CAC 11/7/16

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
	S0081	A. BUILDING: _____ B. WING _____ VJK 11/7/16	09/06/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARLIN FALCK ASSISTED LIVING	911 RIDGEWOOD DR DECORAH, IA 52101

(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: 36 Number of tenants with cognitive disorder: 3 Total Population of Program at time of on-site: 39 TOTAL census of Assisted Living Program: 39 The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification for an Assisted Living Program:	A 000	See attached POC 10/28/16	
A 037	481-67.5(6)b 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: 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. This REQUIREMENT is not met as evidenced by: Based on observations, interview, and record review the Program failed to ensure appropriate storage and security of medications administered by the Program. This pertained to 2 of 3 tenants reviewed (Tenants #1 and #2).	A 037		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 037	Continued From page 1 Findings follow: 1. Observations of a medication pass on 8-31-16 at approximately 1:30 p.m. revealed Nurse #1 went to Tenant #1's unlocked apartment to assist with medications. Nurse #1 took a medication planner out of an unlocked kitchen cupboard and administered the medication to Tenant #1. Record review revealed Tenant #1's service plan, updated 7/15/16, identified his/her mediations were set up by Tenant #1's family. Tenant #1 required medication reminders/viewing services related to family request and some forgetfulness. The tenant's medications were stored in his/her locked apartment. Additional record review revealed Tenant #1's task sheet for August 2016. According to the task sheet, staff initialed for medication reminders and review each morning and at 1:30 p.m. and 5:30 p.m. 2. Additional observation on 8-31-16 revealed Nurse #1 went to Tenant #2's unlocked apartment. Nurse #1 washed her hands, donned gloves and then instilled Tenant #2's eye drops. The eye drops were kept on a table next to Tenant #2's chair. Record review revealed Tenant #2's service plan, updated 7/5/16, identified the tenant's medications were set up by the nurse and medication reminders were given with medication viewing at times. Tenant #2's medications were locked in his/her apartment. The service plan also indicated Tenant #2 had orders for eye drops and staff would assist with eye drops per doctor orders.	A 037		

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A 037	Continued From page 2 Additional record review revealed Tenant #2's task sheet for August 2016. The task sheet contained staff initials for medication reminders and nebulizer treatments, as well as assistance with eye drops each morning and at 1:00 p.m., 5:00 p.m. and 8:00 p.m. 3. Record review revealed the Program's policy regarding medications indicated all medications would be stored in a tenant's locked apartment. The policy advised the Program could provide medication setup, reminders and viewing if needed. A tenant's medications could be set up in a medication planner weekly by the registered nurse according to signed physician orders. Reminders would be in the form of a verbal cue from the on-duty staff and then documented. The policy noted the Program did not physically administer medications or injectables. 4. When interviewed, Nurse #2 explained Tenant #1 received a medication reminder and view. Tenant #1's medications were kept in the cupboard. Tenant #2 received medication set up and reminder for oral medications. Staff assisted with the administration of Tenant #2's eye drops and staff handed Tenant #2 nasal spray and mouth spray. Tenant #2 also had a nebulizer treatment and staff loaded the vial into the machine. Nurse #2 explained the nurse, staff, and tenants all had keys to tenant apartments. She did not know if maintenance or housekeeping staff had keys.	A 037		
A 205	481-69.28(6) Food Service 69.28(6) Programs engaged in the preparation and service of meals and snacks shall meet the standards of state and local health laws and	A 205		

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A 205	Continued From page 3 ordinances pertaining to the preparation and service of food and shall be licensed pursuant to Iowa Code chapter 137F. This REQUIREMENT is not met as evidenced by: Based on observations, interviews, and record review the Program failed to meet minimum standards of state and local health laws and ordinances pertaining to the preparation and service of food and be licensed in accordance with Iowa Code chapter 137F. This potentially affected 39 of 39 tenants residing at the Program. Findings follow: Observations revealed the Program attached by structure to a nursing home. The Program had a kitchen; however, meals were prepared in the nursing home kitchen and brought to the Program. The Program's kitchen did not have a food license. Additional observation revealed the Program's kitchen had equipment including: microwave, steam table, commercial dishwasher, kitchen sink, hand washing sink, an eye wash station, convection oven and a refrigerator. In a cupboard non-single service food items were stored including: sliced peaches, prunes, mandarin oranges, salt, mustard and preserves. In the refrigerator non-single service food items were stored including: yogurt, half and half, salad dressing, butter, hard boiled eggs, a gallon of milk, syrup, ketchup, and a two liter of soda. When interviewed, Staff C explained breakfast was continental and included: bread, cereal, fruit, hard boiled eggs and pastries. Muffins were	A 205		

