Iowa Department of Inspections and Appeals
Assisted Living Program
Final Complaint Investigation Report

Assisted Living Program:

Amy Edmonson, Manager
Glenwood Place Retirement Community
2907 S 6th St
Marshalltown, IA 50158-4687

Complaint Intake #: **#14808**
#14102

Date of Investigation:

December 5 & 6, 2007

Monitor(s):

Stephanie Cummins, SW MA
Lincoln Newsom, RN

Definitions:

The following definitions are relevant:

Regulatory Insufficiency - A violation of a statutory or rule provision within the Iowa Code or Iowa Administrative Code (IAC) governing assisted living programs. A regulatory insufficiency requires a plan of correction to be presented to, and approved by, the Department of Inspections and Appeals (DIA).

Plan of Correction - A written response to one or more regulatory insufficiencies that are rule violations [321 IAC 26.2(5)(a)]. The plan should identify how, and by a specific date, an insufficiency will be corrected. The plan is due to DIA within ten (10) working days of the program's receipt of a Complaint Investigation Report. Depending on the circumstances, DIA may revisit the assisted living program to confirm progress in fulfilling a plan's corrective measures.

Dementia-specific assisted living program - An assisted living program certified under 321 IAC - chapter 25 that either serves five or more tenants with dementia or cognitive disorder staged between 4 and 7 on the Global Deterioration Scale or holds itself out as providing special care for persons with cognitive disorder or dementia, such as Alzheimer's disease, in a dedicated setting.

Overview:

A complaint investigation on-site visit was conducted at Glenwood Place Retirement Community on December 5 & 6, 2007 In preparing this report, the following information was considered:

Current Program Census:

General Population Program (GPP)* – A program that is not a Dementia Specific program, but may have tenants with cognitive disorder

Current number of tenants without cognitive disorder:	34
Current number of tenants with cognitive disorder	5
Total Population:	39

Dementia Specific Program (DSP)* – A program that is a Dementia Specific Program by definition or holds itself out as providing specialized care in a dedicated setting but may have tenants without cognitive disorder.

Current number of tenants in a DSP that holds itself out as providing specialized care in a dedicated setting:	6
Current number of tenants without cognitive disorder:	3
Total Population:	9

***These are the census numbers represented by the program to be applicable at the time of the on-site.**

Accreditation Status – Not applicable.

Complaint History – There were substantiated complaints in the areas of: Occupancy Agreement, Evaluation of Tenant, Service Plan, Medications, Staffing and Exit Alarm Door during this certification period.

Complaint Investigation – The complaint investigator(s) made the observations detailed in the following areas.

A. Service Plan – Program has an individualized service plan developed and updated for each tenant as required. [321 IAC 25.28]

Complaint Allegation #14102: It was alleged family was not notified of service plan reviews.

- Monitoring Observation: Tenant #5 had documentationof a POA; however, documentation of the DPOA was not in the tenant's file. The tenant and the POA had signed a document, which indicated the tenant wanted a designated responsible person involved with service plan reviews. The document indicated the tenant appointed the POA as the designated responsible person. The POA last signed the service plan dated 4-20-06. The tenant signed service plans from 4-20-06 forward including the most recent service plan dated 10-31-07 According to the Manager, family was notified by mail or via phone regarding service plan meeting.

- Regulatory Insufficiency: None noted.

During the course of the investigation the following information was obtained.

- Monitoring Observation: Tenant #5's service plan dated 10-31-07 indicated the tenant was independent with toileting. Staff #1 stated at times the tenant may go to the toilet independently, and the tenant had a bowel movement smear approximately one time per week. Staff #1 indicated the tenant did not have incontinent issues. Staff #1 indicated staff ask the tenant to come into the bathroom and then stand in the bathroom with the tenant. Staff #2 staff prompted the tenant to toilet. Staff #2 stated on a good day staff could assist the tenant, if not a good day, staff stood outside the bathroom. Staff #2 stated that staff did not provide routine assistance with cleaning up after toileting. Staff #2 indicated the tenant had not been incontinent since that staff had worked there. Staff #3 indicated the tenant was not on a routine toileting schedule and staff cued the tenant with toileting. Staff #3 indicated the tenant cleaned up independently after toileting, unless the tenant had loose stools. The tenant was not incontinent and did not wear Depends unless he/she had loose stools. Tenant #5's service plan dated 10-31-07 indicated the tenant was independent with toileting. The tenant's service plan dated 10-31-07 did not address cueing for toileting.

