IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
Lucas State Office Building
321 East 12th Street
Des Moines, IA 50319-0083
(515) 281-4115 Phone
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TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake #:
56269-I
57085-C

January 13, 2016

Ms. Paula Pierce, Executive Director
3801 Grand
3801 Grand Avenue
Des Moines, IA 50312

RE: Final Complaint/Incident Investigation Report, 3801 Grand, Des Moines, Iowa

Dear Ms. Pierce:

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 **January 5 - 7, 2016.** The following self-reported incident was investigated:

Staffing
Comments: The Program reported a situation where a tenant left the building. A thorough investigation of the elopement was completed and the Program implemented additional safeguards to prevent future elopements. No regulatory insufficiencies were cited as a result of the investigation.

The Report notes Regulatory Insufficiencies in the area(s) of: Program policies and procedures, Medications and Tenant Documents.

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
	S0003	A. BUILDING: _____ B. WING _____	C 01/07/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
3801 GRAND	3801 GRAND AVE DES MOINES, IA 50312

(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: 45 Number of tenants with cognitive disorder: 1 Total Population of Program at time of on-site: 46 Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 5 Number of tenants with cognitive disorder: 5 Total Population of Program at time of on-site: 10 TOTAL census of Assisted Living Program: 56 Incident 56269-I and Complaint 57085 -C were completed during this visit, Incident 56269-I resulted in no regulatory insufficiencies and Complaint 57085-C resulted in the following regulatory insufficiencies:	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.	A 003		

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A 003	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on policy review and interview the Program's incident reporting policy did not include direction to staff regarding the identification and reporting of medication errors. The program could not produce a policy/procedure/protocol regarding medication errors. This affected 2 of 3 tenants reviewed. 1. Review of the Program's incident reports for the past three months revealed no incident reports for medication errors. The Program's incident reporting policy did not include direction regarding the identification and reporting of medication errors. When interviewed on 1-7-16 at 11:00 a.m. the Director of Nursing confirmed the Program's Incident/Accident Reporting policy did not include direction for staff regarding medication errors. The DON confirmed the Program did not have any additional policies for the identification and reporting of medication errors. She futher confirmed a medication not administered due to lack of availablity would be considered a medication error.	A 003		
A 036	481-67.5(6)a Medications 481-67.5(231B,231C,231D) Medications. Each program shall follow its own written medication policy, which shall include the following: 67.5(6) 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 certified and	A 036		

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A 036	Continued From page 2 noncertified staff in accordance with subrule 67.9(4) or a physician assistant (PA) in accordance with 645-Chapter 327. Injectable medications shall be administered as permitted by Iowa law by a registered nurse, licensed practical nurse, advanced registered nurse practitioner, physician, pharmacist, or physician assistant (PA). This REQUIREMENT is not met as evidenced by: (Complaint 57085-C) Based on interview and review of Program documentation, tenant medications were not administered as ordered. Two tenant files were reviewed. 1. Tenant #1, a 75 year-old, was admitted on 11/8/09 and diagnoses included: Type 2 diabetes, prostate cancer, hypertension, seizures, history of aneurysms, stroke and seizures. Review of Tenant #1's Medication Administration Record (MAR) for November 2015 noted the following: a. 11/1 - Isosorbide Mononitrate (Isosorb mono tab 30 mg) and Asprin 81 mg (Aspir-Low tab 81 mg EC) - medication not available. b. 11/2 - Isosorb mono tab 30 mg and Aspir-Low tab 81 mg EC - medication not available. c. 11/3 - Warfarin 7.5 mg, Vitamin D 50000 unit cap, Isosorb mono tab 30 mg and Aspir-Low tab 81 mg EC - medication not available. d. 11/4 - Warfarin 7.5 mg, Aspir-Low tab 81 mg EC - medication not available. e. 11/5 - Warfarin 7.5 mg, Aspir-Low tab 81 mg EC - medication not available. f. 11/6 - 11/7 - Aspir-Low tab 81 mg EC - medication not available.	A 036		

