

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/10/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165341	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/15/2016
--------------------------------------------------	-------------------------------------------------------------------------	----------------------------------------------------------------------	-----------------------------------------------------------------

NAME OF PROVIDER OR SUPPLIER OELWEIN HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 600 SEVENTH STREET SE OELWEIN, IA 50662
-----------------------------------------------------------------------	---------------------------------------------------------------------------------------------

(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) COMPLETION DATE
F 000 ✓kk 10/10/16	INITIAL COMMENTS Correction Date <u>10/10/16</u>	F 000		
F 425 SS=D	483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility did not always provide pharmaceutical services (including procedures that assured the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet	F 425		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE 10/10/2016
-----------------------------------------------------------------------	-------	--------------------------------

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/10/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165341	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/15/2016
NAME OF PROVIDER OR SUPPLIER OELWEIN HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 600 SEVENTH STREET SE OELWEIN, IA 50662		
(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) COMPLETION DATE	
F 425	<p>Continued From page 1</p> <p>the needs of each resident for 1 of 4 residents reviewed (Resident #4). The facility reported a census of 51 residents.</p> <p>Findings include:</p> <p>According to documentation in the medical record, Resident #4 had diagnoses which included Alzheimer's disease, heart failure, restlessness and agitation and anxiety.</p> <p>According to the medication administration record (MAR) Resident #4 had physicians order dated 06-02-2016 that directed staff to administer Scopolamine Patch 72 hours, 1 milligram (mg) per 3 days; apply one patch transdermally one time a day every three days for excess secretions.</p> <p>During an interview on 09-15-2016 at 11:07 a.m. the director of nursing stated when the nurse prepared to apply a new patch on the evening of 08-28-2016, there were no patches left in the box. The director of nursing indicated the staff nurse left the patch on however, a family member indicated the patch was not on Resident #4 on 08-29-2016.</p> <p>The director of nursing stated the staff nurse "reordered" the Scopolamine via the electronic record. She indicated the facility does not have a policy on reordering, but rather it is included in the education of the electronic medication administration system which all nurses have completed prior to administering medications. The director of nursing also reported the staff nurse did not check the emergency medication box for the Scopolamine.</p>	F 425			

Oelwein Health Care Center
600 7th St. SE
Oelwein, IA 50662

Preparation and implementation of the plan of correction should not be construed as an admission of the deficiencies cited. This plan of correction is prepared solely because it is required under federal or state law.

F000 Correction date: 10/10/2016

F 425 483.60(a), (b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH

The facility ensures routine emergency drugs and biologicals are provided to our residents and pharmaceutical services are provided to meet the needs of each resident. The facility contracts with a licensed pharmacist to provide consultation on all aspects of the provision of pharmacy.

- Resident #4 no longer resides in our facility.
- A mandatory nurses meeting will be held on October 5th, 2016 and October 7th, 2016 to re-educate nurses on the procedure for re-ordering medications, which will include the following:
 - Clicking on the re-order tab on the MAR.
 - Checking the emergency kit for availability.
 - If the medication is not included in the emergency kit, contact the on-call pharmacist for direction.
 - If the medication cannot be obtained by the time the medication should be administered, notify the physician and responsible party.
- Laminated cards were placed in each med cart with an inventory list that is in the emergency kit. This list will be updated by the Director of Nursing or designee when a change occurs.
- Random audits to ensure that medications are being re-ordered and administered in the appropriate time frame. This will be completed by the Director of Nursing or designee every week for four weeks then monthly for three months. Audits will be reviewed as part of our ongoing quality assurance process and the frequency of audits thereafter will be based on outcomes and recommendations.