- Regulatory Insufficiency: The program did not consistently develop service plans that identify the current and identified needs of the tenant. (25.28 (4) a.)

During the course of the investigation the following information was obtained.

- Monitoring Observation: Tenant #4's service plan was updated on 10-18-07 and indicated the tenant's antibiotic was changed to Doxycycline 100 mg twice daily for seven days. Tenant #4's service plan was updated on 10-19-07, which indicated the tenant no longer needed site baths four times daily It stated the tenant requested the wound be irrigated daily with shower, or more often if the dressing is changed more frequently The service plan was updated on 10-19-07 and stated the tenant requested staff assisted with dressing change once daily and as needed. The service plan was updated on 10-18-07 and 10-19-07 and the nurse, two staff and the tenant did not sign the service plan.

- Regulatory Insufficiency: The program did not consistently update service plans signed by a health professional, two staff and the tenant or the tenant's legal representative. (25.28 (3))

B. Medications – Program has a comprehensive written medication policy that allows tenant self-administration, but accommodates the need for tenant medication assistance via nurse delegation. The medication assistance is appropriately supervised and administered. Medications are appropriately stored. [231C.16A]

Complaint Allegation #14808: It was alleged medication errors were "rampant" in the program.

Monitoring Observation: Medication Error Forms were obtained for a three-month period. There were six medication error forms filled out. Errors included medication remaining in the bubble pack, a medication not being given and three pills found underneath the tenant's chair. Four of the forms documented staff counseling by the RN related to the errors. The RN stated she doesn't see a routine problem and there has not been a trend with one person. She stated an employee was sent back to medication management class, but that employee is no longer working in the program. Two medication passes were observed during the on-site and appropriate medication administration protocol was followed. Staff #1 stated there had not been many medication errors. She stated some staff had just taken a medication class. She said if there is a problem the RN re-trains the staff. Staff #2, stated she had been working third shift until two months ago when she went to days and she hasn't noticed any medication errors. Staff #3 stated there had been problems in the past with medication errors, however the staff involved are no longer working for the facility.

Tenant #1, a 90 year old, was admitted on 8-18-05, with diagnoses of: Anemia, CHF, and Chronic Back Pain. Tenant scored a two on the Global Deterioration Scale, indicating very mild cognitive decline. Review of the tenant's Medication Administration Records (MAR's) indicated medication errors.

Tenant #1	11- 11 & 23- 07	Zolpidem Tartrate 5mg at bedtime by mouth	Not signed or given
Tenant #1	11- 10,11, 23 & 26-07	Peri-Wash twice a day 8·00am and 8:00pm	Not signed or given
Tenant #1	11- 11 & 23- 07	Xenaderm Ointment twice a day 8:00am and 8:00 pm to coccyx	Not signed or given
Tenant #1	11-7,8,9,11,13-30 07	Extra Protective Cream apply to coccyx twice daily 8·00 am and 9·00pm	Not signed or given
Tenant #7	11-28-07	Namenda 10 mg twice a day, 8·00A.M & 8·00 P.M	Not signed or given
Tenant #7	11-29-07	Halcion 0.5mg at bed time 9·00 P.M	Not signed or given
Tenant #7	11-29-07	Sinemet 25/250mg at bed time 9:00 P.M	Not signed or given
Tenant #8	10-28-07	Coqheart one capsule twice a day 8:00A.M & 7·00 P.M	7·00P.M Dose not given or not signed
Tenant #8	10-28-07	Lecithin two capsules twice a	7·00P.M Dose not

