IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

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DEMAND LETTER
CERTIFIED
Complaint/Incident Intake #: 41148-C

December 24, 2012

Ms. Denise Temple, Administrator
Golden Horizons Assisted Living
800 Byron Godberson Drive
Ida Grove, IA 51445

RE: I. Final Recertification Monitoring Evaluation & Complaint/Incident Investigation Report
II. Civil Penalty
III. Appeals/Hearings
IV. Standard Certification
V. Conclusion

Dear Ms. Temple:

I. Final Recertification Monitoring Evaluation & Complaint/Incident Investigation Report – Golden Horizons Assisted Living (Program), Ida Grove, IA

Enclosed is the **Final Recertification Monitoring Evaluation & Complaint/Incident Investigation Report** completed by the Department of Inspections and Appeals (DIA) in accordance with Iowa Code chapter 231C and Iowa Administrative Code (IAC) chapter 481—67 and 481—69. The Report notes the Regulatory Insufficiencies in the area(s) of: Evaluation of Tenant, Service Plan, Nurse Review, Staffing, Medications, Policies and Procedures and Record Checks.

Golden Horizons Assisted Living is being assessed a $2.000 civil penalty pursuant to Iowa Code section 231C.14(1)(b) and 481 IAC 67.12(3)(a)(2). The Program failed to comply with regulatory requirements which have been cited previously by the Department during the initial onsite monitoring visit of August 16, 2011. The Program's continued failure (or refusal) to comply with regulatory requirements within the prescribed time frame established

has a direct relationship in the health, safety, or security of tenants. The program failed to perform nurse reviews on four tenants. Staffing and medication concerns were also noted. The program failed to follow record check requirements for three staff members.

DIA is accepting the Plan of Correction (POC) following the Program's submission of information.

II. Civil Penalty

If, within thirty (30) days of the receipt of this demand letter, you (1) do not request a formal hearing or withdraw your request for formal hearing, and (2) pay the penalty, the assessed penalty will be reduced by thirty-five percent (35%) pursuant in accordance with IAC 67.12(3)d. If you do not wish to request a formal hearing or wish to withdraw your request for formal hearing, please send cover letter to the attention of **Jim Berkley** and remit the penalty assessed by check or money order to the State of Iowa in the amount of one thousand three hundred dollars ($1300) within 30 business days after the receipt of this demand letter.

III. Appeals/Hearings

The Program may appeal the DIA decision in accordance with IAC rule 481—67.13 within 30 days of this notice, by submitting a request for appeal to DIA. A contested case hearing will be held pursuant to IAC chapter 481—10. If the Program appeals, the civil penalty will be suspended, pending the appeal process. If the Program does not appeal, the fine is due within 30 days of notice.

IV. Standard Certification

Enclosed you will find the Assisted Living Program Certificate **S0316** with effective dates of **January 11, 2013** through **January 10, 2015**.

V. Conclusion

The Program is being assessed a $2,000 civil penalty pursuant to Iowa Code section 231C.14 and 481 IAC 67.12(3)(a). The POC submitted on November 19, 2012, has been reviewed and will constitute the final POC related to the on-site visit of October 17 & 18, 2012.

DIA may revisit the Program to confirm compliance in fulfilling the POC's corrective measures. If the Program wishes to appeal or request a hearing on the final findings, the program may do so within 30 days of this letter.

If you have any questions in regard to this letter and report, please contact your Program Coordinator, Jim Berkley, at 515/281-4116 or **James.Berkley@dia.iowa.gov**

Sincerely,

Ann Martin

Ann Martin, Bureau Chief
Adult Services Bureau

Enclosure

IOWA DEPARTMENT OF INSPECTIONS AND APPEALS

Assisted Living Program
Final Recertification and Complaint Investigation Report

Assisted Living Program:

Denise Temple, Administrator
Golden Horizons Assisted Living
800 Byron Godberson Drive
Ida Grove, IA 51445

Complaint/Incident Intake #: 41148-C

Date of Monitoring Visit:

October 17th and 18th, 2012

Monitor(s):

Lori Miner, RN BSN

Definitions: *The following definitions are relevant:*

Assisted Living Program – A program certified under 481 IAC 69 that provides housing with contracted services to three or more tenants in a physical structure that provides a homelike environment. Services may include but are not limited to health-related care, personal care, and assistance with instrumental activities of daily living. A General Population Program is an Assisted Living Program that is not dementia-specific but may have tenants with cognitive disorder.

