

**Iowa Department of Inspections and Appeals  
Health Facilities Division  
Adult Services Civil Penalty Citation**

<b>Date:</b> 12/23/20
<b>Program Name:</b> Country Meadow Place
<b>Address:</b> 17396 Kingbird Ave Mason City, IA 50401
<b>Type of Action:</b> Investigation 90169-C
<b>Date(s) of Action:</b> 9/21/20 -11/16/20

State Rule #	State Rule	Amount of Civil Penalty
67.5(6)d	<p><b>481-67.5(231B,231C,231D) Medications. Each program shall follow its own written medication policy, which shall include the following:</b></p> <p><b>67.5(6) When medications are administered traditionally by the program:</b></p> <p><b>d. Medications shall be administered as prescribed by the tenant's physician, advanced registered nurse practitioner or physician assistant.</b></p> <p>Based on observation, interview, and record review the Program failed to administer medications as prescribed by a physician. This pertained to 5 of 8 tenants reviewed (Tenant #1, Tenant #2, Tenant #3, Tenant #5, and Tenant #8), and potentially affected 59 tenants requiring assistance with medication administration. Findings follow:</p> <p>1. Observations on 9-22-2020 at 11:53 p.m. during the noon meal revealed Tenant #3 asked why she hadn't received her 8:00 a.m. medications (meds) yet.</p> <p>On 9-22-2020 at 11:55 a.m. Staff A and Staff D were found in the staff office and when asked why Tenant #3 had not yet received her 8:00 a.m. medications administered, Staff B stated "We still have over twenty tenants that still need 8:00 a.m. meds administered because three staff isn't enough to get everything done." She stated this happened often due to a limited number of staff scheduled and a lack of assistance from the nurse.</p> <p>Record review on 9-22-2020 revealed the Monitoring Entrance Form indicated 59 of 62 tenants required the Program to administer their medications at 8:00 a.m., 12:00 p.m., 5:00 p.m., and 9:00 p.m.</p> <p>Record review on 9-22-2020 revealed the Program's Medication Policy directed staff to follow the six rights for proper and accurate administration of medication. The six rights included, "... Right time - Specific timing may be important for certain drugs to be most effective. If a certain time is specified for the medication, it needs to be given only at that time."</p> <p>2. Record review of Medication Administration Records (MAR) from 9-22-2020 through 9-29-2020 revealed the following:</p>	\$2000.00

