/23/18 at 1:15 p.m. documented the resident having intermittent confusion, skin warm and pale and complaining of increased pain and labored breathing with audible wheezing. A call to the Advanced Registered Nurse Practitioner (ARNP) was placed. Progress notes date 8/4/18 at 1:00 p.m., documented the physician was notified of the INR results of 2.1. Awaiting return call. Progress notes dated 8/4/18 at 1:06 p.m., documented the physician returned the call with no new orders at this time. A consultant Pharmacists Medication Regimen Review form dated 9/10/18, documented the resident takes Warfarin (Coumadin) and chart does not appear to have an INR in the chart within the last month. Verify that the lab has been completed. On 9/19/18, the follow through documented INR done outside of the facility, facsimile sent to physician. Progress notes dated 9/19/18 at 11:07 a.m.,	F 757		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165448	A. BUILDING _____ B. WING _____	C 10/01/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BISHOP DRUMM RETIREMENT CENTER	5837 WINWOOD DRIVE JOHNSTON, IA 50131

(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 757	Continued From page 3 documented a call was placed to the physician regarding questionable medication therapies needing clarified. Resident also requesting new medication for restless legs. Awaiting return call. Progress notes dated 9/20/18 at 3:41 p.m., documented the physician office returned the call regarding restless legs and request for medication. The office will check back after discussing with the physician. Progress note dated 9/23/18 at 9:43 a.m., documented a call out to primary care physician regarding nose bleed this morning. Resident complained of feeling weak, vital signs obtained oxygen saturation was 89 percent with oxygen. Skin warm and pale and blood sugar 260. Resident reports she had a few episodes in the past week. Bowel sounds active and had bowel movement this morning. Progress noted date 9/23/18 at 9:51 a.m., revealed an order for Afrin 2 sprays twice a day and to draw a complete blood count (CBC) and basic metabolic panel (BMP) in morning. Progress notes date 9/23/18 at 1:15 p.m., documented family concerned with residents intermittent confusion. Call out to Advanced Registered Nurse Practitioner (ARNP) due to residents complaint of increased pain and labored breathing. Audible wheezing noted. Progress notes dated 9/23/18 at 1:30 p.m., documented call to the ARNP as family requested resident to be seen in emergency room due to pain and breathing concerns. The ARNP ordered to try and treat exacerbation of COPD and have an ARNP evaluate the resident in the morning.	F 757		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165448	A. BUILDING _____ B. WING _____	C 10/01/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BISHOP DRUMM RETIREMENT CENTER	5837 WINWOOD DRIVE JOHNSTON, IA 50131

(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 757	Continued From page 4 Family agreed and Prednisone was increased along with an oral antibiotic and nebulizer treatments four times daily. Progress notes date 9/23/18 at 3:04 p.m., documented resident displaying signs of difficulty breathing, unable to stay awake, answered questions inappropriately. Noted to be very confused, oriented to self, tachycardic, oxygen saturation 74 percent with 4 liters per mask, pale in color, cool to touch, diaphoretic and capillary refill was slow. Call placed to physician. Progress notes dated 9/23/18 at 3:43 p.m., On call physician returned call and resident sent out via ambulance. A Hospital history of present illness form dated 9/23/18 at 5:04 p.m., documented the resident reported increased nausea and fatigue since last night but that she has not been feeling well over the past few days. The resident has acute on chronic shortness of breath (SOB) as well as a cough that was productive of blood and sputum since yesterday. The resident takes Coumadin for a history of blood clots. The resident reported having some dark stools over the past few weeks as well as a recent nose bleed. Laboratory results at the time of the emergency visit included a hemoglobin of 4.0 (normal 11.0-17.0); INR- 9.6 and occult fecal blood positive (should be negative). Upon further discussion with the facility, it appears the resident has not had an INR check since early August. In the meantime the resident has been on NSAIDS for various pain issues and on multiple rounds of antibiotics with	F 757		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165448	A. BUILDING _____ B. WING _____	C 10/01/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BISHOP DRUMM RETIREMENT CENTER	5837 WINWOOD DRIVE JOHNSTON, IA 50131