Dementia-Specific Assisted Living Program - An assisted living program certified under 481 IAC 69 that serves fewer than fifty-five (55) tenants and has five (5) or more tenants who have dementia between Stages 4 and 7 on the Global Deterioration Scale (GDS), or serves 55 or more tenants and 10 percent or more of the tenants have dementia between Stages 4 and 7 on the GDS, or holds itself out as providing specialized care for persons with dementia, such as Alzheimer's disease, in a dedicated setting.

Regulatory Insufficiency - A violation of a statutory or rule provision within the Code of Iowa (2011) or the 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 statutory or rule violations. The plan should identify how and by what date each regulatory insufficiency will be corrected, and what measures will be taken to ensure the problem does not recur. The plan is due to DIA within ten (10) working days of the program's receipt of a Complaint/Incident Investigation Report. Depending on the circumstances, DIA may revisit the assisted living program to confirm progress in fulfilling a plan's corrective measures.

Overview: *In preparing this report, the following information was considered:*

Current Program Census

Assisted Living Programs are defined by the type of population served. The census numbers were provided by the Program at the time of the on-site.

General Population Program	
Number of tenants without cognitive disorder:	19
Number of tenants with cognitive disorder:	0
Total Population of Program at time of on-site	19
TOTAL census of Assisted Living Program	19

Tenant/Family Satisfaction Results – A meeting was held with 14 tenants. The best thing about the program was the food and that help was available. Housekeeping was completed to the tenants' satisfaction in both apartments and common areas. Tenants used a call button to request staff assistance. Staff members were reported to respond in less than five minutes. It was reported only one staff member worked on the weekends, and more help was needed. Staff members were described as kind and respectful and provided good care. The food was described as very good and was served hot most of the time. There were enough activities offered with no suggestions for new activities. The tenants reported feeling safe at the program and would recommend it to others.

Program History – The program did not receive any regulatory insufficiencies during this certification period.

On-Site Monitoring Evaluation – The monitor(s) made observations detailed in the following areas.

A. Evaluation of Tenant

Monitoring Observation: Tenant #1, an 83 year-old, was admitted on 10-23-11 and had diagnoses of: Atrial Fibrillation, Cardiomyopathy, Hypertension (HTN), Peripheral Vascular Disease, Edema, Hyperlipidemia, Diabetes, and Anemia. Functional, cognitive, and health evaluations were completed on 10-21-11, prior to admission. The initial cognitive evaluation, dated 10-21-11, contained documentation that Tenant #1 was assessed by Staff #6, a Licensed Practical Nurse (LPN). Pursuant to 655 IAC, Chapter 6, 6.3(152), an LPN may not perform an initial assessment. Functional and health evaluations were completed on 11-21-11; within 30 days of admission. A cognitive evaluation was not completed within 30 days of admission.

Tenant #3, an 82 year-old, was admitted on 5-1-12 and had diagnoses of: Diabetes, Hyperlipidemia, HTN, Coronary Artery Disease, Venous Insufficiency, Mild Dementia, and Hypothyroidism. Tenant #3 scored two on a cognitive screening tool, which indicated low risk. Further cognitive assessment was indicated at a score of five or higher. Functional, cognitive, and health evaluations were completed on 4-27-12, prior to admission. Functional and cognitive evaluations were completed on 5-31-12, within 30 days of admission. A health evaluation was not completed within 30 days of admission.

