

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

| | | | | | |
|--|----------------------------|--|--------------------|------------------------|-------------------------------|
| Citation Number: #10489 | | | | | Date: July 23, 2024 |
| Facility Name: Glen Haven Village | | Survey Dates: July 8, 2024 – July 11, 2024 | | | |
| Facility Address/City/State/Zip 133 Indian Hills Drive Glenwood, Iowa 51534 | | LG | | | |
| 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. 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 clinical record review, staff interviews, camera footage review and facility policy review the facility failed to assure residents were free from significant medication errors for 1 of 7 resident reviewed (Resident #24). The facility reported a census of 65 residents.</p> <p>Findings Include:</p> <p>The Minimum Data Set (MDS) assessment dated 5/7/24 for Resident #24 documented diagnoses of high blood pressure, Diabetes Mellitus (DM) and hemiplegia. The MDS showed a Brief Interview for Mental Status (BIMS) score of 5 which indicated severe cognitive impairment.</p> | I | \$4500.00 | Upon Receipt |
|------------------|--|----------|------------------|---------------------|

Facility Administrator

Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

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

| | | | | | |
|--|----------------------------|--|--------------------|------------------------|-------------------------------|
| Citation Number: #10489 | | | | | Date: July 23, 2024 |
| Facility Name: Glen Haven Village | | Survey Dates: July 8, 2024 – July 11, 2024 | | | |
| Facility Address/City/State/Zip 133 Indian Hills Drive Glenwood, Iowa 51534 | | LG | | | |
| Rule or Code Section | Nature of Violation | Class | Fine Amount | Correction date | |

| | | | | | |
|--|--|--|--|--|--|
| | <p>The Care Plan for Resident #24 dated 12/1/23 showed the following:</p> <ul style="list-style-type: none"> - I have the potential for hypoglycemia and hyperglycemia episodes secondary to the diagnosis of DM. - I have the potential for complications related to antiplatelet therapy. - I may have difficulty verbally expressing my needs due to my diagnosis of vascular dementia and recent stroke which affected my vocal cords. <p>The June 2024 Medication Reconciliation Form showed the following medications were administered by Staff D on 6/9/2024 for the 7 PM medication pass: Ferrous Sulfate 325 milligrams (mg) for iron deficiency Metformin 500 mg for diabetes Metoprolol 25 mg for rheumatoid arthritis</p> <p>The MDS assessment dated 5/3/24 for Resident #13 documented diagnoses of high blood pressure, Parkinson's Disease, seizure disorder and depression. The MDS showed a BIMS score of 10 which indicated a moderately severe cognitive impairment.</p> <p>The Care Plan for Resident #13 dated 6/13/24 showed the following:</p> <ul style="list-style-type: none"> - I am at risk for complications related to antiplatelet therapy. - I am at risk for adverse consequences related to receiving psychotropic medications for the treatment of depression and bipolar disorder. | | | | |
|--|--|--|--|--|--|

Facility Administrator

Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

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

| | | | | | |
|--|----------------------------|--|--------------------|------------------------|-------------------------------|
| Citation Number: #10489 | | | | | Date: July 23, 2024 |
| Facility Name: Glen Haven Village | | Survey Dates: July 8, 2024 – July 11, 2024 | | | |
| Facility Address/City/State/Zip 133 Indian Hills Drive Glenwood, Iowa 51534 | | LG | | | |
| Rule or Code Section | Nature of Violation | Class | Fine Amount | Correction date | |

| | | | | | |
|--|--|--|--|--|--|
| | <p style="text-align: center;">- My team will administer my anti-seizure medication</p> <p>The June 2024 Medication Reconciliation Form showed the following medications were administered on 6/9/2024 for the 7 PM medication pass: Aspirin 81 mg to prevent blood clotting Cephalexin 250 mg for infection Divalproex DR 500 mg for convulsions/seizures Lamotrigine 100 mg for convulsions/seizures Latanoprost 0.005% eye drops for dry eyes Primidone 50 mg for convulsions/seizures Risperidone 1 mg for bipolar depression Trazadone 100 mg for depression and to treat thought processes and behavioral disorders in people with perceptual disorders. Vitamin D3 25 mcg</p> <p>In an interview on 7/9/24 at 12:32 PM, Staff B, Licensed Practical Nurse (LPN), Care Coordinator stated, she received a phone call overnight from Staff C. She said, I'm not sure but I think the nurse gave the wrong meds to the wrong resident. Staff C explained, Resident #13, reported the nurse came into her room. Resident #13 observed Staff D, Registered Nurse (RN) open her roommate's medication cabinet door (Resident #24), then left the room. Resident #13 stated, the nurse didn't give her the medications. After the call Staff B then called Staff D and asked the nurse, who's medications she gave in room three? Staff D replied, she just got done giving room 3 meds. Staff B stated, Staff D was unsure who exactly she gave meds to, but said that she matched residents</p> | | | | |
|--|--|--|--|--|--|

