11/7/19 OK 11/7/19

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0142	A. BUILDING: _____ B. WING _____	C 10/03/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELMWOOD P E, L L C	190 NORTH 15TH STREET ONAWA, IA 51040

(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	Initial Comments Assisted Living Programs are defined by the type of population served. The census numbers were provided by the Program at the time of the on-site. General Population Program Number of tenants without cognitive disorder: 22 Number of tenants with cognitive disorder: 0 Total Population of Program at time of on-site: 22 TOTAL census of Assisted Living Program: 22 The following regulatory insufficiencies were cited during the Investigation of Incident #78314-I, Complaint #77752-I, and Complaint # 77845-C.	A 000	See attached POC 12/3/18	
A 003	481-67.2 Program policies and procedures 481-67.2(231B,231C,231D) Program policies and procedures, including those for incident reports. A program's policies and procedures must meet the minimum standards set by applicable requirements. The program shall follow the policies and procedures established by a program. All programs shall have policies and procedures related to the reporting of incidents including allegations of dependent adult abuse. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to follow the policy and procedure	A 003		

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

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A 003	Continued From page 1 for falls and medication administration. This affected 3 of 7 tenants reviewed (Tenants #2, #3, and #6). Findings follow: 1. A review of Incident/Accident Report dated 8-6-18 revealed Tenant #2 fell while trying to assist Tenant #3. Staff B and the Administrator assisted her off of the floor. The Report noted not applicable (N/A) for notification of family. A review of Incident/Accident Report dated 8-6-18 revealed Tenant #3 was walking then fell and could not get her legs to move. Staff B and the Administrator assisted her off of the floor. The Report noted N/A for notification of family. A review of Procedure: Falls revealed if the tenant is able to move staff may assist using a gait belt into a sitting position in a chair and notify family. The Program failed to follow the policy for tenant falls. A review of In-Service/Training revealed the Administrator and Staff B attended a review of Resident Fall Protocol. During an interview on 9-24-18 at 2:36 p.m. the Regional Nurse Consultant stated she met with the Administrator and Staff B and reviewed the policy and procedures for tenant falls and use of a gait belt. During an interview on 9-25-18 at 10:46 a.m. Tenant #2 stated staff did not use a gait belt when they lifted her off of the floor and it hurt to be lifted that way. During an interview on 9-24-18 at 12:42 p.m. the Administrator confirmed he did not use a gait belt when he assisted Tenants #2 and #3 off of the	A 003		

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A 003	Continued From page 2 floor. He stated he did not know about the policy. During an interview on 9-26-18 at 9-26-18 Staff B stated that she went to the Administrator for help to assist 3 tenants off the floor. She stated the she and the Administrator put their arms under Tenants #2 and #3 to assist them up off the floor. She confirmed she did not use a gait belt and stated she did not there was a policy that required them when a tenant was on the floor. She stated she did not notify family and assumed the nurse or Director would do that. 2. A review of Tenant #6's Service Plan dated 7-19-18 revealed she is independent with medications. A review of Medication Administration Procedure revealed medications delegated are to be administered from planner set up by the pharmacy or from original prescription bottle. The Program failed to have a doctor's order for an over the counter eye drop. During an interview on 9-26-18 at 10:50 a.m. Staff E stated staff administered eye drops to Tenant #6 and there is no MAR to document as administered. During an interview on 9-27-18 at 9:43 a.m. the Executive Director confirmed this finding. She stated the eye drop is an over the counter medication and she did not know a doctors order was required for staff to administer over the counter medications.	A 003		
A 013	481-67.3(2) Tenant Rights 481-67.3 Tenant rights. All tenants have the	A 013		