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A 036	Continued From page 3 g. 11/9 - Blood sugar checks, Asmanex 60 AER 220 mcg, Clonidine tab .2 mg, Merformin HCL 500 mg tab, Novolog 100 unit/ml solution, Pottassium Chloride tab 20 meq er, trosipium chloride 20 mg tan and Warfarin 5 mg - out of facility. h. 11/10 - Aspir-Low tab 81 mg EC - medication not available. i. 11/11 - Blood sugar checks, Asmanex 60 AER 220 mcg, Clonidine tab .2 mg, Merformin HCL 500 mg tab, Novolog 100 unit/ml solution, Potassium Chloride tab 20 meq er, trosipium chloride 20 mg tab, Warfarin 7.5 mg - out of facility. k. 11/12 - 11/13 - Aspir-Low tab 81 mg EC - medication not available. l. 11/15 - 16 and 11/18 - Aspir-Low tab 81 mg EC - medication not available. m. 11/19 - 11/21 - Aspir-Low tab 81 mg EC and Phenytoin Sodium extended 100 mg cap - medication not available. n. 11/22 - 11/30 - Aspir-Low tab 81 mg EC - medication not available. Review of Tenant #1's Medication Administration Record (MAR) for December 2015 noted the following: a. 12/1 - Potassium Chloride tab 20 meq er, trosipium chloride 20 mg tab and Aspir-Low tab 81 mg EC- medication not available. b. 12/2 - 12/3 - trosipium chloride 20 mg tab and Aspir-Low tab 81 mg EC- medication not available. c. 12/4 - Isosorb mono tab 30 mg, Aspir-Low tab 81 mg EC, trosipium chloride 20 mg tab, Vitamin D 50000 unit cap - medication not available. d. 12/5 - 12/9 - Aspir-Low tab 81 mg EC- medication not available. e. 12/11 - Sertraline tab 100 mg and Vitamin D 50000 unit cap - medication not available. f. 12/12 - 12/14 - Aspir-Low tab 81 mg EC -	A 036		

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A 036	Continued From page 4 medication not available. g. 12/16 - 12/26 - Aspir-Low tab 81 mg EC - medication not available. h. 12/27 - 12/31 - Aspir-Low tab 81 mg EC - medication not available. Review of Tenant #1's service plan indicated the program is responsible for ordering, storage, preparation, reminders as to scheduling, and supervision. Medication stored in locked drawer in apartment. The DON admitted the Program would have been and is responsible to ensure tenants have and/or receive medications as ordered by the physician. 2. Tenant #2, a 81 year-old, was admitted on 10/23/14 and diagnoses included: depressive disorder, dementia, Parkinsonism, bradycardia and hypertension. Review of Tenant #2's Medication Administration Record (MAR) for November noted the following: a. 11/5 10:44 a.m. - 11/13 5:24 a.m. - Carbidopa-Levodopa 25 - 100 mg tab take one pill three times daily before meals - medication not available. b. 11/13 12:15 p.m. - Carbidopa-Levodopa 25 - 100 mg tab take one pill three times daily before meals- out of facility. c. 11/24 12:23 p.m. - Carbidopa-Levodopa 25 - 100 mg tab take one pill three times daily before meals- out of facility. During observations medicaton administration on 1/6/16, certified medication aide (CMA) A told this monitor that she goes to a tenant's room three times and if they tenant isn't there, she marks the MAR with out of the facility. Review of Tenant #2's MAR for December noted the following:	A 036		

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A 036	Continued From page 5 a. 12/4 3:44 p.m. -Carbidopa-Levodopa 25 - 100 mg tab take one pill three times daily before meals- out of facility. b. 12/8 - Allergy relief 10 mg tab, Amlodipine Besylates 5 mg tabs, Aspirin low strength 81 mg chew, hydrochlorothiazide 25 mg tabs, polyethylence glycol 3350 powder, Sertraline HCK 50 mg tab, Vitamin D 2000 unit tabs and Donepezil HCL 10 mg tabs - out of facility. c. 12/11 4:51 p.m. -Carbidopa-Levodopa 25 - 100 mg tab take one pill three times daily before meals- out of facility. d. 12/15 5:39 a.m. - Carbidopa-Levodopa 25 - 100 mg tab take one pill three times daily before meals - medication not available. e. 12/12 11:53 a.m. and 3:38 p.m. - Carbidopa-Levodopa 25 - 100 mg tab take one pill three times daily before meals- out of facility. f. 12/23 4:47 p.m. - Carbidopa-Levodopa 25 - 100 mg tab take one pill three times daily before meals- out of facility. g. 12/27 12:43 p.m. - Carbidopa-Levodopa 25 - 100 mg tab take one pill three times daily before meals- out of facility. h. 12/30 5:56 p.m. - Carbidopa-Levodopa 25 - 100 mg tab take one pill three times daily before meals- out of facility. Review of Tenant #2's service plan indicated the Program is responsible for ordering, storage, preparation, reminders as to scheduling, and supervision. Medication stored in locked drawer in apartment. The DON admitted the Program would have been and is responsible to ensure Tenants have and/or receive medications as ordered by the physician. When interviewed on 1/7/16 at 11:00 a.m. the DON could not provide additional information regarding CMA A's use of out of the facility to document three attempts to administer a Tenant's	A 036		

