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
	S0284	A. BUILDING: _____ B. WING _____	C 10/12/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WHISPERING WILLOW ASSISTED LIVING	601 DAWN AVENUE FREDERICKSBURG, IA 50630

(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: 8 Number of tenants with cognitive disorder: 2 Total Population of Program at time of on-site: 10 Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 0 Number of tenants with cognitive disorder: 6 Total Population of Program at time of on-site: 6 TOTAL census of Assisted Living Program: 16 During the recertification to determine compliance with certification of an Assisted Living Program and the Complaint investigation 62900-C, the following regulatory insufficiency was cited.	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		

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
	S0284	A. BUILDING: _____ B. WING _____	C 10/12/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WHISPERING WILLOW ASSISTED LIVING	601 DAWN AVENUE FREDERICKSBURG, IA 50630

(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 003	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on observations, interviews and record reviews the Program failed to consistently follow policies and procedure related to medication administration. This affected 3 of 5 tenants. (Tenants #1, #4, and #5) Findings follow: 1. Observations on 10/11/16 at 1:10 p.m. revealed Staff A administered medications to Tenant #4. During the medication administration Staff A mentioned she administered a PRN (as needed) pain medication (tramadol) to Tenant #4 earlier that day. Observations of the Medication Administration Record (MAR) revealed Staff A had not signed the MAR after administering the tramadol. Review of the Program's Medication policy on 10/11/16 revealed PRN medications were to be charted when administered with a follow-up check in 30 minutes, which was also to be charted. When interviewed at the time of the medication administration Staff A confirmed she failed to chart the PRN and follow-up. On 10/12/16 at 9:45 a.m. the nurse and administrator confirmed Staff A failed to follow policy when she did not sign the MAR at the time she administered the PRN. 2. Record review on 10/11/16 revealed two Medication/Treatment Error Reports dated 8/29/16 and 8/31/16 documenting that staff	A 003	Whispering Willow does follow policies and procedures related to medication administration. 1. Staff A was re-educated on policy and procedures by Manager and RN. This will also be reviewed at inservice scheduled for November 8, 2016. This will be monitored by RN quarterly. 2. Staff members with the medication errors are no longer employed by Whispering Willow. New policy and procedures for monitoring expired medications has been put in place. RN to monitor PRN medications for expiration monthly. Staff will also be educated on this policy at inservice scheduled for November 8, 2016. This will be monitored by Manager quarterly. 3. Manager will re-educate all staff at inservice on November 8, 2016 about importance of not borrowing meds from other tenants. This will be resolved by our updated policy on reordering medication by universal workers and not the RN. New policy has been put into place. This will be monitored by manager that meds are not borrowed. 4. New policies have been put into place that involve ordering medications and expired medications. All staff have been informed of these changes and will be covered at the November 8th inservice also. Changes to policies include RN to check for expired meds monthly and universal workers to reorder medications as needed. These will be monitored by RN and Manager.	

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
	S0284	A. BUILDING: _____ B. WING _____	C 10/12/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WHISPERING WILLOW ASSISTED LIVING	601 DAWN AVENUE FREDERICKSBURG, IA 50630

(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 003	Continued From page 2 administered Albuterol Nebulizer to Tenant #1 on two occasions after the prescription had expired. Further review revealed a document used by Universal Workers to communicate with the Nurse. On the form Staff B noted that she had administered Albuterol to Tenant #1 on 8/24/16 at bedtime for coughing and the medication was expired as of October 2015. When interviewed on 10/12/15 at 11:50 a.m. the Nurse confirmed the Program did not have a system in place to monitor prescriptions for expiration. 3. When interviewed on 10/12/16 Staff A said she had been told by the Nurse to borrow insulin from another tenant when Tenant #5 ran out. When interviewed on 10/12/16 at 8:55 a.m. the Nurse admitted she had told staff they could use another tenant's insulin for Tenant #5 who had ran out over a weekend/holiday. According to the nurse she had taken the keys to the lock box which contained extra insulin pens. Tenant #5 needed insulin so staff had no other option. During an interview on 10/11/16 at 11:50 a.m. the Nurse said she expected the Universal Workers to monitor and order medications for tenants. She also explained staff should have notified her by telephone when Tenant #1's Albuterol had expired. 4. Record review revealed the Program's Medication Policy included the following statement: "The nurse will order medication for tenants who receive medications (sic) management as needed." Therefore, the nurse failed to follow the Program's medication policy	A 003		

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
	S0284	A. BUILDING: _____ B. WING _____	C 10/12/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WHISPERING WILLOW ASSISTED LIVING	601 DAWN AVENUE FREDERICKSBURG, IA 50630

(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 003	Continued From page 3 which resulted in administration of expired medications and the need to borrow another tenant's insulin. During the exit interview on 10/12/16 at 10:05 a.m. the nurse and administrator acknowledged the policy had not been followed.	A 003		