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A 205	Continued From page 4 made in the convection oven. Dishes were washed in the dishwasher (commercial) at the Program. When interviewed the Social Services Director explained the lunch and evening meals came from the nursing home. Breakfast supplies came from the nursing home and no cooking was completed at the Program. Eggs were brought over in a slow cooker and bacon was heated in the microwave once a week. Staff did not fry any foods and they did not have a stove/oven. There had not been any issues with food bourne illnesses. According to the Program's policy and procedure regarding food service and meals, continental breakfast was available in the commons dining area between 6:30 a.m. to 9:00 a.m. daily. The noon meal would be provided in the commons dining area at 11:45 a.m. Evening meals would be provided at 5:45 p.m. for an extra fee. Snacks would be available in the afternoon and daily menus would be posted. According to the policy and procedure regarding food storage, the purpose was to store food safely in accordance with regulations. All foods would be stored in clean, covered containers. Food would be labeled and dated immediately after opening. Juice would be kept in original containers.	A 205		

Barthell OES Home Plan of Correction
2016 State Visit

For Prefix Tag A 037 –

We revised our Medication Policy (see attached) to reflect specifics regarding our medication administration policy, and that medications the Program are in charge of shall be stored in a locked container that is not accessible to persons other than employees responsible for the administration or storage of such medications. This policy was officially revised on 10/19/16. Tenants/responsible parties were given an addendum to their Occupancy Agreement (see attached) to read and sign. The AL nurses will be meeting with the tenants/responsible parties who are directly affected by this change by needing the implementation of the locked boxes, and will begin these meetings once the locked containers arrive (they were ordered by our Maintenance Supervisor on 10/24/16. The AL nurse and AL Attendants on duty will be the only individuals that have the keys to the boxes. All AL staff began to review the revised medication policy on 10/24/16.

Tenant #1: The AL nurse visited with Tenant #1 and his daughter, who sets up his medications. Tenant #1 has designated the Program to do medication reminders/viewing only. Tenant #1 and his responsible party are resistant to using a locked container at this time, and insist Tenant #1 can take his own medication without staff's hands-on assistance. They would like AL staff do verbal cueing only. To respect tenant's autonomy and goals for independence, a 6-day trial run was instituted and Tenant #1 did prove his ability to take medications independently, without AL staff hands-on assistance. Tenant and family were notified by AL nurse that if (in future) tenant proves unable to take medications without hands-on assistance, the locked container will be initiated.

Tenant #2: AL nurse locked Tenant #2's meds, eye drops, and nebulizer equipment in a locked box purchased by the family beginning on 9/19/16 (this occurred at the direction of the Program and was not related to the State visit) therefore, this situation has already been remedied and it has been going well.

Audits by an AL Nurse will be completed as follows to ensure compliance (2 random tenants receiving med services will be selected at each interval): once a week for four weeks, once a month for three months and quarterly thereafter until audits have been performed for a total of one year. Results will be presented to the Quality Assurance Committee.

Going forward, when a tenant's service needs relating to medications or treatments change, we will implement our revised policy with that tenant. Enough locked containers have been ordered so will have enough for implementation and will have extra containers on hand.

For Prefix Tag A 205 –

Non single service foods/beverages will be removed from the cupboards and refrigerators by 10/28/16. Items will be replaced with single serve items by 10/28/16.

Items which meet Iowa Code Chapter 137F, including: "baked goods that do not require temperature control for safety may be stored in the program's kitchen and provided as part of a continental breakfast" and "individual quantities of tenant-requested menu-substitution food items that require limited or no preparation, such as peanut butter or cheese sandwiches or a single-service can of soup…The food items necessary to prepare the menu substitution may be stored in the program's kitchen" per 69.28(6) will remain in the kitchen.

An application is being completed by the Administrator of the Barthell OES Home d/b/a Arlin Falck Assisted Living. The required information is being collected and in addition the fees will be sent to D.I.A. for licensure of the kitchen in the Assisted Living. We anticipate mailing the license to D.I.A. on October 25th, 2016.

Audits by the A.L. social worker will be completed as follows to ensure compliance: once a week for four weeks, once a month for three months and quarterly thereafter until audits have been performed for a total of one year. Results will be presented to the Quality Assurance Committee.

The insufficiency will be corrected by 10/28/16 (short-term) and when the application for a licensed kitchen is approved by D.I.A. (long-term).