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
	S0056	A. BUILDING _____ B. WING _____	C 10/24/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE COURT	1499 OFFICE PARK RD WEST DES MOINES, IA 50265

(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: 22 Number of tenants with cognitive disorder: 1 Total Population of Program at time of on-site: 23 TOTAL census of Assisted Living Program: 23 The following regulatory insufficiencies were cited during the investigation of Incident 62640-I :	A 000	See attached POC 11/17/16	
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 interviews and record review the Program failed to ensure staff consistently followed the Program's medication administration policy. This affected 3 of 3 tenants (Tenant #1, Tenant #2, and Tenant #3) identified as a result of	A 003		

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 Incident 62640-I. Findings follow: Record review on 10/20/16 revealed a report from a consultant to the Program dated 8/12/16. According to the report the consultant identified several areas of concern with the Program's administration of medication to tenants and following policy. The following concerns were identified: Tenant #1 a. 8/1/16 7:00 a.m. blood sugar not documented b. 8/5/16 Noon Hydrocodone not signed as given c. 8/11/16 Noon medication already signed off as given with the a.m. medication pass. Tenant #2 a. 8/1/16 HS Ferrous Sulfate not signed as given b. 8/10/16 HS Pulmicort not signed as given c. 8/1/16 Oxycodone given no documentation of the medication sheet d. 8/1/16 Methcorbamol given no documentation of the PRN (as needed) sheet e. 8/2/16 Oxycodone given twice with no documentation on PRN sheet f. 8/3/16 Oxycodone given three times and only documented once on the PRN sheet g. 8/4/16 Oxycodone given; no documentation on the PRN sheet h. 8/4/16 PRN Oxycodone given; no documentation on the PRN sheet i. 8/9/16 PRN Oxycodone given twice with no documentation on the PRN sheet Tenant #3 a. 8/5/16 a.m. Century Senior not signed as given	A 003		

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A 003	Continued From page 2 b. 8/5/16 a.m. Ferrous Sulfate not signed as given c. 8/5/16 a.m. Lasix not signed as given d. 8/5/16 a.m. Losartan not signed as given e. 8/5/16 a.m. Nasonex not signed as given f. 8/5/16 Omeprazole not signed as given g. 8/5/16 a.m. Potassium not signed as given h. 8/5/16 a.m. Vitamin D not signed as given i. 8/5/16 a.m. Calcium plus D not signed as given j. 8/5/16 a.m. Clonidine not signed as given k. 8/5/16 a.m. Glucos/Chond not signed as given l. 8/5/16 a.m. Tears Naturale not signed as given m. 8/5/6 p.m. Senna S not signed as given n. 8/4/16 a.m. Hydrocodone given twice with no documentation 0. 8/3/16 a.m. Hydrocodone given twice with no documentation p. 8/2/16 a.m. Hydrocodone given twice with no documentation q. 8/1/16 PRN Hydrocodone given with no documentation on the PRN sheet Record review on 10/20/16 revealed the Program's Medication Policy and Procedure. The Special Emphasis section revealed the following direction to staff: a. Chart each tenant's medication immediately after administration. Chart as you give. b. Check the MAR (medication administration record) at the end of the shift to be sure everything is signed off appropriately. Additionally, the Narcotic Storage Policy included the following statement: after narcotics are administered be sure that they are charted on the MAR, if it is a PRN med make sure it is charted on the MAR, on the back of the MAR including the date, time of administration. Reason given and signature of the nurse/cma (certified	A 003		

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A 003	Continued From page 3 medication aide). Be certain that there is a follow up documented on the back of the MAR. When interviewed on 10/19/16 at 1:15 p.m. the Program's Register Nurse (RN) confirmed the program staff failed to follow medication policy and procedure in the above mentioned examples.	A 003		

12/14/16

A 003 – 481-67.2 Program Policies and Procedures

All staff was in-serviced on medication policies and procedures along with hand hygiene on 9/27/2016.

Staff will sign off medications at the time they are administered. Staff also does a second check of meds sheets to assure that all meds have been administered and signed, and that all PRN medications have been documented appropriately and have response regarding effectiveness. The Director of Assisted Living will check MARS and TARS 2 times a week for gaps, order clarifications if needed, tenant refusals and increased use of prn medications.

The Director of Assisted Living will also conduct visual med pass observation audits annually and randomly on individuals that pass medication in the Heritage Court Assisted Living. The Director of Assisted Living also reviews delegated procedures for blood sugars, insulin and osteoporosis medications and any other medications that may be ordered that have specific directives for administration.

When state monitor [redacted] was here for this incident, she was informed that many of the identified concerns that were listed in this document were limited to one individual who was removed from Heritage Court Assisted Living on 8/12/16.

The Director of Assisted Living or designee will monitor for compliance and the results will be brought to the Quality Assurance team at least quarterly for review.

Date of Compliance 11/17/2016.