

✓ 8/20/19 OK 8/2/19

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0368	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/11/2019
--	--	--	--

NAME OF PROVIDER OR SUPPLIER EDENCREST AT SIENA HILLS	STREET ADDRESS, CITY, STATE, ZIP CODE 455 SW ANKENY ROAD ANKENY, IA 50021
---	---

(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) COMPLETE DATE
--------------------	--	---------------	---	--------------------

A 000	<p>Initial Comments</p> <p>Assisted Living Programs for People with Dementia are defined by the population served. The census numbers were provided by the Program at the time of the on-site.</p> <p>General Population Number of tenants without cognitive disorder: 17 Number of tenants with cognitive disorder: 2</p> <p>Memory Care Unit Number of tenants without cognitive disorder: 3 Number of tenants with cognitive disorder: 11 TOTAL Census of Assisted Living Program for People with Dementia: 33</p> <p>The following regulatory insufficiencies were cited during the investigation of Complaint #83095-C:</p>	A 000	<p>see attached</p> <p>POC 8/5/19</p>	
A 094	<p>481-67.13(4) Exit Interview, Final Report and POC</p> <p>481-67.13(17A,231C,85GA,SF394) Exit interview, final report, plan of correction. 67.13(4) Monitoring revisit. The department may conduct a monitoring revisit to ensure that the plan of correction has been implemented and the regulatory insufficiency has been corrected. The department may issue a regulatory insufficiency for failure to implement the plan of correction. A monitoring revisit by the department shall review the program prospectively from the date of the plan of correction to determine compliance.</p> <p>This REQUIREMENT is not met as evidenced by:</p>	A 094		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
--	-------	-----------

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0368	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/11/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER EDENCREST AT SIENA HILLS	STREET ADDRESS, CITY, STATE, ZIP CODE 455 SW ANKENY ROAD ANKENY, IA 50021
---	---

(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) COMPLETE DATE
A 094	<p>Continued From page 1</p> <p>Based on interview and record review the Program failed to implement the plan of correction dated 12/12/18. Finding follows:</p> <p>Record review revealed a regulatory insufficiency was cited at 67.5(6)d on 12/11/18. The Program submitted a plan of correction indicating corrective action would be implemented effective 12/12/18.</p> <p>A review of the Plan of Correction indicated all aspects of the plan were not implemented or completed by the effective date of 12/12/18 for medications administered per physician's orders.</p> <p>During the revisit a regulatory insufficiency was written at 67.5(6)d regarding a tenant not receiving medication as order by the physician.</p>	A 094		
A 147	<p>481-67.5(6)d Medications</p> <p>481-67.5(231B,231C,231D) Medications. Each program shall follow its own written medication policy, which shall include the following: 67.5(6) When medications are administered traditionally by the program: d. Medications shall be administered as prescribed by the tenant's physician, advanced registered nurse practitioner or physician assistant.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to consistently ensure medications were administered as prescribed. This affected 1 of 2 tenants reviewed who received insulin injections (Tenant #1). Finding follows:</p>	A 147		

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0368	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/11/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER EDENCREST AT SIENA HILLS	STREET ADDRESS, CITY, STATE, ZIP CODE 455 SW ANKENY ROAD ANKENY, IA 50021
---	---

(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) COMPLETE DATE
A 147	<p>Continued From page 2</p> <p>Record review revealed Tenant #1 had diagnoses including: Type 2 diabetes mellitus without complications. Physician's orders for Tenant #1 dated 4/10/19 included Levemir INJ Flextouch inject 15 unit subcutaneously at bedtime for diabetes, Novolog INJ Flexpen inject 6 unit subcutaneously two times a day for diabetes, and Accu-Check Aviva Test one strip two times a day every Monday, Wednesday, and Friday for blood sugar.</p> <p>Record review on 6/6/19 revealed a Health Status note dated 5/14/19 read: "RN called HyVee pharmacy again this am as resident's needles did not come again last evening as pharmacist had said they would." Further review of the note revealed the following statement, "RN stated that she will call resident's daughter to pick up medication today as it has been a week now that the resident has not had insulin as RN called last week on 5/6/19 and sent order with the latest insuling doses and how often."</p> <p>Further review of Progress Notes on 6/10/19 revealed the following notations:</p> <ul style="list-style-type: none"> a. 5/5/19 at 10:08 a.m. Novolog INJ Flexpen - Inject six units subcutaneously two a day for diabetes related to Type 2 diabetes mellitus without complications - "She is out of needles." b. 5/5/19 at 10:27 P.M. Levemir INJ Flextouch -Inject 15 unit subcutaneously at bedtime for diabetes. "Out of needles. Alerted the family." c. 5/12/19 at 10:12 a.m. Novolog INJ Flexpen - Inject 6 units subcutaneously two times a day for diabetes related to Type 2 diabetes mellitus without complications - "Out of needles." d. 5/13/19 at 4:41 p.m. Novolog INJ Flexpen - Inject six unit subcutaneously two times a day for diabetes related to Type 2 mellitus without 	A 147		