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A 013	Continued From page 3 following rights: 67.3(2) To receive care, treatment and services which are adequate and appropriate. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to provide care, treatment and services which were adequate and appropriate. This potentially affected 22 of 22 tenants and affected 3 of 6 tenants reviewed (Tenant #1, #2, and #3). Findings follow: 1. Record review revealed discharge instructions, dated 7-23-18, revealed Tenant #1 was admitted to the hospital on 7-11-18 due to unresponsiveness and fever. Tenant #1 was diagnosed with UTI and sepsis. Nurses notes included in the instructions included: "...Her condition was very guarded with episodes of agonal breathing and being in and out of responsiveness. Both Blood Cultures (times two) and urine culture were positive for ESB: (extended spectrum B lactamase). She was treated with aggressive IV (intravenous) fluids and IV antibiotics... Her (white blood cell) had ranged from 9.4 - 12.5. Platelet count was also low but as now come up to 159..." and noted she was a high readmission risk. Continued record review revealed the following: a. Tenant #1's service plan, dated 9-7-18, revealed a high risk for repeat UTIs. b. A physician's order sheet and progress notes	A 013		

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A 013	Continued From page 4	A 013		

revealed Tenant #1 prescribed Citrucel and bactrim DS on 6-30-18.

c. History and physical report (faxed to the Program on 9-27-18) revealed she visited her primary physician on 7-5-18 with complaints of constipation and chronic pain. She was prescribed Miralax daily for constipation and Duragesic patch for chronic pain with Hydrocodone changed from three times a day to every 6 hours as needed (PRN). Further review revealed the physician phoned the Program with the new orders.

d. History and physical report (faxed to the Program on 9-27-18) revealed Tenant#1 was seen by her primary physician on 7-10-18 with concerns of overuse of medications. The Duragesic patch was discontinued and Hydrocodone continued to be administered.

A review of Medication Administration Record (MAR) for June and July of 2018 revealed the MARs were not updated to reflect the new medication orders on 6-30-18, including bactrim DS.
Additional review of the MARs revealed the following:
a. Tenant #1 was ordered to receive Hydrocodone 5/325 mg three times daily
b. Tenant #1 received two doses of Hydrocodone on 7-7-18, 3 doses on 7-8-18, and 3 doses on 7-9-18.
c. Tenant #1 had a Fentanyl patch applied on 7-7-18.

During an interview on 9-26-18 at 6:51 p.m. Staff C stated in early July she and a nurse looked for Tenant #1's Fentanyl patch and they found a

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A 013	Continued From page 5	A 013		

prescription bottle of an antibiotic for Tenant #1 that contained 6 pills. She stated the MAR did not have the medication listed to be administered. Tenant #1 went to the hospital a few days later and was diagnosed with sepsis. She stated the nurse called the Director of Nursing about the Fentanyl patch and he was instructed not to apply it until the Program received the doctors order. She stated that medications were being delivered without doctors orders so they were not getting put on the MAR until 1-2 days later.

During an interview on 9-25-18 at 3:28 p.m. the Pharmacist confirmed the Bactrim was delivered to the Program on 6-30-18 and signed as received by Staff A. He stated cassettes are delivered weekly and start on each Friday. There would have been seven doses sent to get them through to the next Friday. He stated the last three days were included in a new cassette, since it was a ten day course of medication.

During an interview on 9-25-18 at 2:02 p.m. Staff A stated she received a prescription for an antibiotic from the pharmacy for Tenant #1 and believed it was on a Saturday. She stated she called the Executive Director and received permission to administer the medication. She stated she did not document the medication on the MAR as administered and left a note along with the medication for the other staff to know it was to be given. She stated she did not follow up the next time she worked.