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	<p>a. Tenant #1 had diagnoses including: essential (primary) hypertension; unspecified dementia without behavioral disturbance; orthostatic hypotension; syncope and collapse; transient cerebral ischemic attack, unspecified; major depressive disorder, single episode, unspecified; other chest pain; unspecified convulsions.</p> <p>Tenant #1's MARs indicated the Program failed to administer the following medication doses in August 2020:</p> <ul style="list-style-type: none"> <li>17 of 31 days - Citalopram Hydrobromide (antidepressant)</li> <li>8 of 31 days - Senna tablet (stool softener)</li> <li>9 of 31 days - 8:00 a.m. Keppra (anticonvulsant)</li> <li>27 of 31 days - 8:00 p.m. Keppra (anticonvulsant)</li> <li>13 of 31 days - Mirtazapine (antidepressant)</li> </ul> <p>The Program also failed to administer the following medications as prescribed in September 2020:</p> <ul style="list-style-type: none"> <li>22 of 23 days - Citalopram Hydrobromide (antidepressant)</li> <li>15 of 23 days - Senna tablet (stool softener)</li> <li>10 of 23 days - 8:00 a.m. Keppra (anticonvulsant)</li> <li>20 of 23 days - 8:00 p.m. Keppra (anticonvulsant)</li> <li>11 of 23 days - Mirtazapine (antidepressant)</li> </ul> <p>b. Tenant #2 had diagnoses including: heart failure, unspecified; paroxysmal atrial fibrillation; acute and chronic respiratory failure with hypoxia; disseminated intravascular coagulation (defibrillation syndrome); essential hypertension; chronic lymphocytic leukemia of b-cell type not having achieved remission; non-Hodgkin lymphoma, unspecified.</p> <p>Tenant #2's MAR indicated the Program failed to administer the following medications from 9-18-20 - 9-29-20: 9:00 p.m.:</p> <ul style="list-style-type: none"> <li>Metoprolol Succinate (used to treat chest pain, high blood pressure, and heart failure)</li> <li>Xarelto (blood thinner)</li> </ul> <p>When interviewed on 9-24-2020 at 12:35 p.m. the spouse of Tenant #2 stated his wife had not received evening medications since they ran out about one week prior. He expressed concern since the medications were for her heart and blood pressure. He further reported staff were often late administering medications.</p> <p>c. Tenant #5 had diagnoses including: arthropathy, unspecified and peripheral vascular disease, unspecified.</p> <p>According to the MAR, Tenant #5 did not receive the following medication doses in August 2020:</p> <ul style="list-style-type: none"> <li>6 of 31 days - Cilostazol (used to increase blood flow)</li> <li>2 of 31 days - Diltiazem (used to treat high blood pressure)</li> <li>4 of 31 days - Ezetimibe (used to treat high cholesterol)</li> </ul> <p>The MAR further indicated the Program failed to provide Tenant #5 the following medications as ordered in September 2020:</p> <ul style="list-style-type: none"> <li>15 of 23 days - Cilostazol (used to increase blood flow)</li> <li>4 of 23 days - Ezetimibe (used to treat high cholesterol)</li> </ul>	
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	<p>3 of 23 days - Lisinopril (used to treat high blood pressure)</p> <p>When interviewed on 9-24-2020 at 12:52 p.m. Tenant #5 stated medications were often administered late. She reporting having to delay eating meals, as some medications needed to be taken with food.</p> <p>d. Tenant #8 had diagnoses including: essential hypertension, Parkinson's disease; other bursitis, not elsewhere classified; presence of cardiac pacemaker, glaucoma.</p> <p>Tenant #8's MAR indicated the Program failed to administer the following number of doses in August 2020:</p> <ul style="list-style-type: none"> <li>4 of 31 days - Carvedilol (used to treat high blood pressure and heart failure)</li> <li>13 of 31 days - Folic Acid</li> <li>4 of 31 days - Latanoprost (used to treat glaucoma)</li> <li>2 of 31 days - Losartan (used to treat high blood pressure)</li> <li>11 of 31 days - Simvastatin (used to treat high cholesterol)</li> </ul> <p>The MAR further identified the Program's failure to administer Tenant #8 the following medications in September 2020:</p> <ul style="list-style-type: none"> <li>3 of 23 days - 8:00 p.m. Carbidopa/levodopa</li> <li>7 of 23 days - 8:00 a.m. Carvedilol (used to treat high blood pressure and heart failure)</li> <li>10 of 23 days - 8:00 p.m. Carvedilol (used to treat high blood pressure and heart failure)</li> <li>8 of 23 days - Folic Acid</li> <li>3 of 23 days - Losartan (used to treat high blood pressure)</li> <li>3 of 23 days - Simvastatin (used to treat high cholesterol)</li> </ul> <p>3. When interviewed on 9-28-2020 at 11:01 a.m. Staff D confirmed 8:00 a.m. meds were administered as late as 12:00 p.m. due to not enough staff. She stated refills did not arrive timely and tenants often went without medications. She stated the Medication Administration Record (MAR) was recorded as "not in stock" when this occurred. She further stated she failed to follow up with the nurse when this occurred.</p> <p>When interviewed on 9-28-2020 at 2:07 p.m. Staff H reported meds were usually given timely on 2nd shift. She stated tenants had gone without medications due to refills not arriving timely. When this occurred, she reported she documented as not available on the MAR. She confirmed she failed to follow up with the nurse when meds were not administered. She stated if the medication was an important one such as Coumadin, she would notify the nurse, otherwise meds were just not given as prescribed.</p> <p>When interviewed on 9-29-2020 at 6:26 a.m. Staff I confirmed staff failed to administer medications on time due to only 2-3 staff scheduled. She stated 2-3 staff was not enough to complete cares and administer meds. She reported medications took priority over showers and scheduled toileting but would attend to someone if</p>	
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	<p>soiled. She confirmed she failed to follow up with the nurse when a medication refill is not available.</p> <p>When interviewed on 9-29-2020 at 11:30 a.m. the Clinical Quality Manager and the Assisted Living Manager agreed medication administration would take approximately three hours if each med pass averaged three minutes. They confirmed failure to schedule sufficient staff to ensure timely medication administration. The Manager reported they immediately contracted with an agency to provide extra staff to address identified issues.</p> <p>When interviewed on 9-22-2020 at 12:44 p.m. the Manager confirmed administration of medications would fall behind due to lack of staff.</p> <p>When interviewed on 9-28-2020 at 1:43 p.m. Tenant #7 stated the Program failed to begin new prescriptions timely and overall services had gone downhill in the past year.</p> <p>When interviewed on 9-24-2020 at 10:16 a.m. the Clinical Quality Manager confirmed the Program failed to administer medications as ordered. She reported one of the pharmacies used failed to deliver refills timely and the nurse failed to follow up due to improper documentation by staff.</p> <p>When interviewed on 9-28-2020 at 3:54 p.m. the Registered Nurse (RN) confirmed medications had been administered after scheduled times on several occasions. She confirmed more staff was needed to ensure medications were administered as required. She stated staff failed to inform her when refills had not arrived and she was not aware tenants had missed several days of medications.</p> <p>4. Additional review of the Program's Medication Administration Policy revealed, "Ordering of new medications and refills will be the sole responsibility of the Community Nurse, lead Resident Assistant or delegate by Community Nurses' discretion... The Community Nurse will be responsible to review and verify that the correct medications were delivered the next time he/she is in the building..."</p>	
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