

## DEPARTMENT OF INSPECTIONS AND APPEALS

10/29/20

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  S0017	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 07/14/2020
NAME OF PROVIDER OR SUPPLIER  COUNTRY MANOR MEMORY CARE		STREET ADDRESS, CITY, STATE, ZIP CODE  900 W 46TH ST DAVENPORT, IA 52806		
(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>Number of tenants without cognitive disorder: 5</p> <p>Number of tenants with cognitive disorder: 25</p> <p>Total census: 30</p> <p>There were no regulatory insufficiencies cited during the onsite infection control survey completed on 7/7/20.</p> <p>The following regulatory insufficiencies were cited during the investigation of Complaint #91827-C:</p>	A 000		
A 013	<p>481-67.3(2) Tenant Rights</p> <p>481-67.3 Tenant rights. All tenants have the following rights:</p> <p>67.3(2) To receive care, treatment and services which are adequate and appropriate.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure care, treatment and services were adequate and appropriate for 1 of 3 tenants reviewed (Tenant #1). Findings follow:</p> <p>Record review on 7/7/20 revealed two medication error reports dated 7/1/20. According to the</p>	A 013	<p>Plan of Corrective is attached. DD</p> <p>10/20/20</p>	

DIVISION OF HEALTH FACILITIES - STATE OF IOWA  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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A 013	<p>Continued From page 1</p> <p>reports Staff A assisted Tenant #1 administer 12 units of Novolog before breakfast at 8:00 a.m. when the tenant's blood sugar was 63. At 10:40 a.m. Staff A administered 8 units of Lispro. The report stated Tenant #1's blood sugar was 40. According to the medication error reports tenant was incoherent and Emergency Medical Services was called.</p> <p>Record review on 7/7/20 revealed a progress note for 7/1/20 written by Registered Nurse (RN) A. RN A had responded to a staff report of Tenant #1 crying and verbalizing pain. RN A assessed Tenant #1 and instructed staff to get juice and candy. She checked Tenant #1's blood sugar with a result of 39 and attempted to get him to drink orange juice and eat chocolate with no success. RN A instructed staff to call 911 and she rechecked Tenant #1's blood sugar, which was 29. When Emergency Medical Services (EMS) arrived the tenant's blood sugar was 21. EMS administered dextrose intravenously and rechecked blood sugars with a result of 167. Tenant #1 regained consciousness, ate lunch and resumed normal activities.</p> <p>Review of Tenant #1's record revealed an admission date of 6/4/20. The tenant had orders dated 6/5/20 for a consistent carbohydrate diet (approximately 60 carbs per meal) and 12 units of Novolog before breakfast, 8 units before lunch and 20 units before dinner.</p> <p>When interviewed on 7/7/20 at 11:55 a.m. RN A said Staff A should not have given the insulin based on the blood sugar results. At both administration times (8:00 a.m. and 10:40 a.m.) Tenant #1's blood sugar level was low. She had since retrained the staff and added information to Tenant #1's service plan. RN A explained she</p>	A 013		

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A 013	Continued From page 2  completed Tenant #1's 30 day assessment and service plan on the day after the incident and included directions for staff to hold the insulin if his blood sugar reading was below 80 and to call the nurse.  Record review on 7/13/20 revealed a service plan dated 6/4/20. The service plan included a directive for staff to remind Tenant #1 to go to meals. The service plan indicated the tenant preferred medications to be affective and administered as ordered. On 7/7/20 RN A confirmed the service plan dated 6/4/20 was in effect when the incident occurred.	A 013		
A 060	481-67.9(4)c Staffing  481-67.9(231B,231C,231D) Staffing. 67.9(4) Nurse delegation procedures. The program's registered nurse shall ensure certified and noncertified staff are competent to meet the individual needs of tenants. Nurse delegation shall, at a minimum, include the following: c. Training for noncertified staff shall include, at a minimum, the provision of activities of daily living and instrumental activities of daily living.   This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program's registered nurse (RN) failed to ensure uncertified staff were trained to meet the needs of 1 of 1 tenants reviewed with diabetes (Tenant #1). Finding follows:  Record review on 7/7/20 revealed two medication	A 060		