Regulatory Insufficiency: A program shall evaluate each prospective tenant's functional, cognitive and health status prior to the tenant's signing the occupancy agreement and taking occupancy of a dwelling unit in order to determine the tenant's eligibility for the program, including whether the services needed are available. The cognitive evaluation shall utilize a scored, objective tool. When the score from the cognitive evaluation indicates moderate cognitive decline and risk, the Global Deterioration Scale shall be used at all subsequent intervals, if applicable. If the tenant subsequently returns to the tenant's mildly cognitively impaired state, the program may discontinue the GDS and revert to a scored cognitive screening tool. The evaluation shall be conducted by a health care professional or human service professional. (IAC r. 481-69.22(1))

Regulatory Insufficiency: A program shall evaluate each tenant's functional, cognitive and health status within 30 days of occupancy. A program shall also evaluate each tenant's functional, cognitive and health status as needed with significant change, but not less than annually, to determine the tenant's continued eligibility for the program and to determine any changes to services needed. The evaluation shall be conducted by a health care professional or human service professional. A licensed practical nurse may complete the evaluation via nurse delegation when the tenant has not exhibited a significant change. (IAC r. 481-69.22(2))

B. Service Plan

Monitoring Observation: Tenant #1 had an order from a physician dated October 2011 for oxygen, two liters per nasal cannula, at night. The service plan did not identify Tenant #1's need for oxygen. Nurse's notes dated 9-10-12 and 9-11-12 documented falls. Functional, cognitive, and health evaluations were completed on 9-10-11. A fall risk assessment was completed on 9-10-12 which indicated Tenant #1 was a moderate fall risk. Nurse's notes dated 9-12-12 indicated Tenant #1 saw a physician. Physician orders of the same date indicated Tenant #1 required a walker and assist of one. The service plan, dated 9-10-12, was not updated after the physician visit, and did not identify staff assist was needed. The service plan did not identify Tenant #1's preference for a nursing facility.

Tenant #3 had a service plan dated 5-31-12, within 30 days of admission. A health evaluation was not completed. The service plan was not developed based on a health evaluation. The current service plan dated 9-26-12 did not identify Tenant #3's preference for a nursing facility.

Tenant #7, an 86 year-old, was admitted on 2-11-11 and had diagnoses of: Gout, HTN, Macular Degeneration, and Alzheimer's Dementia with episodes of Psychosis. A cognitive screening tool scored Tenant #7 at four, which indicated low risk. Further cognitive assessment was indicated at a score of five or higher. The service plan did not identify Tenant #7's preference for a nursing facility.

Tenant #8, an 85 year-old, was admitted on 2-3-11 and had diagnoses of: Celiac-Sprue Disease, Interstitial Lung Disease, HTN, and Osteoporosis. Tenant #8 was admitted to hospice care in 2011 for Protein-Calorie Malnutrition. The service plan did not identify Tenant #8's preference for a nursing facility.

The service plans were not based on evaluations, failed to meet identified tenant needs, and did not indicate nursing facility preference.

Regulatory Insufficiency: A service plan shall be developed for each tenant based on the evaluations conducted in accordance with subrules 69.22(1) and 69.22(2) and shall be designed to meet the specific service needs of the individual tenant. The service plan shall subsequently be updated at least annually and whenever changes are needed. (IAC r. 481-69.26(1))

Regulatory Insufficiency: The service plan shall be individualized and shall indicate, at a minimum: (a) The tenant's identified needs and preferences for assistance; and (e) preferences, if any, of the tenant or the tenant's legal representative for nursing facility care, if the need for nursing facility care presents itself during the assisted living program occupancy. (IAC r. 481-69.26(4)(a,e)

C. Nurse Review

Monitoring Observation: Medication error reports dated 10-5-12 and 10-8-12 documented Tenant #1 did not receive prescribed Digoxin that was to be administered by the program. A nurse review was not completed to document Tenant #1's condition following the omissions nor notification of the physician. The clinical record lacked documentation of nurse review every 90 days.

Tenant #3 was admitted on 5-1-12 and evaluations were completed prior to admission. A health evaluation was not completed within 30 days. Functional, cognitive, and health evaluations were completed on 9-26-12 and the service plan was updated. According to the service plan, the program provided bathing and medication assistance. The clinical record lacked documentation of a nurse review every 90 days.

According to the service plan, Tenant #7 required assistance with bathing, hygiene, grooming, and ambulation. Staff also administered medications to Tenant #7. The clinical record for Tenant #7 lacked documentation of a nurse review every 90 days.