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION -	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0368	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/11/2019
NAME OF PROVIDER OR SUPPLIER EDENCREST AT SIENA HILLS		STREET ADDRESS, CITY, STATE, ZIP CODE 455 SW ANKENY ROAD ANKENY, IA 50021		
(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) COMPLETE DATE
A 147	<p>Continued From page 3</p> <p>complications - "No needles." e. 5/13/19 at 10:14 p.m. Levemir INJ Flextouch - Inject 15 unit subcutaneously a bedtime for diabetes -"No needles."</p> <p>Continued record review revealed Tenant #1's blood sugar readings were as follows: a. 5/3/19 9:30 a.m. 167 and 4:30 p.m. refused b. 5/6/19 9:30 a.m. 252 and 4:30 p.m. 238 c. 5/8/19 9:30 a.m. 185 and 4:30 p.m. 173 d. 5/10/19 9:30 a.m. 160 and 4:30 p.m. 121 e. 5/13/19 9:30 a.m. refused and 4:30 p.m. 343 f. 5/15/19 9:30 a.m. 157 and 4:30 p.m. 213</p> <p>When interviewed on 6/4/19 at 11:40 a.m. Staff A said in the past supplies for insulin have not been available. She said it had been better lately. Staff A said the Program had a box of insulin supplies staff can use if tenants do not have the needed supplies, such as needles for insulin pens.</p> <p>When interviewed on 6/6/19 at 8:55 a.m. the Director of Clinical Quality Management confirmed the Program was responsible to administer Tenant #1's medication but failed to do so when needed supplies (needles) were not available.</p>	A 147		

✓ 8/20/19
OK 8/2/19



Edencrest™

AT SIENA HILLS
455 SW Ankeny Road, Ankeny, IA 50023

Date: 7/25/2019

Complaint Intake #: 79828-C

Plan of Correction (POC) Submitted For:

- Investigation Date: 6/4/19-6/11/19

POC:

A. Regulatory Insufficiency:

481-67.13(17A,231C,85GA,SF394) Exit interview, final report, plan of correction. 67.13(4) Monitoring revisit. The department may conduct a monitoring revisit to ensure that the plan of correction has been implemented and the regulatory insufficiency has been corrected. The department may issue a regulatory insufficiency for failure to implement the plan of correction. A monitoring revisit by the department shall review the program prospectively from the date of the plan of correction to determine compliance.

Based on interview and record review the Program failed to implement the plan of correction dated 12/12/18. Finding follows:

Record review revealed a regulatory insufficiency was cited at 67.5(6)d on 12/11/18. The Program submitted a plan of correction indicating corrective action would be implemented effective 12/12/18. A review of the Plan of Correction indicated all aspects of the plan were not implemented or completed by the effective date of 12/12/18 for medications administered per physician's orders.

During the revisit a regulatory insufficiency was written at 67.5(6)d regarding a tenant not receiving medication as order by the physician.

481-67.5(231B,231C,231D) Medications. Each program shall follow its own written medication policy, which shall include the following: 67.5(6) When medications are administered traditionally by the program: d. Medications shall be administered as prescribed by the tenant's physician, advanced registered nurse practitioner or physician assistant.

Program POC for both Regulatory Insufficiencies:

1. Elements detailing how insufficiency was corrected for residents:

The community has a new Health Care Coordinator.
Resident #1 and POA changed pharmacies to the community preferred pharmacy with daily guaranteed deliveries.
The community now has a stock of pen and insulin needles on hand.

2. Actions the program is taking to protect tenants in similar situations:

All staff will attend an additional medication management course. Daily audits by the HCC have been completed for any missing medications. Follow up with direct care staff occurred with the audits.

3. Measures taken to ensure problem does not recur:

Daily audits for medications have occurred during the month of July by the HCC/manager or designee. These will continue biweekly after July. Feedback with RAs completed with audits.

Date of compliance is August 5th for both Regulatory insufficiencies

Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of regulatory insufficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of state law.