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A 060	<p>Continued From page 3</p> <p>error reports dated 7/1/20. According to the reports Staff A assisted Tenant #1 administer 12 units of Novolog before breakfast at 8:00 a.m. when the tenant's blood sugar was 63. At 10:40 a.m. Staff A administered 8 units of Lispro. The report stated Tenant #1's blood sugar was 40. According to the medication error reports tenant was incoherent and Emergency Medical Services was called.</p> <p>Record review on 7/7/20 revealed a progress note for 7/1/20 written by Registered Nurse (RN) A. RN A had responded to a staff report of Tenant #1 crying and verbalizing pain. RN A assessed Tenant #1 and instructed staff to get juice and candy. She checked Tenant #1's blood sugar with a result of 39 and attempted to get him to drink orange juice and eat chocolate with no success. RN A instructed staff to call 911 and she rechecked Tenant #1's blood sugar, which was 29. When Emergency Medical Services (EMS) arrived the tenant's blood sugar was 21. EMS administered dextrose intravenously and rechecked blood sugars with a result of 167. Tenant #1 regained consciousness, ate lunch and resumed normal activities.</p> <p>Review of Tenant #1's record revealed an admission date of 6/4/20. The tenant had orders dated 6/5/20 for a consistent carbohydrate diet (approximately 60 carbs per meal) and 12 units of Novolog before breakfast, 8 units before lunch and 20 units before dinner.</p> <p>Record review on 7/8/20 revealed Staff A receiving nursing delegation on 4/8/20 regarding Insulin Administration and Insulin Injection Assistance.</p> <p>When interviewed on 7/7/20 at 11:55 a.m. RN A</p>	A 060		

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A 060	Continued From page 4  said Staff A should not have given the insulin based on the blood sugar results. At both administration times Tenant #1's blood sugar level was low. RN A admitted Staff A's training had not included monitoring readings for low blood sugar levels.	A 060		

August 24, 2020

Country Manor Complaint visit

Iowa Department of Inspection & Appeals

Deb Dixon

Program Coordinator

Adult Services Bureau

Lucas State Office Building

321 East 12th Street

Des Moines, IA 50319-0083

To Whom It May Concern,

Please consider this our plan of correction for the regulatory insufficiency cited during 7/7/20-7/14/20 complaint visit completed by the Department of Inspection and Appeals (DIA) in accordance with the Code of Iowa, section 231C and Iowa Administrative Code, chapter 481-69, pertaining to regulatory insufficiencies.

**481-67.3(2) Tenant Rights**

**A013**

481-67.3 Tenant rights. All tenants have the following rights:

67.3(2) To receive care, treatment and services which are adequate and appropriate.

1. **Elements detailing how the program will correct the regulatory insufficiency.**
  - a. Resident #1's service plan was updated on 07/02/2020 to include directives for the staff regarding low/high blood sugar.
2. **What measures will be taken to ensure the problem does not recur?**
  - a. HCC, Manager or designee will review all resident's service plans who require blood sugar readings and/or insulin to ensure appropriate interventions are in place.
3. **How the program plans to monitor performance to ensure compliance.**
  - a. HCC, Manager or designee will review blood sugar results daily for two weeks, three times a week for two weeks and as designated by Manager to ensure staff are reporting low/high blood sugar readings to the HCC or Manager prior to insulin administration and documenting appropriately.
4. **Date by which the regulatory insufficiency will be corrected.**

✓ 10/29/20

- a. Regulatory Insufficiency will be corrected by 09/25/20.

## **481-67.9 (231B, 231C, 231D) Staffing**

67.9(4)c Nurse delegation procedures. The program's registered nurse shall ensure certified and noncertified staff are competent to meet the individual needs of tenants. Nurse delegation shall, at a minimum, include the following:

- c. Training of noncertified staff shall include, at a minimum, the provision of activities of daily living and instrumental activities of daily living.

1. **Elements detailing how the program will correct the regulatory insufficiency.**
  - a. Inservice held with staff on 7/10/2020 and 8/21/2020 to re-educate staff on blood sugar results and insulin administration.
2. **What measures will be taken to ensure the problem does not recur?**
  - a. HCC will re-delegate all staff on delegations pertaining to glucometer and insulin administration by 9/25/20.
3. **How the program plans to monitor performance to ensure compliance.**
  - a. HCC, Manager or designee will review blood sugar results daily for two weeks, three times a week for two weeks and as designated by Manager to ensure staff are reporting low/high blood sugar readings to the HCC or Manager prior to insulin administration and documenting appropriately.
4. **Date by which the regulatory insufficiency will be corrected.**
  - a. Regulatory Insufficiency will be corrected by 09/25/20.

*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.*

Thank you for your time and consideration in correcting these important matters.

Sincerely,

Miranda Lewis  
Manager

✓ DD  
10/29/20