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
	S0159	A. BUILDING: _____ B. WING _____	C 08/22/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MELROSE MEADOWS RETIREMENT COMM	350 DUBLIN DRIVE IOWA CITY, IA 52246

(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: 31 Number of tenants with cognitive disorder: 0 Total Population of Program at time of on-site: 31 TOTAL census of Assisted Living Program: 31 The following regulatory insufficiency was cited during the investigation of Complaint #62042-C.	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 review of policies and procedures and observation of four medication passes, the Program failed to follow it's policy and procedure regarding hand washing, gloving and use of hand sanitizer. 1. Observation on 8-18-16 at 10:40 a.m.,	A 003	See attached Plan of Correction DO 9/15/16	

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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A 003	Continued From page 1	A 003		

revealed Staff A washed her hands prior to adminstration of four oral meds to Tenant #7. Prior to the instillation of eye drops, she donned gloves, instilled the eye drops, removed the gloves and used hand sanitizer. Staff A failed to wash her hands prior to putting on the gloves.

2. On 8-18-16 at 11:00 a.m., Staff A started the medication pass by using hand sanitizer. She dispensed medications into a medication cup and left them on Tenant #5's counter. She left the apartment and went to the next tenant. She did not wash her hands at the end of the medication pass. In Tenant #6's apartment, she washed her hands with water only, no soap was available, nor were there any towels so she just shook her hands. Her hands were dripping with water and she got the medication package wet when she opened it. Medications were given to the tenant and Staff A put gloves on to complete a blood sugar check. Staff A failed to wash her hands prior to putting the gloves on. After documenting on the Medication Administration Record (MAR) and putting supplies away, she removed the gloves but could not find a wastebasket in the apartment so carried the used gloves into Tenant #1's apartment and disposed of them in a wastebasket. Staff A then washed hands with soap and water and dried them with a paper towel. Medications were administered. Handwashing was not completed at the end of the medication pass. Staff A proceeded to Tenant #4's apartment and took his/her blood pressure. Staff A failed to wash hands prior to or after the procedure. Upon arrival at Tenant #8's apartment, Staff A washed her hands with water only, no soap was available. Medications were dispensed into a medication cup and left on the counter for the tenant. No handwashing was done prior to leaving the apartment. Upon arrival

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A 003	Continued From page 2 at Tenant #9's apartment, Staff A used hand sanitizer. She dispensed the medications into a medication cup, gave to the tenant, observed the tenant swallow and walked away. No handwashing or hand sanitizer was used. 3. Observation on 8-18-16 at 2:55 p.m., revealed Staff A washed hands with water prior to administering medication to Tenant #3. There was no soap available. Upon completion of the medication administration, Staff A left the apartment. No hand washing or hand sanitizer was used at the completion of the medication pass. 4. On 8-18-16 at 3:55 p.m., Staff B began the medication pass by using hand sanitizer. At the end of the medication administration, she used hand sanitizer. Upon arrival at Tenant #9's apartment, Staff B unlocked the medication box, poured out the medications, gave them to the tenant and then washed her hands with water, no soap was available. She followed this by using hand sanitizer. No hand washing or hand sanitizer was used prior to giving Tenant #9's medication. Upon entering Tenant #10's apartment, Staff B put on gloves, got supplies ready for a blood sugar check, completed the process and removed the gloves and disposed of them in the apartment. Handwashing was not completed prior to or after gloving. Upon entering Tenant #2's apartment, Staff B used hand sanitizer, prepared all the supplies to do a blood sugar check and administration of insulin using an insulin pen. Staff B put on gloves, cleaned the tenant's finger and proceeded with the blood sugar check. After putting the supplies away, she removed the gloves, washed her hands with soap and water and used hand sanitizer. Staff B did not wash her hands prior to putting on the gloves.	A 003		

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A 003	Continued From page 3 Upon arrival at Tenant #11's apartment, Staff B did the entire medication pass without washing hands or using hand sanitizer before or after. At Tenant #12's apartment, Staff B unlocked the medication box, proceeded with the medication pass and used hand sanitizer before leaving the apartment. Staff B failed to wash hands or use a hand sanitizer at the start of the medication pass. 5. When interviewed on 8-22-16, the Assistant Nurse Manager stated the hand washing process is for staff to turn on the water, put soap on their hands, say the alphabet and then dry hands. She said they could use hand sanitizer during the second and third tenant's medication pass. After the third tenant, the staff must wash their hands with soap and water again. When using gloves, staff are to wash hands before putting on the gloves, do the task, remove the gloves and wash hands again. The Assistant Nurse Manager stated she trained the staff on how to complete medication administration. 6. When interviewed on 8-22-16, the Executive Director (ED) stated when staff start a medication pass they were to wash their hands using either hand or dish soap. Handwashing should last 20 seconds and then staff should dry their hands with a paper towel. When using gloves, staff should wash their hands, put on the gloves, complete the procedure, take the gloves off. At this point it would be acceptable to use hand sanitizer. The ED stated hand sanitizer could be used for two tenants but after the second tenant staff must go back and wash their hands. 7. According to the Program's Policy and Procedure on Handwashing, staff should lather with soap for at least 10 seconds, wash the front and back of hands, between fingers and under	A 003		

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A 003	Continued From page 4 nails. Staff should then rinse hands well under warm running water and dry completely with a clean towel. The policy indicated antibacterial gels should be used when soap and water are not readily available. To use correctly, staff should apply about a teaspoonful of the alcohol gel on the palm of one hand, then rub all over both hands, making sure to rub the front, back and fingernail areas of both hands. Let the alcohol dry, which should take about 30 seconds. Staffs A and B failed to follow the Program's policy and procedure on Handwashing or using Antibacterial Gels. Staff A and B also failed to follow the expected procedure outlined by the Assistant Nurse Manager or the ED in regards to use of gloves.	A 003		

9/15/16

Plan of Correction 9-8-16
Melrose Meadow Assisted Living
Re: Melrose Meadows Investigation #62042-C on 8-17, 8-18, and 8-22-16

1. **Regulatory Insufficiency – 481-67.2 Policies and Procedures.**
    a. All staff who administer medications received training specific to hand washing technique prior to and after passing medications. This was completed by the RN (ED), on September 2, 2016.
    b. A poster indicating a step by step hand washing process has been ordered and will be attached to the medication cart for staff reference.
    c. All staff who administers medications requiring gloves received training specific to hand washing prior to putting gloves on and after removing gloves. This was completed by the RN (ED) on September 2, 2016.
    d. All Personal Care staff received training specific to when to use hand sanitizer, how often they can use it and when they need to wash their hands in between use of hand sanitizer. This was completed by the RN (ED) on September 2, 2016.
    e. The cart staff use to pass medications is now stocked with antibacterial hand soap; hand sanitizer, paper towels and a trash can for staff to discard used gloves and paper towels. This was completed by the RN (ED) on September 7, 2016.
    f. The above training is measures taken by the RN (ED) to ensure staff know how to effectively wash their hands and use hand sanitizer in the appropriate way to ensure this problem doesn't happen again.
    g. Staff will be routinely observed by the ED and/or Nurse Manager to ensure compliance.
    h. All training and changes to the medication cart were completed by the RN (ED) on or before September 7, 2016.

DD 9/15/16