Iowa Department of Inspections, Appeals & Licensing
Health and Safety Division
Adult Services Civil Penalty Citation

Date: May 20, 2024
Program Name: Apple Valley Place
Address: 405 27th Avenue South Clear Lake, Iowa 50428
Type of Action: Investigation #119290-C, #119291-C, #119210-C and #119128-C
Date(s) of Action: 2/27/24 to 3/6/24
Citation #: 10372

State Rule #	State Rule	Amount of Civil Penalty
IAC 481-67.5(2)f(4)	**Medication Management** **67.5(2) Each program shall follow its own written medication policy, which shall include the following:** **f. When medications are administered traditionally by the program:** **(4) Medications and treatments shall be administered as prescribed by the tenant's physician, advanced registered nurse practitioner or physician assistant.** Based on observation, interview and record review the Program failed to administer medications and complete treatments as ordered. This pertained to 5 of 7 tenants reviewed that had medications administered (Tenants #1, #2, #3, #4 and #8). Findings follow: 1. When interviewed on 2/29/24 at 11:25 a.m. Staff A reported Tenant #1 had a hole in her toe and her bone could be seen. She said it had been that way since she started (December 2023). Her dressing change was scheduled every two days with Aquacel AG and gauze. She put Bacitracin on it because it stuck and pulled when removed. She said she asked the Former Health and Wellness Director about doing it. Staff A said Tenant #1 never refused the dressing change for her. She reported one time the Medication Administration Record (MAR) reflected refusals and the dressing was not changed for eight days. She explained Tenant #1 used to wear tight black shoes and now wore white shoes that were bigger. She complained to the Former Health and Wellness Director many times about it. When interviewed on 2/28/24 at 7:49 a.m. Primary Care Provider (PCP) #1 revealed Tenant #1 was supposed to follow up in one week from 11/21/23 regarding her toe wound and was not seen again until 2/5/24. She said the dressing change was ordered three times per week and as needed. On 2/22/24 when PCP #1 pulled off the dressing there was an odor to it. The bone was exposed. It was noted Tenant #1 was not wearing open toed shoes. The dressing change for the wound was changed to daily.	**$6,000.00**

	When interviewed on 2/29/24 at 2:10 p.m. the Director of Clinical Services reported when she saw Tenant #1's toe wound before it was a tiny scab. When observed on 2/29/24 it was an open area on the second toe of the right foot. She said Tenant #1 started on an antibiotic yesterday. She said the nurse should look at it a couple times per week. Record review on 2/27/24 of Tenant #1's file revealed orders and discharge summaries indicated the following: -On 9/5/23 Tenant #1 was seen in the emergency department (ED) for an abrasion of the right third toe and orders were received to follow abrasion care instructions and follow up with her PCP. -On 9/21/23 Tenant #1 as seen in the ED for cellulitis of the toe. It was noted she had redness and swelling in her toe. She was to avoid wearing hard shoes and was prescribed an antibiotic for the next seven days. -On 9/28/23 it was noted a referral was made to the wound clinic, to apply Bactroban ointment to her toe wound twice daily and to change dressing to toe wound twice daily. It was also noted to not let her wear shoes that rubbed on her toe. -An undated Physician Order Sheet indicated the ulcer was on the dorsal aspect of right second toe to the bone. The physician ordered Aquacel AG applied the ulcer three times per week and wrapped with gauze. Follow up in one week. -A Physician Order Sheet dated 11/9/23 indicated the wound was debrided. To continue wound care as ordered. -A Physician Order sheet dated 11/17/23 indicated to apply Aquacel AG as primary, rolled gauze as secondary and to change three times per week. It also indicated to follow up on 11/29/23. Continued record review revealed medication administration records (MARs) for November 2023, December 2023, and January 2024 reflected the order for Aquacel AG 2 x 2, apply Aquacel AG to ulcer and wrap the toe with gauze three times per week (order date of 10/12/23), as well as an order for Kerlix, apply Aquacel AG to the ulcer and wrap with toe with gauze three times per week. -The November 2023 MAR reflected 13 entries, including 8 charted as not completed and documented as tenant refused. -The December 2023 MAR reflected 13 entries, including 5 charted as not completed and documented as tenant refused. -The January 2024 MAR reflected 13 entries, including 6 charted as not completed and documented as tenant refused. Continued record review revealed Wound Clinic documentation dated 2/5/24, indicated Tenant #1's accompanying family member indicated she had some digestive issues that prevented her from keeping her appointments. The toe ulcer dated back to at least September 2023. The wound was located on the right second toe	