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A 036	Continued From page 6 medication. When asked to provide training information and/or documentation that staff administering medications had been given that direction, nothing could be provided. She also confirmed Tenant #1 and #2 did not receive medications the Program was responsible to ensure were given.	A 036		
A 077	481-69.25(1)o Tenant Documents 481-69.25(231C) Tenant documents. 69.25(1) Documentation for each tenant shall be maintained by the program and shall include: o. Incident reports involving the tenant, including but not limited to those related to medication errors, accidents, falls, and elopements (such reports shall be maintained by the program but need not be included in the tenant ' s medical record) This REQUIREMENT is not met as evidenced by: (Complaint 57085-C) Based on review of tenant files and a staff interview, incident reports were not completed when medication errors occurred. Two tenant files were reviewed. 1. Tenant #1, a 75 year-old, was admitted on 11/8/09 and diagnoses included: Type 2 diabetes, prostate cancer, hypertension, seizures, history of aneurysms, stroke and seizures. Review of Tenant #1's Medication Administration Record (MAR) for November 2015 noted the following: a. 11/1 - Isosorbide Mononitrate (Isosorb mono tab 30 mg) and Asprin 81 mg (Aspir-Low tab 81 mg EC) - medication not available.	A 077		

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A 077	Continued From page 7 b. 11/2 - Isosorb mono tab 30 mg and Aspir-Low tab 81 mg EC - medication not available. c. 11/3 - Warfarin 7.5 mg, Vitamin D 50000 unit cap, Isosorb mono tab 30 mg and Aspir-Low tab 81 mg EC - medication not available. d. 11/4 - Warfarin 7.5 mg, Aspir-Low tab 81 mg EC - medication not available. e. 11/5 - Warfarin 7.5 mg, Aspir-Low tab 81 mg EC - medication not available. f. 11/6 - 11/7 - Aspir-Low tab 81 mg EC - medication not available. g. 11/9 - Blood sugar checks, Asmanex 60 AER 220 mcg, Clonidine tab .2 mg, Merformin HCL 500 mg tab, Novolog 100 unit/ml solution, Pottassium Chloride tab 20 meq er, trosipium chloride 20 mg tan and Warfarin 5 mg - out of facility. h. 11/10 - Aspir-Low tab 81 mg EC - medication not available. i. 11/11 - Blood sugar checks, Asmanex 60 AER 220 mcg, Clonidine tab .2 mg, Merformin HCL 500 mg tab, Novolog 100 unit/ml solution, Potassium Chloride tab 20 meq er, trosipium chloride 20 mg tab, Warfarin 7.5 mg - out of facility. k. 11/12 - 11/13 - Aspir-Low tab 81 mg EC - medication not available. l. 11/15 - 16 and 11/18 -Aspir-Low tab 81 mg EC - medication not available. m. 11/19 - 11/21 - Aspir-Low tab 81 mg EC and Phenytoin Sodium extended 100 mg cap - medication not available. n. 11/22 - 11/30 - Aspir-Low tab 81 mg EC- medication not available. Review of Tenant #1's Medication Administration Record (MAR) for December 2015 noted the following: a. 12/1 - Potassium Chloride tab 20 meq er, trosipium chloride 20 mg tab and Aspir-Low tab 81 mg EC- medication not available.	A 077		