		day, 8:00A.M & 7:00P.M	given or not signed
Tenant #8	10-28-07	Mental Acuity plus two capsules twice a day 8:00A.M & 7:00P.M	7:00P.M Dose not given or not signed
Tenant #8	10-28-07	Nutriferon one capsule twice a day 8:00A.M & 7:00P.M	7:00P.M Dose not given or not signed
Tenant #8	10-28-07	Omega Guard three tabs twice a day 8:00A.M & 7:00P.M	7:00P.M Dose not given or not signed
Tenant #8	10-28-07	Osteomatrix two capsules twice a day 8:00A.M & 7:00P.M	7:00P.M Dose not given or not signed
Tenant #8	10-28-07	Fiber-Lax tab twice a day 8:00A.M & 7:00P.M	7:00P.M Dose not given or not signed
Tenant #9	10-22-07	Weekly Mondays 6:00P.M	Not completed or signed
Tenant #9	10-28 & 29-07	Lipitor 10mg once a day 9:00P.M	Not given or not signed
Tenant #9	10-30-07	Metoprolol 25mg twice daily 8:00A.M & 9:00P.M	9:00P.M Dose not given or not signed
Tenant #10	10-28-07	Hyoscyamine Sulfate 0 125mg tab four times a day 9:00A.M, 1:00 P.M, 5:00P.M & 9:00P.M	5:00P.M Dose not given or not signed
Tenant #10	10-28-07	Refresh Droperette one drop both eyes for times a day 9:00A.M, 1:00P.M, 5:00P.M & 9:00P.M	5:00 P.M Dose not signed or not given
Tenant #10	10-30-07	Namenda 10mg tab twice a day 9:00A.M & 9:00 P.M	9:00 P.M dose not signed or not given
Tenant #10	10-30-07	Vitamin E 1000Units twice a day 9:00A.M & 9:00P.M	9:00 P.M dose not signed or not given

- Regulatory Insufficiency: The program did not consistently follow an acceptable medication protocol. (IAC 655- Chapter 6)

Complaint Allegation #**14808**: It is alleged the AM medication staff member changed the time of the medications to be given, to fit her schedule for the time she could be in the building.

- Monitoring Observation: The RN was interviewed and stated she had given permission to Staff #3, to change times that certain medications were given. Staff #1 stated there had not been any medication times changed to accommodate staff. She stated the MARs are pre-printed with times and dosages. Staff #2, stated the MARs had been changed for a tenant's medication to be given at 7:00 A.M and not at 8:00 A.M. She was not aware of any other changes. Staff #3 stated there had been no changes to the MARs to accommodate staff. If times are changed, it comes from a physician's order or the program's RN. Staff #3 stated she missed a medication one time and another medication manager, Staff # 2 changed it. The medication was Levothyroxine Sodium 50 mcg, for Tenant # 6 and the time was changed from 8:00 A.M to 7:00 A.M. This is an example of a change, but was not the only change Staff #3 has made to the MARs.

- Regulatory Insufficiency: None noted.

C. Food Service – Program shall provide or coordinate with other community providers to provide hot or other appropriate meal(s) at least once a day or make arrangements for the availability of meals. Menus shall be appropriately planned. If applicable, therapeutic diets shall meet all requirements. Food preparation personnel shall meet all requirements. [321 IAC 25.32]

Complaint Allegation #14808: It was alleged the evening meal was cold and the food was not cooked appropriately

- Monitoring Observation: A community meeting with 19 tenants was held at the time of the complaint investigation. The tenants indicated in the back dining area (men's lounge) the temperatures were an issue previously; however, the issue had been resolved. A steam table was put in that area, and the temperatures were no longer a concern. One tenant indicated there were too many potatoes served in one day. No other complaints regarding food were made by the tenants. Three dietary staff were interviewed. Staff #4, Staff #5 and Staff #6 indicated there were no current concerns regarding food temperature or quality Staff #4, indicated previously there was an issue with food temperatures in the men's lounge dining room; however, a steam table was moved to the area and the issue was resolved. Staff #4 indicated food temperatures were supposed to be taken at every meal. The temperatures that were recorded were provided to the monitors. Staff #4, the Kitchen Manager, had a current Servsafe training certificate.

- Regulatory Insufficiency: None noted.

D. Staffing - The provisions of this section address the program's staffing and training practices and associated documentation in responding to the identified needs of the tenant. [321 IAC 25.33]

Complaint Allegation #14808: It was alleged Tenants #1, #2, #3 and #4 had skin breakdown on their buttocks from lack of being changed on a regular basis.

