

Iowa Department of Inspections and Appeals
Health Facilities Division
Citation

Citation Number: 6976		Date: May 20, 2019		
Facility Name: Rowley Memorial Masonic Home		Survey Dates: April 15-16, 2019, April 23-25, 2019, May 1-3, 2019 & May 6-7, 2019		
Facility Address/City/State/Zip 3000 East Willis Avenue Perry, IA 50220		SB		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date
58.19(2)a	481—58.19(135C) Required nursing services for residents. 58.19(2) Medication and treatment. a. Administration of all medications as ordered by the physician including oral, instillations, topical, injectable (to be injected by a registered nurse or licensed practical nurse only); (I, II)	1	\$8750 (held in suspension)	UPON RECIEPT
58.20(1)	481—58.20(135C) Duties of health service supervisor. Every nursing facility shall have a health service supervisor who shall: 58.20(1) Direct the implementation of the physician's orders; (I, II) DESCRIPTION: Based on observation, record review, hospital records, physician and staff interviews, the facility failed to administer medication to 1 of 9 residents (Resident #15) as ordered by her physician resulting in the resident becoming non-responsive and required hospitalization. The physician reported the medication overdose caused harm to the resident. The facility reported a census of 46 residents.			

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	<p>Findings include:</p> <p>Resident #15's face sheet, with a print date of 4/26/19 documented diagnoses of Alzheimer's disease, unspecified psychosis not due to a substance or known physiological condition and atrial fibrillation. A Minimum Data Set with an assessment reference dated 3/19/19 documented a Brief Interview for Mental Status score of 7. A score of 7 indicated moderate cognitive impairment.</p> <p>Progress notes dated 4/25/19 at 8:39 a.m. documented Staff O, a registered nurse (RN) notified the resident's physician of the resident's little response to staff this morning, breathing irregularly and staring at the ceiling. The resident's heart rate was 110 beats per minute (bpm). The physician responded on 4/25/19 at 11:09 a.m. and ordered to hold Zyprexa "for now." Progress notes dated 4/25/19 at 2:45 p.m. revealed an aide could not arouse the resident. Staff P, RN noted the resident lying in bed and unresponsive even with physical stimulation. Staff P called emergency medical services (EMS) and the resident was transported to a local hospital emergency room for evaluation/treatment.</p>				

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	<p>During an interview dated 4/30/19 at 6:46 a.m. Staff R, a certified nursing assistant (CNA) reported the morning of 4/25/19 she went to the resident's room around 8:00 a.m. The resident wasn't her normal self. Routinely she would call for assistance to the bathroom. Staff R would assist her with dressing, personal hygiene and would assist her to her chair and assist her with her hearing aids. This morning the resident had a hard time staying awake and had difficulty opening her eyes. Staff O, RN was called to the room and directed staff to allow the resident to stay in bed for a couple of hours, as the resident had a history of becoming lethargic and less responsive when there are medication dosage changes. Staff R reported the resident stayed in bed for most of the morning. Around 1:00 p.m. she tried to wake the resident but she wasn't opening her eyes. She rolled the resident to one side and her breathing sounded labored. She rolled her back and tried to wake the resident with no response. Staff J, a certified medication aide (CMA) came into the room and then left to get Staff P, RN.</p> <p>Hospital Information:</p> <p>Hospital emergency department record/history and physical dated 4/25/19 at 2:03 p.m. documented an assessment of altered mental</p>			

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	<p>status due to possible unintentional overdose of Zyprexa. The onset/occurrence identified as 2 hours earlier with symptoms coming on suddenly. The severity of symptoms were severe and the patient was currently unresponsive. Hospital disposition notes dated 4/25/19 at 4:52 p.m. indicated the resident admitted to the hospital for close monitoring due to mental status changes. It would likely take a few days to resolve the mental status changes due to the medication having a relatively long half-life, the resident's age and other medical problems. It was not appropriate for the patient to return to the nursing home due to the need for very close observation.</p> <p>Physician Interview:</p> <p>During a phone interview dated 4/29/19 at 9:10 a.m., the resident's attending hospital physician reported the resident suffered harm and required hospitalization for treatment of the Zyprexa overdose. He confirmed the resident was not responsive when she arrived at the hospital.</p> <p>Zyprexa Error:</p> <p>An incident report dated 4/25/19 at 9:30 a.m. documented the resident received Zyprexa 5 mg on 4/16/19. The medication administration record (MAR) read to give two tablets Zyprexa 2.5 mg.</p>				