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A 077	Continued From page 8 b. 12/2 - 12/3 - trosipium chloride 20 mg tab and Aspir-Low tab 81 mg EC- medication not available. c. 12/4 - Isosorb mono tab 30 mg, Aspir-Low tab 81 mg EC, trosipium chloride 20 mg tab, Vitamin D 50000 unit cap - medication not available. d. 12/5 - 12/9 - Aspir-Low tab 81 mg EC- medication not available. e. 12/11 - Sertraline tab 100 mg and Vitamin D 50000 unit cap - medication not available. f. 12/12 - 12/14 -Aspir-Low tab 81 mg EC- medication not available. g. 12/16 - 12/26 - Aspir-Low tab 81 mg EC- medication not available. h. 12/27 - 12/31 - Aspir-Low tab 81 mg EC- medication not available. Review of Tenant #1's service plan indicated the Program is responsible for ordering, storage, preparation, reminders as to scheduling, and supervision. Medication stored in locked drawer in apartment. The DON admitted the Program would have been and is responsible to ensure Tenants have and/or receive medications as ordered by the physician. 2. Tenant #2, a 81 year-old, was admitted on 10/23/14 and diagnoses included: Depressive disorder, dementia, Parkinsonism, bradycardia and hypertension. Review of Tenant #2's Medication Administration Record (MAR) for November 2015 noted the following: a. 11/5 10:44 a.m. - 11/13 5:24 a.m.- Carbidopa-Levodopa 25 - 100 mg tab take one pill three times daily before meals - medication not available. b. 11/13 12:15 p.m. -Carbidopa-Levodopa 25 - 100 mg tab take one pill three times daily before	A 077		

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A 077	Continued From page 9 meals- out of facility. c. 11/24 12:23 p.m. - Carbidopa-Levodopa 25 - 100 mg tab take one pill three times daily before meals- out of facility. During observations medicaton administration on 1/6/16, certified medication aide (CMA) A told this monitor that she goes to a Tenant's room three times and if they Tenant isn't there she marks the MAR with out of the facility. Review of Tenant #2's MAR for December 2015 noted the following: a. 12/4 3:44 p.m. -Carbidopa-Levodopa 25 - 100 mg tab take one pill three times daily before meals- out of facility. b. 12/8 - Allergy relief 10 mg tab, Amlodipine Besylates 5 mg tabs, Aspirin low strength 81 mg chew, hydrochlorothiazide 25 mg tabs, polyethylence glycol 3350 powder, Sertraline HCK 50 mg tab, Vitamin D 2000 unit tabs and Donepezil HCL 10 mg tabs - out of facility. c. 12/11 4:51 p.m. -Carbidopa-Levodopa 25 - 100 mg tab take one pill three times daily before meals- out of facility. d. 12/15 5:39 a.m. - Carbidopa-Levodopa 25 - 100 mg tab take one pill three times daily before meals - medication not available. e. 12/12 11:53 a.m. and 3:38 p.m. - Carbidopa-Levodopa 25 - 100 mg tab take one pill three times daily before meals- out of facility. f. 12/23 4:47 p.m. - Carbidopa-Levodopa 25 - 100 mg tab take one pill three times daily before meals- out of facility. g. 12/27 12:43 p.m. - Carbidopa-Levodopa 25 - 100 mg tab take one pill three times daily before meals- out of facility. h. 12/30 5:56 p.m. - Carbidopa-Levodopa 25 - 100 mg tab take one pill three times daily before meals- out of facility. Review of the Program's Incident/Accident	A 077		

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A 077	Continued From page 10 reporting policy revealed the policy did not address the identification and reporting of medication errors. When interviewed on 1/7/16 at 11:00 a.m. the DON confirmed Tenants not receiving ordered medications would be considered a medication error and a report should have been filled out for the above examples.	A 077		

Plan of Correction for 3801 Grand
Complaint/Incident Intake #
56269-I
57085-C

Plan of Correction Date: January 22, 2016

481-67.2 Program policies and procedures

Correction: Please see attached MEDICATION ERROR POLICY AND PROCEDURES and MEDICATION ADMINISTRATION POLICY AND PROCEDURES. A copy of these new policies and procedures will be provided to, explained to, and reviewed with each existing LPN and CMA/MM by the RN, Nurse Manager by 1/22/16. These Policy and Procedures shall also be provided and explained to new staff responsible for medication administration at time of hire and during orientation.

481-67.5(6)a Medications

Correction: The program will change the delivery system in the following ways:

LPN/Assistant Care Coordinator Responsibilities delegated by RN Nurse Manager

- Ordering all medications pursuant to the Tenant Service Plan to ensure there is no gap in medication availability
- Receiving all medications
- Verifying all new medications appear on MARS and are noted in communication book
- All bottled medications will be set up in seven day medication planner
- Setting up distribution from all pharmacy-delivered medications
    - Performing cycle fill function from ValueMed
        - Delivering planners and securing in individual apartments
    - Receiving, storing, and setting up seven day planners for bottled medications
    - Receiving bubble packed medications
        - Delivering and securing bubble packed medications in individual apartments

LPN Record Keeping

- Record date ordered
- Record date received
- Record date delivered to apartment and verification of order on MARS (if new order)
- New meds or orders received after nurse hours will be texted to RN and LPN by CMA/MM in charge

CMA/MM will be delivering medications from planners or bubble packs only.
CMA/MM will be recording all medication, results and exceptions on eMar.
RN delegations will be reviewed annually.