During an interview on 9-26-18 at 2:20 p.m. Staff D stated when medications were delivered, the nurses did not add them to the MAR since they did not have the doctor's order. Tenants went without the medication until the order was received and added to the MAR. She stated she

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A 013	Continued From page 6 was informed by Staff A that Tenant #1 had a new antibiotic and was told the Executive Director would take care of it on Monday. During an interview on 9-26-18 at 10:50 a.m. Staff E stated she did not remember administering an antibiotic from a bottle for Tenant #1. She did not recall administering Citrucel and stated Tenant #1 did have some Miralax in her room, but had not seen her take any. She stated the nurses told her they will not add a medication to the MAR without the doctor's order. She stated when Tenant #1 started the Fentanyl patch she continued to receive the Hydrocodone as scheduled and a few days later she was found unresponsive when Staff E went to her room. Staff E stated 911 was called and she was taken to the hospital. 2. A review of Incident/Accident Reports revealed the following: a. a report, dated 8-6-18, documented Tenant #2 fell while trying to assist Tenant #3. Staff B and the Administrator assisted her off of the floor. The Report noted not applicable (N/A) for notification of family. b. a report, dated 8-6-18, documented Tenant #3 fell when walking and could not get her legs to move. Staff B and the Administrator assisted her off the floor. The Report noted N/A for notification of family. A review of Procedure: Falls revealed if a tenant was able to move, staff may assist using a gait belt into a sitting position in a chair and notify family.	A 013		

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A 013	Continued From page 7 A review of In-Service/Training revealed the Administrator and Staff B attended a review of Resident Fall Protocol. When interviewed on 9-25-18 at 10:46 a.m. Tenant #2 stated staff did not use a gait belt when they lifted her off of the floor and it hurt to be lifted that way. She reported she was bruised from either the fall or how she was lifted. When interviewed on 9-24-18 at 12:42 p.m. the Administrator confirmed he did not use a gait belt when he assisted Tenant #2 off of the floor. He stated he was unaware of the policy. During an interview on 9-26-18 at 9-26-18 Staff B stated she went to the Administrator for help to assist three tenants off the floor. She reported she and the Administrator put their arms under Tenant #2 to assist her off the floor. She confirmed she did not use a gait belt, and stated she did not know there was a policy requiring them to do so when a tenant was on the floor. She stated she did not notify family and assumed the nurse or Director would do that.	A 013		
A 147	481-67.5(6)d Medications 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.	A 147		

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A 147	Continued From page 8 This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to administer medications as prescribed by the tenant physician. This affected 1 of 1 tenants reviewed with chronic urinary tract infections (UTIs) (Tenant #1). Finding follows: 1. Record review revealed discharge instructions, dated 7-23-18, revealed Tenant #1 was admitted to the hospital on 7-11-18 due to unresponsiveness and fever. Tenant #1 was diagnosed with UTI and sepsis. Nurses notes included in the instructions included: "...Her condition was very guarded with episodes of agonal breathing and being in and out of responsiveness. Both Blood Cultures (times two) and urine culture were positive for ESB: (extended spectrum B lactamase). She was treated with aggressive IV (intravenous) fluids and IV antibiotics... Her (white blood cell) had ranged from 9.4 - 12.5. Platelet count was also low but as now come up to 159..." and noted she was a high readmission risk. Continued review of Tenant #1's file revealed the following: a. Tenant #1's service plan, dated 9-7-18, revealed her to be high risk for repeat UTIs. The service plan indicated Tenant #1 required assistance with medication administration and noted the nurse would review medications quarterly and staff would assists the tenant to remove medications from lockbox, administer and document. b. a physician's order sheet and progress notes revealed tenant #1 prescribed Citrucel and	A 147		