- Monitoring Observation: Tenant #1, a 90 year old, was admitted on 8-18-05, with diagnoses of: Anemia, CHF, Chronic Back Pain, Bladder Irritability and Chronic Edema. The Resident- Comprehensive Assessment of 8-20-07 indicated the tenant had a region on the buttocks, which was reddened. Tenant requested assistance with all toileting and is incontinent of bladder. A review of the tenant's service plan indicated staff is to assist with toileting and changing adult incontinent products as needed. During an interview, the tenant stated the care was good, staff respond quickly and there had not been any incontinent issues due to staff not being there. Tenant stated the areas on the buttocks get reddened from time to time, and staff takes good care of it. Staff # 1 indicated in interview, there was a healed, not opened reddened area, but it had been a few months ago. Staff #2 indicated in interview, there had been breakdown about dime sized and it had been open. It was treated and healed, but flares up from time to time. Staff #3, stated tenant had breakdown almost a year ago, but it is cleared up. The tenant currently uses an air cushion to sit on. Tenant needs assistance with toileting and is not on a routine toileting schedule.

Tenant #2, a 94 year old, was admitted on 7-1-04, with diagnoses of: CHF, Alzheimer's and HTN. The tenant was staged at a four on the GDS, which indicates moderate cognitive decline. A Resident-Comprehensive Assessment was completed on 9-25-07 indicating the tenant needed assistance with toileting, changing adult incontinent product and assistance with peri-care. Staff is to turn frequently the tenant to prevent pressure ulcers and the tenant is a two person assist with transfers and mobility The tenant is currently on Waiver of Administrative Rule, related to the assistance of two for transfer and mobility The waiver is dated October 12, 2007 The tenant is also currently on Hospice. A review of the tenant's service plan indicated staff is to assist with toileting and changing of adult incontinent product. Tenant #2 stated during the interview, he/she had never had any issues with skin breakdown on the buttocks and received good care. Staff #1, stated there was a reddened area, but no breakdown or open regions. Staff #3, stated there was no breakdown on the buttocks.

Tenant #3, an 89 year old, was admitted on 6-5-06, with diagnoses of: Chronic Obstructive Pulmonary Disease (COPD), Type Two Diabetes, Rectal Cancer, Lung Cancer and CHF A Resident-Comprehensive Assessment was completed on 9-27-07, indicating the tenant was independent with all toileting. Tenant uses a walker in his/her apartment, and a scooter for longer distances. The tenant was noted to have a reddened coccyx. A review of the tenant's service plan indicated Tegaderm was applied every other day by staff and there was monitoring of the wound. Staff #1, stated there had been an open area, but it is now closed. Staff #3, stated the site was dime sized. An interview with the tenant was not able to be completed.

Tenant #4 was independent with toileting according to Staff #1. Staff #2 did not work with the tenant. Staff #3 stated staff assisted the tenant with changing Depends. The tenant's service plan stated the tenant denied any difficulty with bowel incontinence and complained of urinary incontinence. The service plan indicated the tenant had a boil drained on the left buttock and wore Depends on a daily basis to soak up excess drainage from the boil. The service plan stated the tenant used undergarments on an as needed basis and staff assisted the tenant with changing the Depends as needed. Staff #1 stated the tenant had a spot that was never open. The tenant had the wound packed and it was healed. Staff #1 indicated she assisted with the wound care and it was delegated by the nurse. The wound occurred under a month ago. Staff #3 stated the tenant had a tendency to have boils on the buttocks. The tenant's wound was cleared up one month ago, and the tenant had a boil every two to three months. The tenant had the wound packed and staff changed the cover. Staff had training from the nurse regarding the wound. Tenant #4 indicated in an interview he/she was getting all the services needed, and staff responded promptly to requests for assistance. The tenant indicated being independent with toileting and had assistance with showers.

- Regulatory Insufficiency: None noted.

Complaint Allegation #14808: It was alleged Tenant #3 did not often have his/her oxygen on and saturation levels were down related to this.

- Monitoring Observation: Tenant #3's Resident-Comprehensive Assessment indicated the tenant was on two liters of oxygen at all times. Review of the tenant's service

plan indicated the tenant requested staff to check the oxygen tank before going to meals. Staff #1, stated the tenant was independent with regulating the oxygen and staff set it up. Staff #3, stated staff is to check the tank. The tenant pushes the call pendant and will request assistance.