	and measured 0.5 x 0.7 x 0.2 centimeters (cm). Her right foot was warm to touch, as was her lower right extremity. The right second toe was large compared to other toe. The wound was 90% bone and 10% dried drainage. Debridement was completed to remove dried drainage. The assessment indicated it was pressure injury of the right foot toe and it was at a stage 4. The orders indicated to apply Aquacel AG, gauze and tape three times per week and as needed. She would be fitted for an open toed orthopedic shoe. Wound Clinic documentation dated 2/22/24, documented a concern the ulcer had a foul odor. The measurement of the wound included 0.6 x 0.7 x 0.4 cm. The assessment indicated it was a chronic right foot toe ulcer with necrosis of the bone. The document indicated conservative wound care failed and she was referred to a podiatrist regarding amputation of the toe. The dressing was betadine, Aquacel AG, rolled gauze and the dressing was to be completed daily. Further record review revealed a podiatry clinic document dated 2/26/24 indicated Tenant #1 was seen for an initial evaluation of the right second toe wound. She reported she had the wound for about six months. She reported it worsened lately and she noticed redness and increased drainage. The wound dressing was Aquacel daily. The measurement of the wound included: 0.6 x 0.8 x 0.5 cm. It was indicated as a non-pressure chronic ulcer of part of the right foot with necrosis of the bone. An order was received for levofloxacin 750 milligram (mg) tablet daily. A Physician Order Sheet dated 3/4/24 indicated to continue levofloxacin 750 mg daily and to continued Aquacel AG to the right second toe daily. Continued record review revealed the February 2024 MARs reflected reflected the order for Aquacel AG 2 x 2, apply Aquacel AG to ulcer and wrap the toe with gauze three times per week (order date of 10/12/23). There was also an order for Kerlix, apply Aquacel AG to the ulcer and wrap with toe with gauze three times per week. The MAR was not updated after the 2/5/24 visit and did not reflect the dressing change was three times per week and as needed. The as needed order was not reflected on the February MAR and was not documented as completed. The February 2024 MAR was updated on 2/28/24 and reflected a new order to apply Aquacel AG and wrap the toe with gauze daily and reflected the discontinuation of the Aquacel AG three times per week order. The order was written dated 2/22/24; however, was not placed on the MAR until 2/28/24. Additionally, the 2/26/24 order for levofloxacin 750 milligram (mg) was placed on the MAR on 2/28/24. The first dose was documented as given on 2/28/24. The Program failed to provide Tenant #1 wound care to her right toe wound as ordered and medication as ordered.	

	2. When interviewed on 3/4/24 at 4:20 p.m. PCP #2 revealed she first saw Tenant #2 on 12/11/23 when she took over her care as her PCP. Tenant #2 took her medications independently but she had concerns about her taking them appropriately. Tenant #2 was hospitalized on 1/7/24 and on 1/15/24 the Program started to manage her medications. She said communication fell through the cracks with nursing staff regarding the international normalized ratio (INR) and recommendations and Tenant #2 voiced concerns she was not receiving the correct medications. When interviewed on 2/28/24 at approximately 11:15 a.m. Tenant #2 said she previously had issues with her medications. She said she did not feel all the way safe and her provider told her she was not safe related to her warfarin (blood thinner). Tenant #2 explained she received too much medication. Record review on 2/27/24 revealed Quick Notes (electronic nurse's notes) documented 1/4/24 (noted 1/8/24) Tenant #2 was sent to the hospital due to chest pain and shortness of breath. On 1/9/24 it was noted Tenant #2 would be discharged back to the Program on 1/10/24 and the PCP wanted the staff to administer her medications. Record review of orders included Patient Discharge Instructions, dated 1/10/24, reflected Tenant #2 admitted on 1/7/24 for chest pain and dyspnea and discharged on 1/10/24. The hospital records reflected new medications and changed medications including: Lovenox 120 milligram (mg)/0.8 milliliter (ml) 120 mg injected subcutaneously (SQ), once a day for 14 days; continue the medication along with warfarin; discontinue Lovenox injections when the INR reached 2 or above and then continue with warfarin alone (next dose was 1/11/24); Warfarin 4 mg daily (next dose was 1/11/24). The facility failed to ensure discharge instructions were noted when received. Continued record review revealed Tenant #2's January 2024 MARs reflected no medications administered from 1/11/24 to 1/17/24. The MARs reflected the following medications were not administered as ordered and were reflected charted as withheld per DR/RN orders from 1/21/24 to 1/26/24: Lovenox injection 120/0.8 ml, warfarin, allopurinol tablet 300 mg, metoprolol succinate tablet 25 mg ER, Clopidogrel 75 tablet, and isosorbide mononitrate mono tablet 60 mg ER, from 1/21/24 to 1/26/24; however, no orders to hold the medications listed above were provided. Record review of orders revealed the former Health and Wellness Director sent a fax to the PCP dated 1/11/24 requesting an updated medication list before the Program began administering Tenant #2's medications. The PCP signed the fax sheet on 1/15/24 and attached the medication list. The medication list failed to indicate the orders were noted. One page of the fax report was unavailable. The Patient Communication document indicated current orders as of 1/16/24, included: Lovenox 120 mg/0.8 ml, SQ, 0.8 ml injected SQ	