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A 147	Continued From page 9 Bactrim DS on 6-30-18. c. A History and Physical Report, faxed to the Program on 9-27-18, revealed Tenant #1 visited her primary physician on 7-5-18 with complaints of constipation and chronic pain. She was prescribed Miralax daily for constipation and Duragesic patch for chronic pain with Hydrocodone changed from three times a day to every 6 hours as needed (PRN). Further review revealed the physician phoned the Program with the new orders. d. A History and Physical Report, faxed to the Program on 9-27-18, revealed Tenant #1 saw her primary physician on 7-10-18 with concerns of overuse of medications. The Duragesic patch was discontinued and Hydrocodone continued to be administered. A review of Tenant #1's Medication Administration Records (MAR) for June and July of 2018 revealed the Program failed to updated to reflect the new medication orders on 6-30-18. Tenant #1 received Hydrocodone 5/325 mg three times daily and received two doses on 7-7-18, 3 doses on 7-8-18, and 3 doses on 7-9-18. The Fentanyl patch was applied on 7-7-18. The Program failed to administer medications as ordered, including Batrim DS. When interviewed on 9-26-18 at 6:51 p.m. Staff C stated in early July she and a nurse looked for Tenant #1's Fentanyl patch and found a prescription bottle of an antibiotic for Tenant #1 that contained 6 pills. She stated the MAR did not include the medication to be administered. A few days later, Tenant #1 went to the hospital and was diagnosed with sepsis. She stated the nurse called the Director of Nursing about the Fentanyl	A 147		

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A 147	Continued From page 10	A 147		

patch and he was instructed not to apply it until the Program received the doctors order. She stated medications were being delivered without physician's orders, so they were being put on the MAR until 1-2 days later.

During an interview on 9-25-18 at 3:28 p.m. the Pharmacist confirmed the Bactrim was delivered to the Program on 6-30-18 and signed as received by Staff A. He stated cassettes are delivered weekly and start on each Friday. There would have been seven doses sent to get them through to the next Friday. He stated the last three days were included in the new cassettes since it was a ten day course of medication.

When interviewed on 9-25-18 at 2:02 p.m. Staff A stated she received a prescription for an antibiotic from the pharmacy for Tenant #1 and believed it was on a Saturday. She stated she called the Executive Director and received permission to administer the medication. She stated she did not document on the MAR as administered and left a note along with the medication for the other staff to know it was to be given. She stated she did not follow up the next time she worked.

When interviewed on 9-26-18 at 2:20 p.m. Staff D stated when medications were delivered the nurses did not add them to the MAR without the doctor's order so the tenant went without the medication until the order was received and added to the MAR. She stated she was informed by Staff A Tenant #1 had a new antibiotic and was told the Executive Director would take care of it on Monday.

During an interview on 9-26-18 at 10:50 a.m. Staff E stated she did not remember administering an antibiotic from a bottle for

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A 147	Continued From page 11 Tenant #1. She does not recall administering a powder laxative and stated Tenant #1 does have some Miralax in her room but has not seen her take any. She stated the nurses have told her they will not add a medication to the MAR without the doctor's order. She stated the when Tenant #1 started the Fentanyl patch she continued to receive the Hydrocodone as scheduled and a few days later she was found unresponsive when Staff E went to her room. Staff E stated 911 was called and she was taken to the hospital. During multiple interviews on 9-26-18 and 9-27-18 the Executive Director confirmed these findings. She stated communication was poor with the Director of Nursing as to who was responsible to add medications to the MAR. She stated tenants went to the doctor and did not provide the Program with current orders for medications so she did not know of medication changes until they were delivered from the pharmacy. Only then were they added to the MAR. She stated she was aware of the Fentanyl patch order on 7-5-18 and called the doctor to clarify if the the Hydrocodone was to be PRN or continued as scheduled. She said she did not hear back and did not follow up and on 7-9-18 a nurse contacted the doctor and the Hydrocodone was to be PRN.	A 147		
A 071	481-69.25(1)i Tenant Documents 481-69.25(231C) Tenant documents. 69.25(1) Documentation for each tenant shall be maintained by the program and shall include: i. When any personal or health-related care is delegated to the program, the medical information sheet; documentation of health	A 071		