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	<p>Staff administered Zyprexa from the original bubble pack of Zyprexa 2.5 mg - 1 tablet at bedtime due to late delivery of Zyprexa 5 mg. Staff placed the bubble pack card of Zyprexa 5 mg in the cart in error and failed to remove the discontinued Zyprexa 2.5 mg - 1 tablet at bedtime. The incident report noted the resident unresponsive and eyes fixed.</p> <p>A medication review report with a print date of 4/16/19 revealed a new physician order to increase Zyprexa 2.5 milligrams (mg) - 1 tablet by mouth at bedtime to Zyprexa 5 mg to administer after supper. Medication Administration Records (MARs) documented Zyprexa 2.5 mg - 1 tablet at bedtime was discontinued 4/16/19. Zyprexa 2.5 mg - 2 tablets at bedtime, with a start date of 4/16/19 was added to the MAR. Pharmacy delivered a new card of Zyprexa the evening of 4/16/19 with the Zyprexa 5 mg. dosage in each slot of the new card. Staff did not write the new order "Zyprexa 5 mg. after supper" on the MAR, which was the dose the card contained and what the physician ordered. Instead the MAR continued to read "Zyprexa 2.5 mg. 2 tablets at bedtime" Staff signed on the MAR they administered Zyprexa 2.5 mg - 2 tablets at bedtime 4/16/19-4/24/19. Staff A, RN initialed she administered Zyprexa (2) 2.5 mg 4/18/19, 4/19/19 and 4/22/19, Staff N, RN initialed she</p>			

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	<p>administered Zyprexa (2) 2.5 mg 4/16/19, 4/17/19, 4/20/19, 4/21/19 and 4/24/19. Staff M, RN initialed she administered Zyprexa (2) 2.5 mg 4/23/19 and 4/25/19.</p> <p>Observation of the Zyprexa 5 mg drug card revealed pills were removed from the Zyprexa 5mg card daily 4/17/19 through 4/24/19.</p> <p>Observation of the Zyprexa 2.5 mg drug card showed 2.5 mg daily doses were removed from that card during the same time frame 4/17/19 through 4/24/19. This indicated the resident received medications from both cards in error.</p> <p>During an interview dated 4/30/19 at 11:10 a.m., Staff Q, a licensed practical nurse (LPN) reported when she learned the resident was unresponsive she checked the resident's medication in the bubble packs and noted Zyprexa 2.5 mg - 1 tablet at bedtime had been removed for dates 4/16/19-4/24/19. Zyprexa 5 mg - 1 tablet after supper had been removed 4/17/19-4/24/19, which indicated the resident received 7.5 mg 4/17-4/24/19. She reported her findings to the director of nursing (DON).</p> <p>During an interview dated 4/29/19 at 8:05 a.m., the director of nursing confirmed the resident received Zyprexa 7.5 mg from 4/17-24/19. She also reported that two medication errors occurred</p>				

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	<p>specific to the original order for Zyprexa 2.5 mg - 1 tablet at bed time and the new order of Zyprexa 5 mg. - 1 tablet after supper. The first medication error occurred when staff administered Zyprexa 2.5 mg on 4/16/19 and not Zyprexa 5 mg - 1 tablet after supper. The second error occurred when staff erred and administered both the Zyprexa 2.5 mg and Zyprexa 5 mg 4/17/19- 4/24/19 totalling 7.5 mg.</p> <p>Staff interviews with staff who administered the wrong doses of Zyprexa:</p> <p>During an interview dated 4/29/19 at 10:05 a.m. Staff A, RN reported she is not certain what she had done. Either she gave the wrong dosage of Zyprexa or she hadn't. She reported she didn't documented giving 2.5 mg - 1 tablet of Zyprexa but she had documented giving Zyprexa 5 mg.</p> <p>During an interview dated 4/29/19 at 10:30 a.m. Staff N, RN reported she was not certain how much Zyprexa she administered to the resident. She reported when there is a medication order change that staff usually removed the discontinued drug card from the medication cart. In this incident both Zyprexa 2.5 mg that was discontinued remained in the cart alongside the Zyprexa 5 mg.</p>			

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	<p>During an interview dated 4/30/19 at 10:00 a.m. Staff M, RN reported she had worked 4/23/19 and again on 4/25/19. She reviewed the MARs for both dates and confirmed she had initialed 4/23/19 and 4/25/19 as giving the resident her Zyprexa but she reported she wasn't certain what dosage of Zyprexa she gave. She couldn't explain why she had initialed 4/25/19 when the resident was no longer in the facility.</p> <p>Abatement:</p> <p>The immediate jeopardy was abated May 7, 2019 after the facility reeducated staff on new medication administration protocols. The facility also conducted visual audits of staff administering medications after they received education regarding new protocols.</p> <p>FACILITY RESPONSE:</p>			

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