	every 12 hours until INR was greater than 2; Warfarin 5 mg tablet daily. A fax to the PCP dated 1/17/24 indicated the Program would begin to administer her medications now that they had a list of her medications and she was entered into the system. Continued record review of the January 2024 MARs revealed the following: -Lovenox 120 mg, inject 0.8 ml SQ every 12 hours until her INR was above 2 was documented as administered 13 times from 1/17/24 to 1/31/24. It was documented as not administered 16 times and charted as held per DR/RN order or medication not available. There was no order found to hold the Lovenox. Lovenox was not administered per order. -Warfarin 5 mg tablet, take one tablet daily was administered 4 times and not documented as administered once from 1/17/24 to 1/21/24. It was charted as held per DR/RN order; however, no order was found to hold the medication. Warfarin was not administered per order. Record review of Tenant #2's orders indicated the following a PCP clinic note dated 1/22/24 (office visit) indicated Tenant #2 went to the ED on 1/21/24 due to her left hand bleeding and she was on anti-coagulation medications. She had other abrasions on her forearm, wrist, hand and left middle finger. It also indicated to follow up on her mood disorders, it indicated Tenant #2 picked her skin as a relieving factor related to her mood disorder. She picked when she was anxious. The document indicated her INR had been subtherapeutic for weeks after months of not checking her INR after her prior PCP left. It was complicated by Tenant #2's medication non-compliance. Her INR was 1.6 and would be rechecked on 1/26/24. The orders were not noted when received. New orders were received including Coumadin decreased to 3 mg daily and to recheck in 3 days and Lovenox was reflected as ordered on 1/16/24 with no changes. Continued record review revealed the January 2024 MARs reflected the following: -Warfarin 3 mg tablet, take one tablet by mouth daily with a start date of 1/22/24 and a stop date of 1/26/24 was documented as not administered 1/23/24 to 1/25/24 and it was charted as held per DR/RN orders; despite no order to hold the medication. The dose on 1/22/24 was not documented as administered and no explanation was provided. Warfarin was not administered as ordered. -Lovenox 120 mg, inject 0.8 ml SQ every 12 hours until her INR was above 2 was documented as administered 13 times from 1/17/24 to 1/31/24. It was documented as not administered 16 times and charted as held per DR/RN order or medication not available. There was no order found to hold the Lovenox and it was not administered per order.	