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A 071	Continued From page 12 professionals' orders, such as those for treatment, therapy, and medication; and nurses' notes written by exception This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to maintain documentation of health related care such as health professionals' orders, medications, and nurses notes. This affected 4 of 7 tenants reviewed (Tenants #1, #2, #5, and #7). Findings follow: 1. Record review revealed Tenant #1's service plan, dated 9-7-18 identified high risk for repeat UTIs. Review of Pharmacy orders for 6-1-18 through 7-31-18 revealed prescriptions filled for a ten day supply of sulfameth/trim on 6-30-18, polyethylene glycol on 7-5-18, and a Fentanyl patch on 7-6-18. Review of History and Physical Report, faxed to the Program on 9-27-18, revealed Tenant #1 visited her primary physician on 7-5-18 with complaints of constipation and chronic pain. She was prescribed Miralax daily for constipation and Duragesic patch for chronic pain with Hydrocodone changed from three times a day to every six hours as needed (PRN). Further review revealed the physician phoned the Program with the new orders. Review of History and Physical Report, faxed to the Program on 9-27-18, revealed Tenant #1 saw by her primary physician on 7-10-18 with concerns of overuse of medications. The	A 071		

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A 071	Continued From page 13 Duragesic patch was discontinued and Hydrocodone continued to be administered PRN. Review of Tenant #1's Medication Administration Records (MAR) for July 2018 revealed a Fentanyl patch was started on 7-7-18. Hydrocodone was changed to PRN on 7-7-18 and crossed out. Further review revealed Hydrocodone continued to be administered as scheduled and changed to PRN on 7-9-18. There was no documentation of Miralax on the MAR. Further review revealed no medications administered after 7-10-18 and no documentation provided to explain why they were not administered. Further review revealed 11:00 a.m. medications not signed as administered by staff and no documentation available to explain why they were not initialed. Continued record review revealed no documentation completed to address the above health concerns and medication orders for Tenant #1. When interviewed on 9-26-18 at 10:50 a.m. Staff E stated when Tenant #1 began the Fentanyl patch she continued to receive the Hydrocodone as scheduled and a few days later she was found unresponsive when Staff E went to her room. Staff E stated 911 was called and she was taken to the hospital. When interviewed on 9-26-18 at 1:16 p.m. the Director confirmed these findings. The Director reported she was not a nurse. She stated she completed a health/functional/cognitive assessments when Tenant #1 returned from the hospital and thought that was enough to meet the requirement. She confirmed the Program failed to address the needs of the tenant and failed to ensure medications continued to be appropriate	A 071		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0142	A. BUILDING: _____ B. WING _____	C 10/03/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELMWOOD P E, L L C	190 NORTH 15TH STREET ONAWA, IA 51040

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A 071	Continued From page 14 for Tenant #1. She stated she did not add medications to the MARs and had poor communication with the Director of Nursing as to who was responsible to complete this task. She stated she was aware of the Fentanyl Patch order and had called the doctors office to get clarification of the order for Hydrocodone and did not hear anything back that day. She stated a nurse called the doctor's office on 7-9-18 about the Hydrocodone and was told it was to be PRN. She stated she did not know the Bactrim had been delivered to the Program on 6-30-18 and did not remember if a staff had phoned her to get instructions. 2. Record review revealed Tenant #2's History and Physical Report, faxed to the Program on 9-27-18, revealed she visited her physician on 7-26-18 with orders for increased Gabepentin to 600 mg at night and B-12 injections discontinued. Review of MAR for July 2018 revealed it was not updated to reflect the increased dosage of Gabepentin and discontinued B-12 injections on 7-26-18. Review of nurses notes revealed no documentation of Tenant #2's physician's orders for the above medications. When interviewed on 9-26-18 at 1:16 p.m. the Director confirmed these findings. 3. Review of Tenant #5's file revealed the following: A review of History and Physician Report, faxed to the Program on 9-26-18, revealed she visited	A 071		

