

**Iowa Department of Inspections and Appeals
Health Facilities Division
Citation**

Citation Number: 8027	Fine Amount reduced by 35% to \$325.00 on April 06, 2020 pursuant to Iowa Code Section 135C.43A	Date: March 19, 2020
Facility Name: Risen Son Christian Village	Survey Dates: February 10 – March 4, 2020	
Facility Address/City/State/Zip 3000 Risen Son Blvd Council Bluffs, IA 51503	JM/PF	
Rule or Code Section	Nature of Violation	Class Fine Amount Correction date

58.19(2)a	<p>481—58.19(135C) Required nursing services for residents. The resident shall receive and the facility shall provide, as appropriate, the following required nursing services under the 24-hour direction of qualified nurses with ancillary coverage as set forth in these rules:</p> <p>58.19(2) Medication and treatment.</p> <p>a. Administration of all medications as ordered by the physician including oral, instillations, topical, injectable (to be injected by a registered nurse or licensed practical nurse only); (I, II)</p> <p>DESCRIPTION:</p> <p>Based on record review and staff interview the facility failed to ensure residents were free of significant medication errors (Resident #8). Resident #8's sister stated on 1/9/20 she began noticing perioral movements (dyskinesia) around the resident's mouth and questioned whether the resident's new medication used to control these movements was being given. Resident #8's sister was informed the medication administration records indicated the medication was given as ordered. The resident's sister asked repeatedly if the resident had missed a dose and was assured either that it had not been missed or only a limited amount had been missed. During the investigation, it was identified the resident ultimately</p>	II	\$500	Upon Receipt
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Facility Administrator