	Record review of orders revealed a PCP clinic document (Patient Plan) dated 1/26/24 indicated Tenant #2's INR was 1.3 and to recheck her INR on 1/30/24. The orders indicated to continue Lovenox and new orders were received for warfarin 3 mg once daily and 1 mg on Saturday, Tuesday and Thursday. The orders were not noted when received. A PCP clinic document (office visit) dated 1/26/24 indicated Tenant #2 was not sure if she was taking warfarin. She did not feel they were administering her Lovenox injections. The Program was contacted and verified twice they were dispensing and giving her the medication. Continued record reviewed revealed the January 2024 MARs reflected the following: -One order for warfarin 3 mg tablet, take one tablet by mouth daily at 8:00 p.m. on Sunday, Monday, Wednesday and Friday with a start date of 1/26/24 and a stop date of 1/31/24. It was documented as administered once on 1/31/24. It was documented as given by Staff D at 8:00 p.m. -Another order for warfarin 3 mg tablet, take one tablet every Sunday, Monday, Wednesday and Friday at 8:00 a.m. with a start date of 1/27/24 and a stop date of 2/1/24. It reflected doses were given on 1/28/24, 1/29/24 and 1/31/24. On 1/31/24 was documented as given by Staff A at 8:00 a.m. -A third order for warfarin 1 mg tablet take by mouth daily on Tuesdays, Thursdays and Saturdays at 8:00 a.m. with a start date of 1/26/24 and stop date of 1/31/24 reflected one dose on 1/27/24 was charted as physically unable to take and one dose was documented as given on 1/30/24. The MARs reflected warfarin twice daily at 8:00 a.m. and 8:00 p.m. despite only being ordered once daily. On 1/31/24 it was documented as administered twice once at 8:00 a.m. and once at 8:00 p.m. The MARs also failed to reflect warfarin 3 mg order as daily and it was reflected as Sunday, Monday, Wednesday and Friday, despite it ordered daily. The additional 1 mg of warfarin ordered on Saturday, Tuesday and Thursday, was not administered on 1/27/24 (Saturday). Warfarin was not administered per order. -Lovenox 120 mg, inject 0.8 ml SQ every 12 hours until her INR was above 2 was documented as administered 13 times from 1/17/24 to 1/31/24. It was documented as not administered 16 times and charted as held per DR/RN order or medication not available. There was no order found to hold the Lovenox and it was not administered per order. Record review revealed a PCP clinic document dated 1/31/24 indicated after reviewing INR instructions for 1/26/24 it should have been 3 mg daily and an additional 1 mg on Tuesday, Thursday and Saturday. Tenant #2's INR was 1.5. New orders were received to increase warfarin to 4 mg daily, to take 1 mg today (1/31/24) since 3 mg had been given (total of 4 mg) and to continue Lovenox. It was	

	scheduled to recheck her INR on 2/2/24. The orders were not noted. Continued record review revealed the January 2024 MARs reflected the following: -Warfarin 4 mg daily was not reflected as a current order on the MAR. The added 1 mg dose ordered on 1/31/24 to add to the existing 3 mg dose on 1/31/24 (for a total of 4 mg) was not documented as administered. Warfarin was not administered per order. -Lovenox 120 mg, inject 0.8 ml SQ every 12 hours until her INR was above 2 was documented as administered 13 times from 1/17/24 to 1/31/24. It was documented as not administered 16 times and charted as held per DR/RN order or medication not available. There was no order found to hold the Lovenox and it was not administered per order. Record review revealed a PCP clinic document dated 2/2/24 indicated Tenant #2 was seen for long term anticoagulants. Her INR was 3.9 An order was received dated 2/2/24 to stop Lovenox and change warfarin to 3 mg on 2/2/24, 2/4/24, and 2/5/24 and 4 mg on 2/3/24. It indicated to recheck the INR on 2/6/24. It also indicated Tenant #2 reported staff did not give her the Lovenox for three days. The dates she did not get Lovenox were 1/25/24, 1/26/24 and 1/27/24 per the Former Health and Wellness Director. Tenant #2 had an appointment on 1/31/24 and the provider that saw her was not informed she did not get Lovenox on those days. The orders were not noted. Continued record review revealed the February 2024 MARs reflected the following: -Warfarin 3 mg tablet, take one tablet by mouth on 2/2/24, 2/4/24 and 2/5/24 was documented as administered on 2/4/24 and 2/5/24; however, was not documented as administered on 2/2/24. Warfarin 4 mg, take one tablet, by mouth on 2/3/24 was not documented as administered. Warfarin was not administered as ordered. -Lovenox 120 mg, inject 0.8 ml SQ every 12 hours until her INR was above 2 was documented as not administered on 2/1/24 both doses and was charted as medication not available and physically unable to take. On 2/2/24 at 8:00 p.m. it was not given and the reason indicated Tenant #2 told staff her PCP told her to stop taking it. Lovenox was not administered as ordered. Record review of orders revealed a PCP document (patient communication), dated 2/6/24, reflected Tenant #2's INR was critical lab value and was 6.9. New orders were received to hold warfarin for the next two days and recheck her INR on 2/8/24. The orders were not noted. A PCP clinic document dated 2/8/24 indicated Tenant #2 was seen for anti-coagulation and a urinary tract infection. Tenant #2's INR was 6.1. Orders were received to	