Facility Administrator

Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

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

| | | | | | |
|--|----------------------------|--|--------------------|------------------------|-------------------------------|
| Citation Number: #10489 | | | | | Date: July 23, 2024 |
| Facility Name: Glen Haven Village | | Survey Dates: July 8, 2024 – July 11, 2024 | | | |
| Facility Address/City/State/Zip 133 Indian Hills Drive Glenwood, Iowa 51534 | | LG | | | |
| Rule or Code Section | Nature of Violation | Class | Fine Amount | Correction date | |

| | | | | | |
|--|---|--|--|--|--|
| | <p>with pictures, and matched the medications to the MAR. Staff B stated, she told her to monitor the resident just in case she gave wrong meds. Staff B reported despite sending another nurse over to the cottage, they were unable to determine if a medication error occurred. Staff B stated, she came in the next morning for a cottage meeting, they noticed a change in condition in Resident #24, so they called the primary care provider (PCP). The PCP ordered a Risperdal and Depakote level and they were drawn. The test results showed Resident #24 had both medications in her system. Resident #24 didn't have orders for Risperdal and Depakote but her roommate did. We knew then the medication error occurred. Staff C reported the resident was a little more tired than usual.</p> <p>In an interview on 7/9/24 at 3:28 PM, Staff C, Certified Nursing Assistant (CNA) reported Resident #13 and #24 shared a room. Staff C observed Staff D, Registered Nurse (RN) give medications to Resident #24 in the day room. Later as Staff C assisted the roommate, Resident #13, to bed she asked if the resident received medications yet. Resident #13 replied, no. Resident #13 stated she observed the nurse in her medication cabinet and removed the medications from the card containers then left the room. When Staff C told Resident #13 that it was odd the nurse gave her roommate medications and not her. Resident #13 replied, she never saw her go into Resident #24's cabinet. I'm 100% sure. Staff C called Staff B, Licensed Practical Nurse (LPN), Care Coordinator to report Resident #24 may have incorrectly received Resident #13's medications. After</p> | | | | |
|--|---|--|--|--|--|

Facility Administrator

Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

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

| | | | | |
|--|----------------------------|-------------------------------|--|------------------------|
| Citation Number: #10489 | | | | |
| Facility Name: Glen Haven Village | | Date: July 23, 2024 | | |
| Facility Address/City/State/Zip 133 Indian Hills Drive Glenwood, Iowa 51534 | | LG | Survey Dates: July 8, 2024 – July 11, 2024 | |
| Rule or Code Section | Nature of Violation | Class | Fine Amount | Correction date |

| | | | | |
|--|--|--|--|--|
| | <p>the call Staff C found Resident #24 in the day room with her head resting down by her knees and vomit from her knees to the floor. Resident #24 reported her head hurt. Staff C and Staff D then assisted Resident #24 to her room. While in the room Staff C observed Staff D access Resident #24's medication cupboard. Staff C heard Staff D remove medications from each container. Staff C stated, she clearly remembered Staff D attempted to hide the medications with her pointer finger and pinky finger using her left hand. She could not see any pills but the way Staff D held her hands made her think she was hiding them. After that Staff D immediately put her hands down into her pants pockets. Staff C stated, Staff D helped put Resident #24 to bed and left the room. When asked about the Resident's #24 symptoms, Staff C replied, the resident was not throwing up prior to administration that she observed. After that the resident threw up a total of three times after she got meds. The resident also said that her head hurt.</p> <p>In an interview on 7/9/24 at 4:17 PM, the PCP stated, in terms of life threatening, Resident #24 getting Resident #13's medications and psych meds wasn't an imminent danger type of situation but it did throw her for loop for 3 days. The PCP stated he would characterize it as serious but not life threatening.</p> <p>In an interview on 7/10/24 at 12:03 PM, Staff B, LPN, Care Coordinator, reported the day following the medication error Resident #24 requested to stay in bed for meals. Staff B reported, Resident #24 didn't want to get up when staff attempted to get her up for meals.</p> | | | |
|--|--|--|--|--|

