IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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Complaint/Incident Intake #:
50790-I

December 19, 2014

Ms. Mary K. Harris, Director
Oakwood Place
4130 Northwest Blvd.
Davenport, IA 52806

RE: Final Complaint/Incident Investigation Report, Oakwood Place AL, Davenport, Iowa

Dear Ms. Harris:

Enclosed is the **Final 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) chapters 481—67 and 481—69, following an investigation by DIA on **December 17, 2014.** The Report notes a Regulatory Insufficiency in the area(s) of: Program Policies and Procedures.

Each Regulatory Insufficiency requires that the Program submit a written Plan of Correction (POC).

In preparing the POC, please use the tenant identifiers from the Report, i.e. Tenant #1, when reference is made to specific tenants. If your response includes a specific tenant's assessment or service plan, it is the Program's responsibility to conceal the tenant's name in order to maintain the tenant's anonymity. Your response shall include the following:

1. Elements detailing how the Program will correct each regulatory insufficiency.
2. What measures will be taken to ensure the problem does not recur.
3. How the Program plans to monitor performance to ensure compliance.
4. The date by which the regulatory insufficiency will be corrected.

Please note that all regulatory insufficiencies must be **corrected within 30 days of the date of the exit conference**; however, there may be situations where the timeframe may be shortened or lengthened, at the discretion of the department.

The POC must be submitted/emailed to DIA to my attention within ten (10) working days of receipt of this letter. It may be necessary for DIA to revisit the Program to confirm progress in fulfilling the POC's corrective measures.

As provided by IAC rule 481-67.14, you are afforded one opportunity to refute cited regulatory insufficiencies through the informal conference process. A request for an informal conference must be made within 20 working days of the notice or service of this letter and the final report. Please refer to rule 67.14 for more information.

If you have any questions in regard to the enclosed Report, please contact me at 515/281-7039 or **Rose.Boccella@dia.iowa.gov**

Sincerely,

Rose Boccella

Rose Boccella
Program Coordinator
Adult Services Bureau

Enclosure

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0139	A. BUILDING: _____ B. WING _____	C 12/17/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAKWOOD PLACE AL	4130 NORTHWEST BLVD DAVENPORT, IA 52806

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	481-67 Initial Comments 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: 39 Number of tenants with cognitive disorder: 2 Total population of Program at time of on-site: 41 Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 0 Number of tenants with cognitive disorder: 12 Total population of Program at time of on-site: 12 Total census of Assisted Living Program: 53 The following insufficiency was cited during the investigation of Incident # 50790:	A 000		
A 003	481-67.2 Program policies and procedures 481-67.2(231B,231C,231D) Program policies and procedures, including those for incident reports. 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. This REQUIREMENT is not met as evidenced by: Based on staff interviews, a review of Program	A 003		

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A 003	Continued From page 1 policies, the Program's internal investigation and tenant files, the Program failed to follow the Accidents and Incidents policy that was on file at the time of the investigation. A staff member failed to pass on to other staff who was responsible for administering medications, that due to an error, one tenant's medications should have been held until further instructions were given by the director. Findings include: 1. A review of tenant records revealed Tenant #1, a 90 year old, was admitted on 7-17-14 and diagnoses included: hospice care, hypertension, coronary artery disease, peripheral vascular disease, osteoarthritis, chronic kidney disease, constipation, congestive heart failure, hyperlipidemia and atrial fibrillation. Per family request and Tenant #1's service plan, Program staff did not set up the weekly medication box. Program staff only administered the medications to Tenant #1. Tenant #1 took the following medications on a daily basis: Docusate Sodium, Metolazone, Furosemide, Metoprolol, Potassium CL ER, Tramadol, Clucosa-Chon MSM supplement, Sea-Omega supplement, Warfarin and Simvastatin. 2. On 11-17-14, the department received a report from the Program regarding a medication error with unusual circumstances. A review of the Program's internal investigation of the medication error revealed an Unusual Occurrence report completed by the registered nurse (RN) Manager. The report indicated that Staff A went to administer Tenant #1's medications on 11-13-14 and accidentally dropped the medication box back into the drawer. Some of the medication box lids opened allowing medications to spill into	A 003		

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A 003	Continued From page 2 the drawer. Staff A attempted to put the medications back into the medication box and contacted the RN Manager to report the incident. The RN Manager told Staff A that she would address the error in the morning and have the family repackage the medication box. The RN Manager met with a family member the next morning to discuss the medication error. The family member stated it looked like a staff must have attempted to put the medications back into the box. The family member dumped out the entire box and repackaged. It is not known what day or time slots fell open and had medications drop out nor is it known which day or time slots were attempted to be refilled by Staff A. 3. On 12-17-14 at 1:00 pm, Staff B confirmed on 11-14-14 she came in to work her normal 1st shift position. Staff B was the scheduled medication administration staff. She stated she received no verbal or written communication about any medication error. She administered Tenant #1's morning medications that day. Staff B stated she did not notice anything usual about the medications, as far as the amount of pills, but she could not confirm if they were all the correct pills since staff do not fill the medication box. Staff B confirmed Program staff only administer the pre-filled by the family, medication box. Because Tenant #1 had a decline in general health due to his/her diagnosis status, which led to hospice care during the same week, it is unknown if there were any negative effects from the medications administered on the morning of 11-14-14. Tenant #1's physician was notified after the medication error and was kept abreast about any health care changes of Tenant #1.	A 003		