	continue to hold warfarin until 2/12/24 and to recheck the INR. If the INR was below 2 would start Eliquis. Continued record review revealed the February 2024 MARs reflected Warfarin 1 mg tablet on Tuesdays, Thursdays and Saturdays (discontinued on 1/31/24) was documented as administered on 2/3/24 and 2/6/24. It was charted as tenant refused on 2/8/24 and 2/10/24 and it was noted Tenant #2 said her PCP did not want her to take the medication. On 2/13/24 it was charted as physically unable to take and on 2/15/24 was charted as withheld per DR./RN orders. Warfarin was not administered per order. A PCP Patient Communication document dated 2/13/24 indicated orders were received to discontinue all warfarin and start Eliquis 5 mg twice daily. The orders were not noted. Continued record review revealed the February 2024 MARs reflected Eliquis 5 mg tablet twice daily. It was documented as administered from 2/13/24 to 2/16/14 (a.m. dose). It was documented as not administered 2/16/24 to 2/18/24 due to being out of the facility. It was then documented as administered 2/18/24 at 8:00 p.m., 2/19/24 both doses, and once on 2/20/24. Review of Tenant #2's orders revealed a PCP note dated 2/15/24 indicated Tenant #2 voiced concerns they were not giving her the correct medications. Orders were received including to decrease Lasix 40 mg 1.5 tablets to 1 tablet daily. Continued record review revealed February 2024 MARs failed to reflected the order change from Lasix 1.5 mg tablets to 1 tablet daily. The MARs reflected 1.5 tablets (60 mg) was documented as administered on 2/16/24 after the order had been changed. Lasix was not administered as ordered. Record review revealed Hospital Discharge Instructions indicated Tenant #2 was hospitalized on 2/16/24 to 2/18/24. Updated medications included: start acetaminophen 325 mg tablet, two tablets by mouth every six hours; start Eliquis 2.5 mg tablet, twice per day; Gabapentin 300 mg capsule at bedtime; Trazadone 50 mg tablet at bedtime. The orders further indicated the following medications were discontinued: acetaminophen-oxycodone 325 mg/5 mg tablet, 1 tablet every six hours as needed for pain; Clopidogrel 75 mg tablet once daily; Lasix 40 mg, take 1.5 mg tablet once daily; Lisinopril 5 mg tablet once per day; nitroglycerin 0.4 mg sublingual tablet every 5 minutes as needed; Spironolactone 25 mg tablet once per day. A PCP note dated 2/27/24 indicated Tenant #2 was seen post hospital visit. She was admitted on 2/16/24 and discharged on 2/18/24 due to bleeding from lacerations on the bilateral upper extremities and one laceration on the right calf. Tenant #2 indicated she would like to start administering her own medications. It indicated to continue off of Lasix and Lisinopril that were stopped in the hospitalization. It was ordered to continue Spironolactone 25 mg	