Tenant #8's service plan identified the program was providing extra protein and nutritional drinks with two meals daily. The spouse and hospice were providing bathing, dressing, ambulation, and medications assistance. The service plan indicated program staff members were supervising Tenant #8 when the spouse was out of the building. The clinical record for Tenant #8 lacked documentation of a nurse review every 90 days.

Clinical records lacked documentation of a nurse review every 90 days.

Regulatory Insufficiency: If a tenant does not receive personal or health-related care, but an observed significant change in the tenant's condition occurs, a nurse review shall be conducted. If a tenant receives personal or health-related care, the program shall provide for a registered nurse or a licensed practical nurse via nurse delegation: To monitor, at least every 90 days, or after a significant change in the tenant's condition, any tenant who receives program-administered prescription medications for adverse reactions to the medications and to make appropriate interventions or referrals, and to ensure that the prescription medication orders are current and that the prescription medications are administered consistent with such orders; and (IAC r. 481-69.27(1))

Regulatory Insufficiency: To ensure that health care professionals' orders are current for tenants who receive health care professional-directed care from the program; and (IAC r. 481-69.27(2))

Regulatory Insufficiency: To assess and document the health status of each tenant, to make recommendations and referrals as appropriate, and to monitor progress relating to previous recommendations at least every 90 days and whenever there are changes in the tenant's health status; and (IAC r. 481-69.27(3))

Regulatory Insufficiency: To provide the program with written documentation of the activities under the service plan, as set forth in rule 481—69.26(231C), showing the time, date and signature. (IAC r. 481-69.27(4))

D. Staffing

Complaint/Incident Allegation: It was alleged medication errors occurred because staff members were not trained.

Monitoring Observation: The program was asked for reports documenting any medication error during the last three months. Two reports were provided. The first incident report documented on 10-5-12 indicated Digoxin for Tenant #1 remained in the medication cassette even though the medication was documented as given. The report was dated 10-6-12 and did not contain documentation from the nurse. The second report documented on 10-8-12 indicated Digoxin for Tenant #1 was not given. The report was dated 10-9-12 and was signed by the nurse.

The nurse stated the medication delivery system changed about a month ago. The program used to administer medications from cassettes filled by a pharmacy, and changed to a pre-filled caddie. The cassettes were labeled by a pharmacy with the tenant's name, and the name and dose of the drug. The nurse was filling the caddie by taking medications out of the cassettes and placing the medications in the caddie. The caddie was a box labeled with compartments and days of the week and periods of the day, such as morning, noon, evening, etc. The caddie was labeled with the tenant's name, but did not contain the names or dosages of the pills in the caddie. At times, there were several pills in compartments. The nurse stated medications were put into the caddie, except Digoxin. The Digoxin was left out so that staff members could check a tenant's pulse first, and hold the medication if the pulse rate was low. The nurse provided documentation of an in-service on medication administration dated 9-27-12. Documentation from the in-service stated "going to talk on new setup of pills." The documentation did not identify the procedure for administering medications under the new system, or that Digoxin would not be in the caddie.

The nurse provided a policy on medication administration dated 9-13-12, which indicated the nurse set medications up in med caddies "according to the medication administration records (MARs) and doctors orders for medications." The assisted living attendant (ALA) was to administer medications from the caddie. The policy did not state that some medications would not be in the caddie.

Staff #2, a universal worker (UW) was interviewed and stated she had training on the new medication system which included knowing Digoxin was not in the caddie because a pulse rate needed to be checked first. Staff #2 stated staff members would know the Digoxin was not in the caddie because the MAR stated "check pulse prior to giving." Staff #2 stated another tenant had Ciprofloxacin ordered. The medication arrived at the program when the nurse was not there, and it also was in a cassette like the Digoxin. Staff #2 reported another tenant received Omeprazole before breakfast and it was not in the caddie. A staff member would know that because the MAR stated "take before breakfast."

Staff #4, a Certified Nursing Assistant (CNA), was interviewed and stated Digoxin, Omeprazole, Ciprofloxacin, and narcotics were not in the caddie. Staff #4 stated she was told that the Digoxin was not in the planner.

