

LD-21-19

OK
10/21/19

PRINTED: 08/09/2019
FORM APPROVED

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0220	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/23/2019
---	--	--	--

NAME OF PROVIDER OR SUPPLIER COURTYARD ESTATES AT CEDAR POINTE	STREET ADDRESS, CITY, STATE, ZIP CODE 6132 NE 12TH AVENUE PLEASANT HILL, IA 50327
---	---

(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

A 000

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.

Number of tenants without cognitive disorder: 6
Number of tenants with cognitive disorder: 25

TOTAL Census of Assisted Living Program for People with Dementia: 31

The investigation of 83130-C, 84398-I, and 84316-C resulted in no regulatory insufficiencies cited. The following regulatory insufficiency was cited during the investigation of Complaint 83718-C.

A 147 481-67.5(6)d Medications

A 147

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.

This REQUIREMENT is not met as evidenced by:
Based on interview and record review the Program failed to consistently administer medications as prescribed. This affected 1 of 4 tenants reviewed during the investigation of 83150-C and 83718-C. Finding follows:

Courtyard Estates has changed delivery system of medications from external pharmacies to no longer be delivered on demand. Medications from external pharmacies must be on routine delivery. Pharmacy has complied.

Healthcare Coordinator/nurse will do weekly checks on medications sent from external pharmacies to make sure no medications run out/pharmacy is complying.

Completion date: 07/03/2019

POC
7/3/19

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: S0220	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 07/23/2019
NAME OF PROVIDER OR SUPPLIER COURTYARD ESTATES AT CEDAR POINTE			STREET ADDRESS, CITY, STATE, ZIP CODE 6132 NE 12TH AVENUE PLEASANT HILL, IA 50327		
(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	Continued From page 1 Record review on 6/11/19 revealed Progress Notes for Tenant #1. Review of the notes revealed the following entries: a. 6/3/19 at 11:13 a.m.: Levetiracetam solution 100 mg/ml give 7.5 ml by mouth in the afternoon - "Med not available." b. 6/3/19 at 7:05 p.m.: Levetiracetam solution 100 mg/ml give 7.5 ml by mouth in the evening - "Med unavailable." c. 6/4/19 at 11:29 a.m.: Levetiracetam solution 100 mg/ml give 7.5 ml by mouth in the afternoon - "(LPN) faxed over the order." d. 6/4/19 at 6:31 p.m.: Levetiracetam solution 100 mg/ml give 7.5 ml by mouth in the evening - "Med unavailable." e. 6/5/19 11:25 a.m.: Levetiracetam solution 100 mg/ml give 7.5 ml by mouth in the afternoon - "Med not available." Record review on 6/24/19 revealed an Incident Report (IR), dated 6/6/19, which read: "Resident had liquid Keppra (Levetiracetam). Medication ordered from the pharmacy on 6/3, 6/4, 6/5 and again on 6/6 after unwitnessed fall from what appeared to be a seizure." When interviewed on 6/13/19 Staff A confirmed she notified the nurse when Tenant #1 ran out of Levetiracetam (Keppra). Staff A said there was no mechanism in place to notify the nurse prior to the tenant using the last of his liquid medication. She explained that generally staff would notify the nurse/pharmacy a week before medication would run out but it was difficult to tell with Tenant #1's liquid medication (Levetiracetam). Record review on 6/13/19 revealed Tenant #1's service plan dated 2/13/19. According to the	A 147			

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0220	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 07/23/2019
NAME OF PROVIDER OR SUPPLIER COURTYARD ESTATES AT CEDAR POINTE		STREET ADDRESS, CITY, STATE, ZIP CODE 6132 NE 12TH AVENUE PLEASANT HILL, IA 50327			
(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)	
A 147	Continued From page 2 service plan staff administered medications. Staff should notify the nurse if liquids/creams or any PRN (as needed) medications or medications in bottles are low via nurse-communication form. The service plan indicated the nurse would reorder the medications. When interviewed on 6/13/19 at 11:40 a.m. the Director of Clinical Quality Management and Licensed Practical Nurse (LPN) confirmed the Program could not administer Tenant #1's medication as they had not received Tenant #1's medication from an outside pharmacy but they continued to contact the pharmacy. Record review on 6/27/19 revealed Lab Results for Tenant #1 from Iowa Methodist Medical Center (IMMC). According to Tenant #1's lab report on 6/6/19 the Levetiracetam (Keppra) measured less than 2.0. According to the lab report reference range should be from 12.0 - 46.0 mcg/ml. Further review on 6/27/19 revealed an order form from Des Moines Othpaedic Surgeons from a follow up appointment for a left clavicle fracture. After being discharged from the hospital, Tenant #1 went to skilled nursing care before returning to the Program on 7/3/19. When interviewed on 6/27/19 the Director of Clinical Quality Management confirmed the normal range for Levetiracetam (Keppra) should be 12.0 - 46.0 mcg/ml. Record review on 6/27/19 revealed Mercy Clinical Laboratory results for Tenant #1 on 11/30/18. According to the results Tenant #1's Levetiracetam level measured 15.0 mcg/ml.		A 147		

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0220	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 07/23/2019
NAME OF PROVIDER OR SUPPLIER COURTYARD ESTATES AT CEDAR POINTE		STREET ADDRESS, CITY, STATE, ZIP CODE 6132 NE 12TH AVENUE PLEASANT HILL, IA 50327			
(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	Continued From page 3 When interviewed on 6/27/19 at 1:35 p.m. the tenant's Advanced Registered Nurse Practitioner (ARNP) said Tenant #1's last lab report was done 11/18 and his Levetiracetam (Keppra) level was 15. According to the ARNP she had been notified that Tenant #1 had not received his Levetiracetam for a number of days due to the pharmacy not delivering the medication. She confirmed a lab value less than two would indicate this. Record review and interview on 7/17/19 revealed the Program could not provide signed physician's orders for the time of the incident. The physician's orders provided by the Program were signed and dated by the ARNP on 6/17/19. The Program provided physician's orders dated 2/13/19 which indicated Tenant #1 should receive Levetiracetam (Keppra) solution MG/ML give 7.5 ml by mouth two times a day (afternoon and evening).	A 147			