	daily and continue metoprolol ER 25 mg take 1/2 tablet daily. It also indicated to continue on Eliquis 5 mg twice daily. Continued record review of the February 2024 MARs indicated Tenant #2 was discharged and returned to the program on 2/18/24 with new medication orders dated 2/18/24. The acetaminophen 325 mg, take two tablets, was not started until 2/20/24 at the 12:00 p.m. dose. Eliquis 5 mg take, take twice daily, was administered on 2/18/24 8:00 p.m. dose, 2/19/24 both a.m. and p.m. doses and the morning dose on 2/20/24. The order for Eliquis 2.5 mg, take one tablet, by mouth, twice daily was not started until 2/20/24 at the 8:00 p.m. dose despite being ordered on 2/18/24. The order from the 2/27/24 office visit indicated to continue on Eliquis 5 mg twice daily, was not reflected on the MAR. Tenant #2's medications including: Lovenox, warfarin, Eliquis and Lasix were not administered per order. Tenant #2 was seen in the ED on 1/21/24 for bleeding and being on anti-coagulant medications, she had a critical high lab of 6.9 INR on 2/6/24 and was hospitalized on 2/16/24 to 2/18/24 including for bleeding and lacerations. 3. Record review on 2/27/24 of Tenant #3's file revealed staff administered her medications. The January 2024 MAR reflected an order for Cyanocobalamin injection 1000 microgram (mcg), inject 0.1 milliliters (ml) every month. There was no indicated it had been give previously in the month and was not documented as given in January. The MAR also reflected an order for Prolia injection 60 mg/ml, inject 1 ml, SQ, every six months. It was suspended from 1/29/24 to 7/24/24 and was noted as given on 1/26/24. The order was still reflected as a daily medication on the MAR, despite being ordered every six months. The February 2024 MARs reflected the order for Cyanocobalamin injection 1000 mcg, inject 0.1 ml every month. It was not administered in February and on 2/22/24 was not given due to being held per RN/DR order; however, no order was found to hold the medication. It was charted by Staff B, who was not a licensed nurse and was not able to administer an IM inject via nurse delegation. 4. Record review on 3/4/24 of Tenant #4's file revealed staff administered her medications. The February 2024 MAR reflected an order for acetaminophen ER 650 mg one tablet, by mouth every 8 hours. It was started on 2/12/24. The medication was not documented as given for any doses on 2/12/24, the 8:00 a.m. and 10:00 p.m. dose were not documented as given on 2/13/24. Doses were also not administered on 2/20/24 (10:00 p.m.), 2/21/24 (2:00 p.m.) and 2/24/24 (2:00 p.m.) When observed on the medication pass on 3/6/24 at 11:00 a.m. Staff B administered medications six tenants including Tenant #4. Her acetaminophen ER 650 mg tablet was ordered at 2:00 p.m. Staff B went to administer the medication at 11:10 a.m. (which was	

	prior to the prescribed time at 2:00 p.m.) and the medication was not available to administer. It was charted as not given at 2:00 p.m. due to Tenant #4 being physically unable to take. 5. Record review on 3/5/24 of Tenant #8's file revealed the January 2024 MAR reflected an order for duloxetine 30 mg capsule was ordered twice daily at 8:00 a.m. and 8:00 p.m. The medication was not given from 8:00 p.m. on 1/25/24 through 1/31/24. It was charted as medication not available. Discharge instructions from a hospital stay dated 1/23/24 indicated to stop taking cefdinir 300 mg capsule by mouth every 12 hours. The January MAR did not reflect the discontinuation of the medication and it was charted as not available to administer. The orders also indicated to start Eliquis 5 mg tablet , take 0.5 tablet, every 12 hours and to start Namenda 5 mg tablet, take one tablet by mouth at bedtime, and to start Seroquel 25 mg tablet, take 1/2 tablet by mouth at bedtime. The orders were dated 1/23/24. The MAR did not reflect the orders until 1/26/24, which was three days after they were ordered. Medications were not administered as ordered. The February 2024 MARs order for duloxetine 30 mg capsule was ordered twice daily at 8:00 a.m. and 8:00 p.m. The medication was charted as not given and not available from 2/1/24 to 2/15/24, with the exception of one dose on 2/10/24 at 8:00 p.m. It was noted as discontinued (no order provided) and then ordered again on 2/22/24 at the same dosing and frequency. It was documented as given starting on 2/24/24 at 8:00 p.m. and then documented as given until 2/29/24. No other doses were documented as given in February. The March MARs reflected vitamin B-12 tablet, 500 mcg, take one tablet by mouth daily. The medication was not administered from 3/1/4 to 3/5/24 and it was charted as not physically able to take or held per DR/RN orders. No order was found to hold the medication. The MAR also reflected Cephalexin 500 mg capsule, take one capsule, by mouth, every 12 hours for 7 days. It was ordered on 3/1/24 and was not administered on 3/1/23 at 8:00 p.m., both doses on 3/2/24, 3/3/24 and 3/4/24. It was charted as physically unable to take. 6. When interviewed on 3/5/24 at 4:12 p.m. the Director of Clinical Services confirmed all orders and MARs were provided for the tenants reviewed.	

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