On 10-18-12, medication passes were observed. The MAR book was noted to have a medication administration procedure in the front; however, it was not the new procedure as it referred to the use of a bubble pack. Staff #4 was observed administering medications to Tenant #2. Staff #4 was observed taking pills from the caddie and placing them in a cup. Staff #4 checked the number of pills listed on the MAR against the number of pills in the cup. One was noted to be missing. Staff #4 opened the cassette with the Digoxin and placed the pill in the cup, which then made the correct number of pills in the cup. Staff #4 did not check the label on the cassette for the name of the drug or the dosage or compare it to the MAR prior to placing the Digoxin in the cup. Staff #4 also opened a cassette with Ciprofloxacin and placed the pill in the cup with the other pills. The cassette was not checked against the MAR for the name of the drug or dose. The pills were given to the tenant. After the tenant had taken some of the pills, Staff #4 proceeded to take the tenant's pulse and determined the rate to be high enough for the tenant to have the Digoxin. When asked how she would know what pill was the Digoxin since it was now in the pill cup with the other pills, Staff #4 stated she knew what Digoxin looked like. Staff #4 signed out each individual medication, even though the pills in the caddie were not labeled with the drug name or dosage. In interview, Staff #4 stated she signed out medications on the MAR but did not know the names of the medications.

A review of the MAR for Tenant #2 revealed the MAR contained individual lines with names and dosages of individual drugs. The MAR did not document the nurse had filled a caddie. Under Digoxin it was indicated a pulse rate needed to be checked prior to giving, but did not indicate the medication was not in the caddie. There was no documentation under the Ciprofloxacin to indicate that it was not in the caddie.

Staff #4 was observed administering medications to Tenant #1. Staff #4 counted the medications listed on the MAR, opened the cassette with Digoxin, and put the Digoxin in a med cup. Staff #4 did not compare the label on the cassette against the MAR for the drug and dosage. The caddie was opened and more pills were placed in the med cup with the Digoxin. Staff #4 checked Tenant #1's pulse and found it was high enough to administer the Digoxin. Staff #4 signed out each individual medication, even though the pills in the caddie were not labeled with the drug name or dosage.

A review of the MAR for Tenant #1 revealed the MAR contained individual lines with names and dosages of individual drugs. The MAR did not document the nurse had filled a caddie. Under Digoxin, it indicated a pulse rate needed to be checked but did not indicate the medication was not in the caddie.

Staff #4 was observed administering medication to Tenant #3. Staff #4 opened the cassette with Omeprazole and put the pill into a med cup. Staff #4 did not compare the label on the cassette against the MAR for the drug and dosage. The pill was administered to Tenant #3. The medication cupboard also contained a caddie with pills due at a later time.

A review of the MAR for Tenant #1 revealed the MAR contained individual lines with names and dosages of individual drugs. The MAR did not document the nurse had filled a caddie. There was no documentation under the Omeprazole to indicate it was not in the planner.

The program initiated a new system of medication administration about one month ago. The nurse stated she completed training on the new system, but the documentation of the training did not include instructions as to what medication would not be in the new caddies. The MARs were not labeled to indicate who filled the caddie or what medications were in the caddie. The new system allowed for the medication Digoxin to be left in the original cassette so that a tenant's pulse rate could be checked and the medication withheld if needed. A staff member was observed administering Digoxin on two occasions. On both occasions, the Digoxin was put into the med cup with other pills prior to checking the tenant's pulse. The CNA stated she would know what the Digoxin looked like in amongst the other pills; however in interview stated she did not know the names of the medications. Staff did not demonstrate an understanding of the new medication system.

Regulatory Insufficiency: A sufficient number of trained staff shall be available at all times to fully meet tenants' identified needs. (IAC r. 481-67.9(1))

During the course of the investigation, the following was noted:

Monitoring Observation: Staff training files were reviewed. Staff #1 was hired 7-17-12 as a CNA. Staff #2 was hired 10-1-11 as a UW. Staff #3 was hired 5-1-12 as a UW. Staff #5 was hired 10-17-11 as a UW. During interview, Staff #1 stated she administered medications and provided medical and personal cares to tenants.