Facility Administrator

Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

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

| | | | | |
|--|----------------------------|-------------------------------|--|------------------------|
| Citation Number: #10489 | | | | |
| Facility Name: Glen Haven Village | | Date: July 23, 2024 | | |
| Facility Address/City/State/Zip 133 Indian Hills Drive Glenwood, Iowa 51534 | | LG | Survey Dates: July 8, 2024 – July 11, 2024 | |
| | | | | |
| Rule or Code Section | Nature of Violation | Class | Fine Amount | Correction date |

| | | | | |
|--|--|--|--|--|
| | <p>Staff B reported, per documentation, the resident failed to consume meals on 6/9/24, staff assisted the resident to take sips of water.</p> <p>The Progress Note on 6/10/24 at 6:34 AM for Resident #24 showed the following: Called to check on and assess a resident who was reported to have vomited a moderate amount of brown mucus like emesis. Resident observed sitting at the dining table noted with generalized weakness, was awake, lethargic but responsive to tactile stimuli. Resident assisted back to bed and was agitated and combative during transfer and assessment.</p> <p>The Risperidone Lab test collected on 6/10/24 for Resident #24 showed a blood level of 10.9 nanograms/milliliter (ng/ml).</p> <p>Review of the June 2024 MAR for Resident #24 showed Risperidone not ordered.</p> <p>The Depakote lab test collected on 6/10/24 for Resident #24 showed a blood level of 22.1 ng/ml.</p> <p>Review of the June 2024 MAR for Resident #24 showed Depakote not ordered.</p> <p>The Point of Care History for Resident #24 showed the following for the day after the medication error on 6/10/24: How did the resident transfer? Activity did not occur. How did the resident move off the unit? Activity did not occur.</p> | | | |
|--|--|--|--|--|

Facility Administrator

Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

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

| | | | | | |
|--|----------------------------|--|--------------------|------------------------|-------------------------------|
| Citation Number: #10489 | | | | | Date: July 23, 2024 |
| Facility Name: Glen Haven Village | | Survey Dates: July 8, 2024 – July 11, 2024 | | | |
| Facility Address/City/State/Zip 133 Indian Hills Drive Glenwood, Iowa 51534 | | LG | | | |
| Rule or Code Section | Nature of Violation | Class | Fine Amount | Correction date | |

| | | | | |
|--|--|--|--|--|
| | <p>The timeline of camera footage for the evening of 6/9/2024 the following was noted: At 6:36 PM Staff D, RN took Resident #24's blood pressure At 6:49 PM Staff D took medication cup into Resident #24's room without the computer. After a few moments the nurse returned to her cart with medications. Staff D placed some of the pills from her hand into a pill crusher sleeve and crushed them, she then opened a capsule pill and emptied the contents into the medication cup along with the crushed pills. At 6:52 PM Staff D walked back toward room 3, when she returned she added pudding to the crushed pills in a med cup. At 6:53 PM Staff D approached Resident #24 in the lounge where she sat and administered the medication. By 7:25 PM Resident #24 started to slouch over in her wheelchair in the lounge. At 7:39 Staff C, CNA walked into the lounge and asked Resident #24 what is going on. As Staff C stepped closer to Resident #24 she noticed the vomit. At 7:45 PM Staff D walked out of the hallway where the room is at, the closing of the medication cabinet is audible. Staff D stated, need to give her medications. As Staff D entered the hallway carrying medications, Staff D asked Staff C for assistance with Resident #24. Staff D stated, I can usually get her by herself but she won't sit up. At this time Staff D returned to the room twice, the second time she returned with a drinking cup and what appears to be another med cup.</p> | | | |
|--|--|--|--|--|