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	<p>missed 28 days of the medication or a total of 56 doses. The facility reported census was 79 residents.</p> <p>Findings include:</p> <p>According to the Minimum Data Set (MDS) assessment tool with assessment reference date of 12/13/19, Resident #8 had a Brief Interview for Mental Status (BIMS) score of 13 indicating an intact cognitive status. Resident #8 required extensive assistance with transfers, ambulation, dressing, toilet use and personal hygiene needs. Resident #8's diagnosis included multiple sclerosis, renal insufficiency, and seizure disorder. Non-Alzheimer's dementia and drug induced subacute dyskinesia.</p> <p>In an interview on 2/10/20 at 7:00 p.m. Resident #8's sister stated on 1/9/20 she began noticing perioral movements (dyskinesia) around Resident #8's mouth. Resident #8's sister questioned whether a medication (Austedo) used to control these movements was being given. Resident #8's sister was informed the medication administration records indicated the medication was given as ordered. On 1/14/20 Resident #8's sister again inquired as to whether the medication was being given. At that time she was told a dose had been missed due to the nurse being unable to locate the bottle of medication. Resident #8's sister stated the medication (Austedo) is prescribed through the university hospital and is provided in a bottle to Resident #8's sister, who then delivers it to the facility. Resident #8's sister stated</p>			
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	<p>she requested the bottle of medication be counted and was told it wouldn't help. On 1/16/20 Resident #8's sister again asked that the pills be counted, noting that she would need to contact the doctor and inform her of the movements and whether doses had been missed. Resident #8's sister stated on 1/17/20 she again contacted the facility and this time was told there had been doses missed and the doctor had been notified and they would resume the medication at its current dosage. Resident #8's sister stated on 1/20/20 she received a call from the Director of Nursing and was told they were taking steps to ensure the medication would be given as prescribed. Resident #8's sister stated she was later informed 42 doses had been missed.</p> <p>In an interview on 2/12/20 at 12:02 p.m. Staff A, registered nurse, stated one evening Resident #8's sister was questioning whether Resident #8 had a sufficient supply of Austedo and thought Resident #8 was displaying an increased oral dyskinesia symptoms. Staff A stated she checked the bottle and it looked fairly full, but she did not count the pills. Staff A stated there may have been several missed doses. Staff A stated that evening she called the neurologist and left a message that Resident #8 may have doses of Austedo and whether they needed to titrate the dose again. Staff A stated the DON then took over.</p> <p>In an interview on 2/13/20 at 11:29 a.m. Staff B, licensed practical nurse, stated at some point, uncertain of time, she was made aware of family concern whether Resident #8 was receiving Austedo</p>		
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	<p>as prescribed as a family member was seeing an increase in oral dyskinesia symptoms. The family requested a count which was done by the DON. Staff B stated staff were re-educated on where the bottle was located. Staff B stated they were unable to determine how many doses were missed.</p> <p>In an interview on 2/12/20 at 6:00 p.m. the Director of Nursing (DON) stated on 1/16/20 Resident #8's sister approached the unit manager concerned Resident #8 was not receiving her Austedo as evidenced by increased oral tardive dyskinesia symptoms. The DON stated she left a detailed message with Resident #8's multiple sclerosis specialist. On 1/17/20 the multiple sclerosis specialist returned the DON's call and stated she had spoken with Resident #8's neurologist and there would be no changes at that time. The DON stated the Austedo requires titrating, but she was uncertain how many and how often the medication was being missed. The DON stated she re-educated her staff on where the bottle was located and on 2/6/20 initiated a shift count requirement to ensure Resident #8 was receiving the Austedo as ordered. The DON stated she did not formally interview any of the nurses, but acknowledges several doses of medication were not given.</p> <p>According to Grievance Form dated 1/16/20 by Resident #8's sister on 1/20/20 the DON counted Resident #8's bottle of Austedo (dated 12/20/19) noting 50 doses remained out of an initial 56 doses received. On 1/24/20 Resident #8's sister provided a new bottle of medication dated 1/17/20.</p>			
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	<p>Observation on 2/12/20 at 7:50 a.m. noted Resident #8's medications are delivered from pharmacy in pre-packaging cellophane rolls, however Resident #8's Austedo is contained in a bottle stored in the lock narcotics compartment in the medication cart. This bottle of medication is delivered by Resident #8's sister on or about every 28 days.</p> <p>Observation on 2/12/20 at 5:45 p.m. noted two bottles labeled as Deutetrabenazine (Austedo) 12 milligrams. One bottle was dated 1/17/20 and had 6 doses remaining and the other bottle was dated 12/20/19 and had 54 doses remaining. Review of the labels on both bottles revealed both bottles initially contained 56 doses each, for a total of 112 pills. .</p> <p>Resident #8's November 2019 and December 2019 Medication Administration Records (MARs) revealed an order for Deutetrabenazine (Austedo) 12 milligrams two times daily. All doses on both sheets were recorded as given.</p> <p>Resident #8 's January 2020 Medication Administration Record (MAR) revealed an order for Deutetrabenazine (Austedo) 12 milligrams two times daily. The area indicated for the 1/14/20 dose contained a code that meant, "refer to nurse's notes" and the 1/30/20 medication is coded as "resident absent from facility." Staff had recorded all other doses recorded as given.</p> <p>Observations, record review and interviews note on or about 12/20/19 a 28 day supply (56 doses) of Austedo</p>				
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	<p>was delivered to the facility. According to the December MAR all doses were administered from 12/20/19 through 12/31/19. According to the January MAR all doses were administered from 1/1/20 through 1/20/20 with the exception of one dose coded on 1/14/20, when staff coded "unable to locate the bottle of medication. On 1/20/20, the DON counted the doses in the bottle dated 12/20/19 and noted 50 doses remained. On 1/24/20 the bottle dated 1/17/20 was provided to the facility by Resident #8's sister only after she was assured the Austedo was being given. Based on these findings it can be reasonably concluded that staff failed to administer Resident #8's Austedo in excess of 28 days or 56 missed doses leading to a breakthrough of tardive dyskinesia symptoms. It is also clear staff failed to meet professional standards of practice by not verifying medications on hand with medication administration records to ensure all medications were accurately available and properly dosed. Staff also failed to accurately document when they documented the administration of medication (Austedo) that was obviously not given.</p> <p>In an interview on 2/19/20 at 5:06 p.m. Resident #8's neurologist's nurse confirmed she had been in contact with the neurologist and it was the neurologist's understanding Resident #8 had only missed a few doses of Austedo. The neurologist stated missing an entire month of Austedo medication would likely lead to potential side effects, but may not require re-titration.</p> <p>During an observation of a medication pass involving</p>			
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	<p>Resident #8, Staff C, registered nurse, appeared to compare the medication labeling with the medication administration record. Staff C then tore open the medication packaging and placed the pills in a medication cup. During that process, a pill fell to the lower ledge of the medication cart, appearing to be unnoticed by Staff C. Staff C then proceeded to place a liquid medication (Keppra) 1.25 milliliters into a couple ounces of water. As Staff C was gathering his medication cup, he tipped over the glass of water containing the Keppra. Staff C quickly set the glass back up with an ounce or so of water remaining. Staff C then started to wipe up the water and as he wiped the lower part of the medication cart, grabbed the dropped pill with his bare hands and placed the pill into the medication cup. Staff C then got another 1.25 milliliters of Keppra and put it in the glass of water which had previously spilled and still had some water and medication in it. When Staff C was alerted he had made a medication error (adding 1.25 mm of Keppra to water that still contained an unknown amount of medication), he disposed of the glass of water and medication and began again. Staff C then placed 1.25 mm of Keppra in a new glass with a couple of ounces of water and picked up the other cup that contained pills. At that point, Staff C was alerted it was not sanitary to pick up a loose pill from the ledge of the medication cart and place in a medication cup with other pills. Staff C was also asked if he knew the name of the loose pill. Staff B, Nurse Manager, had observed the interaction and then became involved. Staff B removed the dropped pill from the medication cup, poured all of the medications onto a napkin, and</p>			
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	<p>proceeded to identify all of the medications. The dropped medication was identified as a Vitamin C tablet. Another half pill was also found on the floor, identified and replaced. After that, all medications were reconciled and administered properly.</p> <p>In an interview on 3/4/20 at 3:16 p.m. the Director of Nursing stated since implementing Resident #8's shift change count of Austedo, there was only the one missed dose in mid-February with no missed doses since. The DON stated she has been in communication with the family daily and the Administrator communicated via e-mail weekly.</p>			
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