Correction: Availability of Medications
Program will revise its Occupancy Agreement Exhibit A, Medication Management Policy and Procedures, to ensure Tenants and Tenant's families understand it is their responsibility to pay for prescription and over-the-counter drugs being administered by the Program. The revised policy also provides that if Tenant or Tenant's family refuse to pay for such medications, the Tenant's Occupancy Agreement may be terminated. A copy of the Exhibit A to the Occupancy Agreement showing the revisions is attached. Since the Program is subject to Landlord Tenant Law, it is required to provide 30 days notice of any changes to the Occupancy Agreement. These notices will be provided or mailed to Tenant and /or Tenant's designated legal representative or family member by January 29, 2016, and effective February 29, 2016. For new Tenants, this policy revision will be implemented effective January 29, 2016.

Correction: Re-training of CMA/MM

To teach medication administration and documentation
Curriculum will come from *Medication Administration in Assisted Living*

- All current CMA/MM will complete training with RN and pass final exam with a score of 80% or higher By February 7, 2016.
- All current CMA/MM will perform a minimum of one safe med pass with the RN by February 7, 2016
- New CMA/ MM will be required to complete the Medication Administration in Assisted Living course with a score of 80% or higher and one safe medication pass with RN.
- Beginning on the second year of service and each subsequent year, the CMA/MM will successfully complete a minimum of two hours continuing education on CE Solutions pertaining to medication delivery.
- Periodic medication administration spot checks will be done by RN annually and as needed.

481-69.25(1)o Tenant Documents

Correction: Please see attached MEDICATION ERROR POLICY AND PROCEDURES. Specific training will be given on reporting medication errors with supporting documents..

3801 Grand Assisted Living
MEDICATION ERROR POLICY

Effective Date: January 20, 2016

Purpose of Policy: To provide direction to staff to ensure understanding of how to avoid, identify, and report medication errors.

Any deviations from the "six rights of medication administration" may constitute a medication error.

1. Right individual
2. Right medication
3. Right dose
4. Right time
5. Right route
6. Right documentation

Procedures:

All incident reports related to medication error will be prepared by staff finding the error and will be turned into the RN, Nurse Manager.

If a dose missed is a daily, BID, TID dose it should be reported to the RN immediately so the RN can decide whether to administer the missed dose. QID medications outside of the allowed parameters will not be made up.

Medication error forms will be stored in the ALU and MC nurses station and must be filled out before the end of the shift. These errors will be reported to the RN by text message at the time of incident. Staff counseling or retraining will occur within 24 hours of the reported incident with such counseling or re-training documented in the employee's file.

The RN, Nurse Manager, will review the medication error reports with the LPN, CMA's and MM's on a weekly basis for education and training purposes. The program's Corporate RN will review medication error reports at least monthly and provide additional training or coaching to staff.

I have read and understand the policies and procedures outlined above .

_____

Employee name, title, and date

This policy supersedes any and all previous policies, whether verbal or written.

1/18/2016

MEDICATION ADMINISTRATION POLICY AND PROCEDURES

Effective Date: 1/22/2016

Purpose: *It is the intent of this policy to set forth basic guidelines in medication* administration and the documentation of the med pass.

Procedure:

1. *Identify all residents that have medications in the selected timeline. You will be* able to identify these quickly as the residents that need medications have a picture of them that is in color. If the residents picture is grayed out that resident does not have medications during that selected timeline.
2. Once you either pop out the medication in the bubble pack or take it out of the planner, you give all of the meds to the resident and stay with them until meds have been taken. In the event that the resident refuses their medications you would then document an exception.

Exceptions:

If there is an exception created you may document it one of three ways.

- Documenting an exception from the confirmation screen. All the medications will be checked off on the confirmation screen then click the next button in bottom right corner of the screen. The final confirmation screen appears with the drug names on the left side of the screen and the exceptions on the right. Click the exception that matches the drug that is not being given, this will be a drop down list.
- Documenting an exception while on the medication selection screen. Select all the medications being given and leave the medications that will not be given to the resident. When the "next" button is clicked a warning box will pop up with a drop down box. Select the appropriate exception then proceed as usual.
- Documenting an exception using the skip all button. On the medication selection screen there is a skip all button at the bottom of the screen. Click skip all and select the appropriate exception. This will apply to all the medications due at the selected medication pass time.