Facility Administrator

Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

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

| | | | | |
|--|----------------------------|--|--------------------|------------------------|
| Citation Number: #10489 | | Date: July 23, 2024 | | |
| Facility Name: Glen Haven Village | | Survey Dates: July 8, 2024 – July 11, 2024 | | |
| Facility Address/City/State/Zip 133 Indian Hills Drive Glenwood, Iowa 51534 | | LG | | |
| Rule or Code Section | Nature of Violation | Class | Fine Amount | Correction date |

| | | | | |
|--|---|--|--|--|
| | <p>The Medication Administration Policy and Procedure last revised October 2023 identified the following:</p> <ol style="list-style-type: none"> 1. Medications are administered only by licensed nursing, medical, pharmacy or other personnel authorized by state laws and regulations to administer medications. 2. Medications are administered in accordance with written orders of the attending physician or physician extender. 3. If a dose seems excessive considering the resident 's age and condition, or a medication order seems to be unrelated to the resident 's current diagnoses or conditions, the nurse calls the provider pharmacy for clarification prior to the administration of the medication or if necessary contacts the prescriber for clarification. This interaction with the pharmacy and /or prescriber and the resulting order clarification are documented in the nursing notes and elsewhere in the medical record as appropriate. 4. Medications are administered at the time they are prepared. Medications are not pre-poured. 5. Medications are administered without unnecessary interruptions. 6. The person who prepares the dose for administration is the person who administers the dose. 7. Residents are identified before medication is administered. Methods of identification include: <ol style="list-style-type: none"> a. Checking photograph attached to medical record b. Asking resident to say his/her name c. If necessary, verifying resident identification with other facility personnel | | | |
|--|---|--|--|--|

Facility Administrator

Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

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

| | | | | |
|--|----------------------------|--|--------------------|------------------------|
| Citation Number: #10489 | | Date: July 23, 2024 | | |
| Facility Name: Glen Haven Village | | Survey Dates: July 8, 2024 – July 11, 2024 | | |
| Facility Address/City/State/Zip 133 Indian Hills Drive Glenwood, Iowa 51534 | | LG | | |
| Rule or Code Section | Nature of Violation | Class | Fine Amount | Correction date |

| | | | | |
|--|--|--|--|--|
| | <p>8. Hands are washed before and after administration of topical, ophthalmic, otic, parenteral, enteral, rectal, and vaginal medications.</p> <p>9. At least 4 (four) ounces of water or other acceptable liquid are given with oral medications unless fluid restrictions apply.</p> <p>10. Medications are administered within one hour before or one hour after scheduled time, except before or after meal orders, which are administered based on mealtimes. Unless otherwise specified by prescriber, routine medications are administered according to the established medication administration schedule for the facility.</p> <p>11. Residents are allowed to self-administer medications when specifically authorized by the attending physician and in accordance with procedures for self-administration of medications.</p> <p>12. Medications supplied for one resident are never administered to another resident.</p> <p>14. For resident 's not in their rooms or otherwise unavailable to receive medication on the pass, the nurse will not leave medications in the room unattended ever. The nurse will return at a later time to administer medications.</p> <p>15. The resident is always observed after administration to ensure that the dose was completely ingested. If only a partial dose is ingested, this is noted on the MAR, and action is taken as appropriate.</p> <p>16. Identify medication related monitoring and documentation necessary for: Adverse Consequences/Events related to medication use Efficacy</p> | | | |
|--|--|--|--|--|

Facility Administrator

Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

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

| | | | | | |
|--|----------------------------|--|--------------------|------------------------|-------------------------------|
| Citation Number: #10489 | | | | | Date: July 23, 2024 |
| Facility Name: Glen Haven Village | | Survey Dates: July 8, 2024 – July 11, 2024 | | | |
| Facility Address/City/State/Zip 133 Indian Hills Drive Glenwood, Iowa 51534 | | LG | | | |
| Rule or Code Section | Nature of Violation | Class | Fine Amount | Correction date | |

| | | | | | |
|--|--|--|--|--|--|
| | <p>Side-Effects</p> <p>In an interview on 7/11/24 at 9:10 AM, the Administrator reported the facility terminated Staff D, RN for not following proper medication administration procedures and because she was not honest about the medication error. The Administrator reported there were many steps in the medication administration process Staff D failed to follow that placed residents at risk.</p> <p>FACILITY RESPONSE:</p> | | | | |
|--|--|--|--|--|--|

Facility Administrator

Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 135C.43A (2013).