The current nurse joined the program on 8-8-12. The nurse reported she did not know she needed to delegate tasks to the staff since the previous nurse had done so. The nurse stated she had done some training, but had not documented the training.

Training files for Staff #1, #2, #3, and #5 lacked documentation of nurse-delegated training on medications, or medical and personal cares by the current nurse. Staff training files lacked documentation of training to determine competency to provide cares and treatments for the tenants of the program.

Regulatory Insufficiency: Any nursing services shall be provided in accordance with Iowa Code chapter 152 and 655—Chapter 6. (IAC r. 481-67.9(5))

E. Medications

Monitoring Observation: Staff #2 was observed during medication passes on 10-17-12. Staff #4 was observed during medication passes on 10-18-12. During the course of the medication passes, the following was observed:

1. A staff member was observed taking a bottle of Polyethylene Glycol from the med cupboard for Tenant #2. The bottle was not checked against the MAR for the right drug and right dose prior to administration.
2. A staff member was observed taking two medication cassettes from the med cupboard for Tenant #2. The cassettes were not checked against the MAR for the right drug and right dose. The medications were Digoxin and Ciprofloxacin.
3. A staff member was observed taking a bottle of eye drops from the med cupboard for Tenant #4. The bottle was not checked against the MAR for the right drug and right dose.
4. A staff member was observed counting the number of pills listed on the MAR to give to Tenant #5. Pills were emptied from the caddie into a med cup. A staff member used bare hands to transfer pills from one med cup to another in order to count the pills.
5. A staff member was observed entering the central medication room to obtain narcotics for Tenant #5. Two capsules were signed out for Tenant #5 but the cassette was not checked against the MAR for the right drug, right dose, and right tenant. The MAR was not checked prior to giving the narcotic.
6. Staff members were observed administering medications on at least 12 separate tenant interactions. Staff members were not observed consistently washing hands before and after administration of medications.
7. Staff members were observed using gloves to administer eye drops and insert hearing aids, at least four separate times. Staff members did not consistently wash hands after glove removal, nor were gloves always removed immediately after the task was completed.

The program failed to follow procedures set forth by the program as well as accepted professional standards for medication administration.

Staff #4 was observed during a medication pass with Tenant #6. Staff #4 counted the number of pills as listed on the MAR. Staff #4 emptied the caddie into her bare hand and counted the pills into a med cup. Staff #4 identified 10 pills in the cup and 11 pills listed on the MAR. The pills for this particular day were the last in this one-week caddie. Staff #4 consulted with the nurse, and the nurse determined a Centrivite multi-vitamin was absent from the med cup. The nurse checked the MAR against the medication cassettes used to fill the caddie. It was determined there was no cassette for the morning dose of Centrivite. The caddie for the upcoming week was reviewed, and it was determined no Centrivite was in the caddie for the morning dose. The nurse was asked to provide documentation of the original order, as the cassette for the afternoon dose indicated the Centrivite was to be given twice a day. The program provided documentation of a fax noted 1-27-11 in which the program asked the physician if Tenant #6 could be started on a multivitamin. The physician made a mark on the sheet and indicated a new or changed prescription. The dosage of a multivitamin twice a day was not clear on the fax sheet.

The nurse phoned the pharmacist who indicated a verbal order for the medication had been obtained from the physician. The program did not clarify the original order since it was noted on 1-27-11 and had no documentation on the chart of the dosage to be given for the multivitamin.

The MAR was reviewed for Tenant #4. The MAR indicated Hydrocodone one-half, one, one and a half, or two pills was to be given every four hours as needed. The MAR did not indicate the dosage of the medication. The order was not correctly transcribed to the MAR.