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A 003	Continued From page 3 4. On 12-17-14 at 1:44 pm, Staff A confirmed that she was the person that administered Tenant #1's night dosage of medications during 2nd shift (approximately 8:00 pm). Staff A stated she successfully took out Tenant #1's medication dose and placed it into an envelope to hand to the tenant. When Staff A attempted to put the medication box back into the drawer, she dropped the box into the drawer. Some of the medication box lids opened allowing medications to spill into the drawer. Staff A attempted to put the medications back into the medication box but could not figure it out without the pill bottle information. Staff A called the RN Manager at home to report the incident. The RN Manager told Staff A not to worry and that she would speak to the family of Tenant #1 and the medication box would get refilled correctly in the morning. Staff A relayed that she assumed the RN Manager would take care of the communication regarding the medication box and did not pass on any information either verbally or written to the next shift (3rd shift) or for the next day's 1st shift (11-14-14). 5. On 12-17-14 at 3 pm, the RN Manager confirmed that she assumed Staff A had passed on the information regarding the medication error to the 3rd and 1st shifts. Staff A agreed the information should have been passed on by either the RN manager or by Staff A. 6. A review of Program policies revealed an Accidents and Incidents policy. The referenced purpose of the policy stated: "To ensure the facility provides an environment that is free from hazards over which the facility	A 003		

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A 003	Continued From page 4 has control and provides appropriate supervision to each resident to prevent avoidable accidents. To ensure the facility has the following systems in place to prevent accidents and hazards: a. Identify hazard(s) and risk(s); b. Evaluate and analyze hazard(s) and risk(s); c. Implement interventions to reduce hazard(s) and risk(s); and d. Monitor for effectiveness and modify approaches as indicated." Although Program staff identified the hazard of the medication error (the medications were dropped and it was unknown if the medications were correctly placed back into the appropriate days/times), the Program staff did not appropriately evaluate/analyze the hazards or implement interventions to reduce risk, which would have likely included notifying all upcoming medication administration staff that an error occurred and that it was not safe to administer Tenant #1's medications until the family could confirm the medication dosages the next morning. On 11-17-14 at 3 pm, the RN Manager confirmed a breakdown of communication in this incident.	A 003		

Mary K. Harris, RN Manager
Oakwood Place Assisted Living
4126 NW Boulevard
Davenport, IA 52806
12/26/2014

Plan of Correction December 17, 2014
Complaint/Incident Intake#
50790-I

Program policies and procedures
IAC r. 481-67.2
Regulatory Insufficiency: *Program policies and procedures, including those for incident reports.* 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.

1. Elements detailing how the program will correct the insufficiency as it relates to the tenant:

Tenant #1 son continued to set up medications in a weekly medi-planner and locked prescription bottles that he could only have access to. Son was educated on the risk of medication errors without staff being able to identify the medication with the prescription bottle. Son agreed to take the risk. Each tablet was identified with color, shape, tablet, capsule and any markings by the RN manager. This was put in writing and included with the MAR for identification while passing medication. Resident was permanently transferred to Crest HCC on 12/22/2014.

2. The actions the program will take to protect tenants in similar situations.

Program staff will be educated that when they notice a hazard and/or risk of a medication error the staff will notify the nurse of the concern, secure the medication in question in the locked cabinet in the medication room also report to the on-coming staff a possible error exists and medications are not to be administered until checked by the nurse.
The nurse will explain to current and future residents or family members that request medications administered by program from a preset up medi-planner by the family is a risk for a medication error and program is unable to accept the responsibility. If the resident or family wishes for staff to administer medications the nurse will discuss safe methods that will help ensure residents receive the correct medications.

3. How the program plans to monitor performance to ensure compliance.

Program staff that pass medications will be educated that when they notice a hazard and/or risk of a medication error the staff will notify the nurse of the concern, secure the medication in question in the locked cabinet in the medication room also report to the on-coming staff a possible error exists and medications are not to be administered until checked by the nurse.
The nurse will explain to current and future residents or family members that request medications administered by program from a preset up medi-planner by the family is a risk for a medication error and program is unable to accept the responsibility. If the resident or family wishes for staff to administer medications the nurse will discuss safe methods that will help ensure residents receive the correct medications.

4. The date by which the regulatory insufficiency will be corrected.
There are no current residents in the program that medications are being administered by the staff from a medi-planner set up by a family member. Effective 12/13/14 nurse has and will be explaining to current and future residents or family members that request medications administered by program from a preset up medi-planner is a risk for a medication error and program is unable to accept the responsibility.

Program staff that pass medications will be educated by 01/09/2015 that when they notice a hazard and/or risk of a medication error the staff will notify the nurse of the concern, secure the medication in question in the locked cabinet in the medication room also report to the on-coming staff a possible error exists and medications are not to be administered until checked by the nurse.