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A 071	Continued From page 15 her physician on 6-1-18 for a recheck of urinary tract infection (UTI). Further review revealed Current Plans to start cranberry 200 mg two times daily, Vitamin C 500 mg one table daily, and Bactrim DS 800-160 mg one tablet daily. Review of nurses notes revealed no documentation these medication changes. Review of June MAR revealed the above medications were added to the MAR, but failed to indicate when they were to be started and no staff initialed as administered. When interviewed on 10-3-18 at 1:05 p.m. the Executive Director stated she was not the person who updated the MAR and it was not done correctly. Staff initialed for medications administered in the area for Sarna lotion and agreed this was not how it should be done. 4. Review of Tenant #7's file revealed a History and Physician Report, faxed to the Program on 9-26-18, indicated she visited her physician on 8-20-18 and was prescribed an increase of Vitamin D to 3 tablets twice daily and started Namenda 5mg daily. Review of nurses notes revealed no documentation of these medication changes. During in interview on 9-26-18 at 1:16 p.m. the Director confirmed these findings	A 071		
A 096	481-69.27(1)c Nurse Review 481-69.27(231C) Nurse review. If a tenant does not receive personal or health-related care, but	A 096		

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A 096	Continued From page 16	A 096		

an observed significant change in the tenant's condition occurs, a nurse review shall be conducted. If a tenant receives personal or health-related care, the program shall provide for a registered nurse or a licensed practical nurse via nurse delegation:

69.27(1)c To assess and document the health status of each tenant, to make recommendations and referrals as appropriate, and to monitor progress relating to previous recommendations at least every 90 days and whenever there are changes in the tenant's health status;

This REQUIREMENT is not met as evidenced by:
Based on interview and record review the Program failed to conduct a nurse review at least every 90 days or when a change occurred in a tenant's health status. This affected 4 of 7 tenants reviewed (Tenants #1, #2, #4, and #5). Findings follow:

1. a. Review of Tenant #1's file revealed discharge instructions, dated 7-23-18, indicated Tenant #1 was admitted to the hospital on 7-11-18 due to unresponsiveness and fever. Tenant #1 was diagnosed with UTI and sepsis. Nurses notes included in the instructions included: "...Her condition was very guarded with episodes of agonal breathing and being in and out of responsiveness. Both Blood Cultures (times two) and urine culture were positive for ESB: (extended spectrum B lactamase). She was treated with aggressive IV (intravenous) fluids and IV antibiotics... Her (white blood cell) had ranged from 9.4 - 12.5. Platelet count was

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A 096	Continued From page 17 also low but as now come up to 159..." and noted she was a high readmission risk. Continued record review revealed a Medical History/Physical/Functional Assessment for Tenant #1, completed by the Director on 8-26-18. The documented had not been reviewed by a Licensed Practical Nurse (LPN) or a Registered Nurse (RN). Additional review of the document revealed it did not include a review of the hospitalization to address the chronic UTIs or to ensure medications continued to be appropriate. Further review revealed a Functional Assessment completed by the Director on 8-26-18 and was signed by the Director of Nursing (DON). b. Additional record review revealed discharge Instructions, dated 9-5-18, revealed Tenant #1 was admitted on 9-1-18 with mental status changes and UTI with a history of ESBL. Record review revealed a review of Medical History/Physical/Functional Assessment for Tenant #1, completed by the Director on 9-5-18. The document had not been reviewed by a Licensed Practical Nurse (LPN) or a Registered Nurse (RN). The document did not include a review of the hospitalization to address the chronic UTIs or to ensure medications continued to be appropriate. Further review revealed a Functional Assessment completed by the Director on 9-5-18, signed by the Director of Nursing (DON). c. Continued record review revealed no documentation of quarterly nurse reviews for Tenant #1. During an interview on 9-25-18 at 3:05 p.m. the Director stated she is not a nurse and was told	A 096		

DEPARTMENT OF INSPECTIONS AND APPEALS

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A 096	Continued From page 18 she could complete the assessments as long as a nurse signed off on them. She did not realize a nurse review was required for when a tenant returned from the hospital. 2. Review of Tenant #2's file revealed no documentation of quarterly nurse reviews. 3. Review of Tenant #4's file revealed no documentation of quarterly nurse reviews. 4. Review of Tenant #5's file revealed no documentation of quarterly nurse reviews. During an interview on 9-25-18 at 3:05 p.m. the DON stated she started on 5-24-18 and failed to complete the nurse reviews as required because she was very busy with the care center and did not have the time to do them.	A 096		

OK 11/7/19 ✓ 11/7/19

PREMIER ESTATES OF ELMWOOD

Plan of Correction

11/6/2018

Please accept this plan of correction for the areas noted on the review report which contains the results of the Complaint Survey conducted on 10/3/2018.