Regulatory Insufficiency: When medications are administered traditionally by the program: (a) The administration of medications shall be provided by a registered nurse, licensed practical nurse or advanced registered nurse practitioner registered in Iowa or by unlicensed assistive personnel in accordance with requirements in 655—Chapter 6 governing nurse delegation, and (c) The program shall maintain a list of each tenant's medications and document the medications administered. (IAC r. 481-67.5(6)(a,c))

F. Policies and Procedures

Monitoring Observation: The program initiated a new medication delivery system about a month ago. The program changed from administering medications from a med cassette to a pre-filled caddie. The policy on medication administration dated 9-13-12 documented that medications were set up in caddies for each tenant according to MARs and physician orders. The policy did not note any exceptions. It was observed that Digoxin, Omeprazole, and Ciprofloxacin were still contained in cassettes and were not in caddies. The MARs did not indicate the medications were not in the caddies. There was no documentation on the MAR to indicate which pills were in the caddie. The program did not follow the medication policy which indicated medications were in caddies according to MARs and physician orders.

The program was asked to provide a copy of medication policies and procedures. The program provided materials entitled 5. Medication Procedures. Under "Storage of Medications" paragraph 7 stated each tenant's medication must be stored in the container in which it was received. Staff cannot transfer medication from one container to another. In creating a new medication delivery system, the program did not follow its medication procedure.

Section 6. Staff Assistance with Medication Administration directed staff assisting with routine medications to read the MAR, read the medication label, read the MAR again, and read the label again. During medication passes, staff members were observed to not check medications against the MAR when medications were in cassettes.

The section on Medication Errors indicated when a medication error occurred, a Medication Error Incident Report form was to be completed. The form was to document all individuals contacted regarding the incident. In a review of medication error incident report forms dated with occurrences of 10-5-12 and 10-8-12, there was no documentation to indicate the physician was notified when Tenant #1 did not receive Digoxin as ordered. The completed forms also did not contain the signature of the nurse on one occasion, and the signature of the administrator on both occasions, as indicated in the section on medication errors.

The procedure for medication administration indicated if medications were administered from a dosage box, hands were to be washed, medication given, and hands washed again. Staff members did not consistently wash hands in this manner during observed medication passes. The procedure for administering eye drops indicated hands were to be washed, gloves applied, medication administered, gloves removed, and hands washed. Staff members did not consistently wash hands in this manner during observed medication passes.

Policies and procedures established by the program were not followed.

Regulatory Insufficiency: A program's policies and procedures must meet the minimum standards set by applicable requirements. The program shall follow the policies and procedures established by a program. All programs shall have policies and procedures related to the reporting of incidents including allegations of dependent adult abuse. (IAC r. 481-67.2)

G. Record Checks

Monitoring Observation: The program reported Staff #1, Certified Aide, was hired 7-17-12. Background checks for child abuse and dependent adult abuse were completed on 7-13-12 and indicated Staff #1 was not on either registry. A criminal background check was completed on 7-23-12 and indicated no criminal history. A review of the time sheet for Staff #1 indicated hours worked on 7-17, 7-18, 7-19, 7-21, and 7-22. The criminal background check for Staff #1 was not completed prior to hire.

The program reported Staff #2; Universal Worker (UW) was hired 10-10-11. Background checks for child abuse and dependent adult abuse were completed on 10-17-11 and indicated Staff #2 was not on either registry. A criminal background check was completed on 10-11-11 and indicated no criminal history. A review of the time sheet for Staff #2 indicated hours worked on 10-11 and 10-13. Child abuse and dependent adult abuse background checks were not completed prior to hire.

The program reported Staff #3, UW, was hired 5-1-12. Background checks for child abuse and dependent adult abuse were completed on 4-27-12 and indicated Staff #3 was not on either registry. The administrator stated a criminal background check was completed but she was unable to locate it. A criminal background check was completed on 10-17-12 and indicated no criminal history. The program did not provide documentation of the completion of a criminal background check prior to hire.

Regulatory Insufficiency: Pursuant to Iowa Code section 135C.33, a prospective employee of a program shall have a criminal history check, dependent adult abuse check, and child abuse check performed before the prospective employee begins work. If a prospective employee has a criminal history or an abuse history, the prospective employee shall not be employed by the program unless the department of human services has performed an evaluation and determined that the record does not warrant the employment prohibition. Proof of the preemployment background check shall be maintained in the program's employee file. The program must meet all requirements of Iowa Code section 135C.33 and administrative rules adopted pursuant to Iowa Code section 135C.33. (IAC r. 481-67.9(3))