(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 757	Continued From page 5	F 757		

fluoroquinolones (antibacterial agents).
Additionally, nursing staff indicated the resident has had easy bruising and bleeding recently which has not been fully addressed. Suspect the resident has developed an obvious Coumadin coagulopathy causing gastrointestinal bleeding and leading to her acute blood loss anemia with evidence of endorgan (damage to major organs) dysfunction such as delirium, acute renal failure and ischemic changes on the Electrocardiography (EKG) and cardiac tests.
The resident was given a total of four units of packed red blood cells and given Vitamin K and Kcentra.
Current medications the resident was on at the time of the emergency visit included Coumadin 5 mg daily by mouth to be adjusted as needed by prescribing physician.

Laboratory tests on 9/28/18 revealed a hemoglobin of 8.1 and an INR of 1.2.

During interview dated 9/27/18 at 8:57 a.m. Staff A, licensed practical nurse, LPN prepared a written statement of her actions beginning 8/3/18. Staff A had contacted the physician office regarding the resident's current medications and laboratory orders. Staff A stated she informed the physicians nurse the physician needed to sign off on the resident's current medication, provide any new orders for medication changes, hard scripts for all narcotics and a schedule for laboratory draws. Staff A had gone on vacation for two weeks beginning 8/4-18/18.

During interview on 9/27/18 at 11:03 a.m., Staff B, LPN reported she reviewed the resident's chart and noted there had not been an order for a INR. Staff B looked through the resident's chart to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165448	A. BUILDING _____ B. WING _____	C 10/01/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BISHOP DRUMM RETIREMENT CENTER	5837 WINWOOD DRIVE JOHNSTON, IA 50131

(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 757	Continued From page 6	F 757		

prepare for a pharmacy review and reported her findings to Staff A.

During interview on 9/26/18 at 2:57 p.m., the assistant director of nursing (ADON) reported the resident had recently obtained a new physician and primary care provider. She reported it was her understanding from talking with Staff A the new physician was completing laboratory tests, including the INR in her office. She reported the resident' clinical record had no documentation of the resident's INR results and the scheduling of any laboratory tests.

During interview on 9/27/18 at 8:00 a.m., the director of nursing reported she had reviewed the resident's hard chart and computer charting and no other documentation of calls by staff to the resident's physician regarding requests for INR tests or results. The resident's physician had told Staff A her office would do their own laboratory tests. She reported progress notes did not document any signs or symptoms of bruising, dark stool or nose bleeds. On 9/23/18 the resident began to show distress in breathing and oxygen saturation levels dropped prompting calls to the ARNP and subsequent hospitalization.

During interview on 10/1/18 at 2:25 p.m., the resident's physician reported she became the resident's physician on or about 8/3/18. She stated it was the facility's responsibility to complete INR laboratory tests and Coumadin orders, as she was not managing either the Coumadin or corresponding laboratory tests. She reported she had not seen any documentation from her nurse of any conversation or correspondence related to the residents Coumadin or INR values.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165448	A. BUILDING _____ B. WING _____	C 10/01/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BISHOP DRUMM RETIREMENT CENTER	5837 WINWOOD DRIVE JOHNSTON, IA 50131

(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 757	Continued From page 7 To abate the immediate jeopardy the facility educated all nurses on 9/24/18 and 9/26/18, regarding the need to obtain an order for the next laboratory draw from the physician with new or changing anticoagulant orders, need to assess residents on anticoagulation therapy for signs and symptoms of bleeding, and possible drug interactions with Coumadin. On 9/24/18, all residents (currently 9) on anticoagulant therapy were reviewed to ensure orders were complete and accurate with dosing instructions and frequency of laboratory monitoring. An anticoagulant flow sheet was prepared and was audited by the director of nursing or designee at least weekly. Due to the above corrections the immediate jeopardy was corrected on 9/24/18 and will be considered a past non-compliance IJ. No revisit of plan of correction s required.	F 757		