- Regulatory Insufficiency: None noted

Complaint Allegation #14102: It was alleged Tenant #5 was soiled with BM frequently

- Monitoring Observation: Staff #5's service plan dated 10-31-07 indicated the tenant was independent with toileting. Staff #1 stated, at times, the tenant may go to the toilet independently Staff #1 indicated the tenant had a BM smear approximately one time per week. Staff #1 indicated the tenant did not have incontinence issues. Staff #1 indicated staff ask the tenant to come into the bathroom and then stand in the bathroom with the tenant. Staff #2 stated staff prompted the tenant to toilet. Staff #2 stated on a good day staff could assist the tenant, if not a good day staff stood outside the bathroom. Staff #2 stated that staff did not provide routine assistance with cleaning up after toileting. Staff #2 indicated the tenant had not been incontinent since that staff had worked there. Staff #3 indicated the tenant was not on a routine toileting schedule and staff cued the tenant with toileting. Staff #3 indicated the tenant cleaned up independently after toileting, unless the tenant had loose stools. Staff #3 stated the tenant was not incontinent and did not wear Depends unless he/she had loose stools.

- Regulatory Insufficiency: None noted.

During the course of the investigation the following information was obtained.

- Monitoring Observation: According to Staff #1 and #3, staff provided assistance with wound care for Tenant #1, #3, and #4. Staff indicated the nurse had provided training related to the wounds; however, there was no documented nurse delegation related to these treatments. Nurse's/care notes for Tenant #4, dated 10-19-07, indicated the nurse provided staff training to three staff regarding the tenant's treatment, positive Methicillin-Resistant Staphylococcus Aureus(MRSA) status and precautions. The nurse's/care notes dated 10-19-07 indicated the nurse observed one of the staff providing wound care and the staff was proficient.

- Regulatory Insufficiency: The program did not consistently provide sufficiently trained staff to meet the tenants identified needs (25.33 (1)).

E. Structural requirements – The structure of the program shall be designed and operated to meet the needs of the tenants. The buildings and grounds shall be well-maintained, clean, safe and sanitary

Complaint Allegation #14808: It was alleged the tenants' dining room carpeting was "filthy."

- Monitoring Observation: A community meeting with 19 tenants was held. The tenants did not report any complaints or concerns with the carpeting in the dining areas. Three direct care staff were interviewed. Staff #1, #2 and #3 did not indicate any problems or issues with the carpeting in the dining areas. Three dietary staff

were interviewed. Staff #4, #5 and #6 did not indicate any problems or concerns with the carpeting in the dining areas. Staff stated at times there were stains due to tenants spilling; however, the stains were treated by a spot cleaner or were shampooed. Staff #7, the maintenance person, indicated the hallways was cleaned every six months and the carpeting in the dining areas were cleaned when needed, usually when a work order was issued or when Staff #7 decided it needed cleaning. The monitors toured the building including the three dining areas, and did not observe any noticeable stains or issues with the carpeting.

- Regulatory Insufficiency: None noted.

Complaint Allegation #14808: It was alleged the program had flees.

- Monitoring Observation: A community meeting with 19 tenants was held. The tenants did not report any complaints or concerns with rodents, insects or flees. Three direct care staff were interviewed. Staff #1, #2 and #3 did not indicate any problems or concerns with rodents, insects or flees. Three dietary staff were interviewed. Staff #4, #5 and #6 did not indicate any problems or concerns with rodents, insects or flees. Staff #6 indicated a former employee in the dementia unit stated she had a flea on her ankle; however, Staff #6 stated it looked like a beetle. There were no bites on the staff and she was not direct care staff. She had never heard of any tenants getting flea bites. Pest treatment records indicated the building was treated on 6-11-07, 9-11-07 and 12-3-07

- Regulatory Insufficiency: None noted.

Dated this 4th day of February, 2008

Glenwood Place Assisted Living
2907 South 6th Street
Marshalltown, Iowa 50158

Date: January 10, 2008

Complaint Intake #: 14808 and 14102

Plan of Correction (POC) [321 IAC 26.2(5)(a)] Submitted For:

- Investigation Dated December 5 & 6, 2007
- Complaint Investigation Report Dated January 7, 2008
- Monitor – Stephanie Cummins
- Monitor – Lincoln Newsom, RN

POC:

A. Evaluation of Tenant:

a. **Regulatory Insufficiency:** The program did not consistently evaluate a tenant's cognitive and functional abilities and health status as needed (25.23 (2))

i. **Program POC:**

1. Program RN will consistently evaluate a tenant's cognitive and functional abilities and health status as needed and with a change in status.
2. Management company provided additional training on change of status indicators to Glenwood Place RN on December 18, 2007 Training also focused on completing all components of the evaluation with each change in condition.
3. Management company's RN will audit resident files on a monthly basis to ensure that evaluations are consistently and appropriately being done in the future.