Selecting an exception and when to use an exception:

- Out Of Facility - This will be used when the resident is physically out of the building.. This could be caused by appointments, family outings, etc

- Given To Family To Give Later - This is to be used when medications are sent with the resident while they are out of the building. If the resident is going on a trip and several days worth of medications are being sent with them the first staff member will mark the MAR with this exception. Staff members making an exception after this will mark "out of facility".
- Withheld per DR/RN Orders - This will be used when it is deemed by the MD or RN that a medication should not be given.
- Physically Unable To Take - This is to be used if for some reason the resident is not able to swallow medications. If this occurs the RN is to be notified immediately.
- Resident Refused - This is marked when a resident has refused a medication. If this occurs the RN/LPN is to be notified for follow-up.
- Medication Not Available - This exception should only be used if a medication is not available after checking with the LPN to validate. Please chart the reason the medication is unavailable in the nurses notes.
- RN/LPN Gave Medication - An exception to be used if the RN/LPN has given the medication for the staff passing medications.

_____

Employee name, title, and date

This policy supersedes any and all previous policies, whether verbal or written.

Last Updated 01/22/2015

EXHIBIT A TO OCCUPANCY AGREEMENT
MEDICATION MANAGEMENT POLICY & PROCEDURES

POLICY:

Our Program shall not prohibit a tenant from self-administering medications. When Tenant delegates partial or complete control of medication management to the Community, the following policy shall be implemented.

Medications are stored safely, securely, and properly, following manufacturer's recommendations or those of the supplier, and in accordance with federal and state laws and regulations.

Medications (prescription and non-prescription) shall be stored in a designated **[locked]** area of the Tenant's apartment/room or in the Community's locked medication station. The medication supply is accessible only to authorized personnel.

If the Program has been delegated administration responsibilities, it is a violation of Iowa law not to administer medications as prescribed unless Tenant has refused medications at which time the Tenant refusal will be documented. However, the Tenant or the tenant's family is responsible for the payment of prescription medications as well as OTC drugs tenant may use. The Program shall not pay for medications on the tenant's behalf.

PROCEDURES:

1. The Program shall not prohibit a tenant from self-administering medications.

2. A tenant shall self-administer medications unless:

   a. The tenant or the tenant's legal respresentative delegates in the occupancy agreement or signed service plan any portion of medication setup to the Program.

   b. The tenant delegates medication setup to someone other than the Program.

   c. The program assumes partial control of medication setup at the direction of the tenant. The medication plan shall not be implemented by the Program unless the Program's registered nurse deems it appropriate under applicable requirements, including those in 655-Chapter 6 governing nurse delegation. The Program's registered nurse must agree to the medication plan.

3. A tenant shall keep medications in the tenant's possession unless the tenant or the tenant's legal representative, if applicable, delegates in the occupancy agreement or signed service plan partial or complete control of medications to the Program. The service plan shall include the tenant's choice related to the storage.

4. When a tenant has delegated medication administration to the Program, the Program shall maintain a list of the tenant's medications. If the tenant self-administers

medications, the tenant may choose to maintain a list of medications in the tenant's apartment or to disclose a current list of medications to the Program for the purpose of emergency response. If the tenant discloses a medication list to the Program in case of an emergency, the tenant remains responsible for the accuracy of the list.

5. When medication setup is delegated to the Program by the tenant, staff via nurse delegation may transfer medication from the original prescription containers or unit dosing into medication reminder boxes or medication cups.

6. When medications are administered traditionally by the Program:

   a) the administration of the medications shall be provided by a registered nurse, licensed practical nurse, or advanced registered nurse practitioner registered in Iowa or by an unlicensed assistant personnel in accordance with the requirements in 655-Chapter 6 governing nurse delegation.

   b) medications shall be kept in a locked place or container that is not accessible to persons other than employees responsible for the administration or storage of such medications.

   c) the Program shall maintain a list of each tenant's medications and document the medications administered.

7. Narcotics protocol shall be determined by the Program's registered nurse.

8. If medications are not able to be ordered or procured by the Program due to tenant or family not paying the pharmacy, a notice shall be provided and if not promptly corrected, this Occupancy Agreement may be terminated as provided in Section 2.2 of the agreement.

Dated:_____ **THE TENANT**

_____

THE COMMUNITY **TENANT'S LEGAL REPRESENTATIVE OR FAMILY MEMBER**

By: _____