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

Date of compliance of all insufficiencies will be completed by December 3, 2018.

IOWA CODE 481-67.2: PROGRAM POLICIES AND PROCEDURES

FALLS:

Staff involved in the incident cited were immediately re-educated on the procedure for falls. All residents had the potential of being affected by this insufficiency. Staff attended a mandatory In-service on 9/17/2018 and we educated on fall policy and procedure and gait belt policy and procedure. To ensure the policy and procedure is followed, the ALD and Delegating Nurse will review each incident report.

MEDICATIONS:

When the program realized the insufficiency of the incident cited there was no action to be taken. All residents of the Program had the potential of being affected by this insufficiency. To correct this insufficiency, the Program has sent two nurses to the IHCA Delegating Nurse certification course on 11/08/2018 (see attached certificates), the Nurse will do weekly rounds to residents and document, the Program has put resident MARS into electronic charts, and the policy and procedures have been reviewed and updated to ensure compliance with State and Federal regulations.

IOWA CODE 481-67.3(2) TENENT RIGHTS

MEDICATIONS:

When the program realized the insufficiency of the incident cited there was no action to be taken. All residents of the Program had the potential of being affected by this insufficiency. To correct this insufficiency, the Program has sent two nurses to the IHCA Delegating Nurse certification course on 11/08/2018, the Nurse will do weekly rounds to residents and document, the Program has put resident MARS into electronic charts, and the policy and procedures have been reviewed and updated to ensure compliance with State and Federal regulations.

FALLS:

Staff involved in the incident cited were immediately re-educated on the procedure for falls. All residents had the potential of being affected by this insufficiency. Staff attended a mandatory In-service on 9/17/2018 and we educated on fall policy and procedure and gait belt policy and procedure. To ensure the policy and procedure is followed, the ALD and Delegating Nurse will review each incident report.

IOWA CODE 481-67.5(6) MEDICATIONS

When the program realized the insufficiency of the incident cited there was no action to be taken. All residents of the Program had the potential of being affected by this insufficiency. To correct this insufficiency the Program has sent two nurses to the IHCA Delegating Nurse certification course on 11/08/2018 (see attached certificates), the Nurse will do weekly rounds to all residents and document, the Program has put resident MARS into electronic charts, and the policy and procedures have been reviewed and updated to ensure compliance with State and Federal regulations.

IOWA CODE 481-69.25(1) TENANT DOCUMENTATION

All residents had the potential of being affected by this insufficiency. Resident charts have been updated to include a section for Physician Orders. Also, all paper charts and electronic charts have been updated and organized. The Program Nurse attended the AL Nurse Delegation Class on 11/8/2018 and the ALD attended the AL Nurse Delegation Class on 8/9/2018 and both were educated on documentation.

IOWA CODE 481-69.27(1)c: NURSE REVIEW

Nurse Reviews have been updated and are current at this time. The Program Nurse attended the AL Nurse Delegation Class on 11/8/2018 and the ALD attended the AL Nurse Delegation Class on 8/9/2018 and both were educated on Nurse Reviews. The ALD has created a spreadsheet to track resident assessments and Nurse reviews and the Delegating Nurse and ALD will review weekly.

If you have any questions or you need any additional documentation feel free to contact me at any time.

Sincerely,

Esther Sperling
Assisted Living Director

Premier Estates of Elmwood
190 15th St • Onawa, IA 51040

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