B. Service Plans:

b. **Regulatory Insufficiency:** The program did not consistently develop service plans that identify the current and identified needs of the tenant. (25.28 (4)a.)

i. **Program POC:**

1. Tenant #5's service plan will be updated by January 18, 2008 to reflect the current needs of the tenant and her toileting needs.
2. Management company will audit resident files on a monthly basis and interview staff to ensure that service plans reflect the current services being provided to the tenants of Glenwood Place.

3. Additional training on service plans was provided to RN on December 18, 2007 Training focused on resident requests, resident driven outcomes, and implementing service plans that include all identified needs of the tenant.

C. Service Plans:

c. **Regulatory Insufficiency:** The program did not consistently update service plans signed by a health professional, two staff and the tenant or the tenant's legal representative (25.28 (3))

i. **Program POC:**

1. In the future, all service plans will be signed by a health professional, two staff, and the tenant or the tenant's legal representative.
2. Management RN will provide monthly audits to ensure that all appropriate signatures are obtained in the future.
3. Tenant #4's current service plan has been signed by himself, two staff, and a health professional.

D. Medications:

d. **Regulatory Insufficiency:** The program did not consistently follow an acceptable medication protocol. (IAC 655-Chapter 6)

i. **Program POC:**

1. Glenwood Place RN will review meds and MARS on a frequent basis to ensure that all medications are consistently provided as ordered by the physician.
2. Management company has developed a new medication policy that will take effect by January 15, 2008 to ensure that tenants are protected in the future and the solution is permanent. Policy is attached.
3. Management RN will audit MARS on a monthly basis and also follow a staff member on a medication pass beginning in February 2008 to ensure that proper medication protocol is being practiced.
4. An inservice on medications was provided on December 13, 2007 emphasizing the six rights of medication administration.

F. Staffing:

e. **Regulatory Insufficiency:** The program did not consistently Provide trained staff to meet the tenants identified needs (25.33 (1)).

i. **Program POC:**

1. The training needs of staff will continue to be evaluated and monitored by the Program RN on an ongoing basis as changes in resident needs occur.
2. RN will provide staff with all initial training and update with staff as needed to be determined by the nurse. Delegations will be completed prior to providing services to residents. Delegations and training for all tasks will be documented and kept in the personnel files.
3. Additional training will be provided as tenant's needs change and as new treatments arise. Previous training will be reviewed throughout the year in bi-weekly inservices.
4. Management company will audit training files on a monthly basis beginning February 2008 to ensure that all training is completed and documented appropriately.

Glenwood Place Assisted Living
2907 South 6th Street
Marshalltown, IA 50158

Date: January 10, 2008

Complaint Intake #: 14808 and 14102

Plan of Correction (POC) [321 IAC 26.2(5)(a)] Submitted For:

- Investigation Dated December 5 & 6, 2007
- Complaint Investigation Report Dated January 7, 2008
- Monitor – Stephanie Cummins
- Monitor – Lincoln Newsom

Request for Reconsideration:
F. Evaluation of Tenant:

a. **Regulatory Insufficiency:** The program did not consistently document tenant's cognitive and functional abilities and health status as needed (25.23 (2)).

It is the practice of Glenwood Place to consistently evaluate and document a tenant's cognitive, functional and health status as needed and with a change in condition. Tenant #4 was seen in the ER on 10/16/2007 to have an abcess lanced. Tenant received an order for Keflex 500mg for seven days. On 10/18/2007 the community nurse received a telephone order to change the antibiotic to Doxycycline 100mg for seven days. This was a result of the culture results that were read on the 18th The appropriate antibiotic was not initially ordered to treat the infection.
On 10/16/2007 the physician ordered to have the resident take a sitz bath four times daily to help with healing. The resident was noncompliant with treatment and requested to sit in his shower instead. The physician wrote to soak the abcess with a shower head on 10/19/07 per resident's choice.
The above changes were added to the ISP without completing a full evaluation. This RN feels that neither of the additions to the ISP resulted in a change of condition for the resident. They were written as direction to staff on how to care for the resident. It has been stated by DIA in the past that if a change to the ISP is made for "convenience" sake such as changing a bath from 2 to 3 times a week a full evaluation does not need to accompany the ISP change. We feel that the antibiotic and bathing changes are one of these cases.

Medication Policy

Residents may keep and self-administer medications. A resident and/or designated responsible person may delegate partial or complete administration, according to 231C.16A, to the assisted living community through their signed service plan. Delegation of medication management is performed by a Register Nurse pursuant to the Nurse Practice Act.

The Community will maintain a current list of any medications to be administered by the community. The community will document any medication the community has agreed to administer or supervise.

When the assisted living program stores a resident's medications, including narcotics (in accordance with Iowa Administrative Code Chapter 6), the medications will be kept in a locked cabinet, in the resident's apartment, that is not accessible to persons other than employees responsible for the supervision of such medications. The nurse does random counts on narcotics administered by the Community. All topical medications will be stored separately from oral medications by means of a zip lock bag in the locked med box. Medications that are administered by staff will be reviewed every 30-days, at a minimum, by the Health Care Coordinator. The Health Care Coordinator will review medications and MARS more frequently if deemed necessary due to frequent medication errors. Quarterly, at a minimum, the Pharmacy will review medications of residents who have delegated administration. The Health Care Coordinator will send Physician Order Sheets to the physician for review every 60 days, at a minimum. Medications shall be labeled and maintained in compliance with label instructions and state and federal laws. Staff performing med duties are trained and monitored, according to the requirement of the Community's Assisted Living Certification with the State of Iowa.

Staff must consistently follow the six "Rights" for proper and accurate administration of medicines:

- Right medication – The resident must receive the right medication. Make sure you cross check the MAR with the label on the medication before, during, and after it is administered.
- Right dose – Always be sure that you are giving the prescribed amount of medication. Too much may be dangerous, too little may be ineffective.
- Right time – Specific timing may be important for certain drugs to be most effective. If a certain time is specified for the medication, it needs to be given only at that time.
- Right resident – The identity of the resident must be confirmed to insure that the right person is receiving the medication.
- Right route/method – This refers to the fact that medication must be given in the manner specified. An oral medication should only be given orally; a skin topical medication should only be used for external purposes, etc.
- Right documentation – Recording with initials afterwards in the correct date on the MAR verifies that above five rights were followed correctly.

Perhaps the most important concept about the "Six Rights" is that a violation of any right

constitutes a medication administration error. Thus, if any mistake is made, it should be reported immediately to the nurse so counter measures to solve any resulting problems can be taken. A medication error form must also be completed and submitted to the Health Care Coordinator. Document the medication error also on back of the resident MAR. Medication errors are serious and lead to suspension or termination. If any medication administration aid has (3) errors this can be an immediate termination by the Health Care Coordinator's discretion. Medical treatment sheets are included in this process. It is the Heath Care Coordinator's responsibility to monitor for medication errors and hold medication administration aids accountable for their actions.

If a resident receives medication management and receives PRN medications, they are stored and labeled with resident's other meds. PRN's are administered upon request by the resident. These PRN meds are charted in the MAR when administered with a follow-up check in 30 minutes which is also charted in the MAR.

If meds are refused and have already been dispensed, an incident report is filled out and documented on the MAR. All solid meds are put into an envelope and given to the nurse; liquid meds are flushed down the toilet.

A pharmacist reviews meds quarterly of residents receiving medication management. No person other than the dispensing pharmacist shall alter a prescription label. Each resident's medication shall be stored in its originally received container. Medications may be transferred from the original prescription containers into medication reminder boxes or medication cups within the resident's apartment and in their presence when resident delegates administration.

Medication Administration

Med management is done on a scheduled basis for residents who have delegated administration, according to their service plan.

Staff performing med duties are trained and monitored, according to the requirement of the Community's Assisted Living Certification with the State of Iowa. The nurse will delegate med administration to universal workers after they have attended a med management course, and the Health Care Coordinator has watched them pass medications at least three times and feels they are competent. Additional training and remediation will be provided at the Health Care Coordinator's discretion. A medication administration aid's responsibilities may be revoked by the Health Care Coordinator at their discretion.

At scheduled times for med mgt., according to the service plan; staff will go to resident's apartment, unlock cabinet and administer appropriate medications. If resident is to take medications with water or food, staff will get that ready, too. Once meds are administered staff will sign the MAR prior to locking cabinet up again. When doing med mgt. if you observe medications that the resident forgot to take the time before or the resident refused to take a medication, notify the nurse immediately