CAC 12/30/16

PRINTED: 12/05/2016
FORM APPROVED

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 |
|---|---|---|---|
| | S0113 | A. BUILDING: _____ B. WING _____ | C 11/09/2016 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| GARNETT PLACE | 202 35TH ST DR SE CEDAR RAPIDS, IA 52403 |

| (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 |
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| A 000 | 481-67 Initial Comments<br><br>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.<br><br>*General Population Program*<br><br>*Number of tenants without cognitive disorder:* 16<br>Number of tenants with cognitive disorder: 0<br>*Total Population of Program* at time of on-site: 16<br><br>Dementia-Specific Program by Dedication<br><br>Number of tenants without cognitive disorder: 5<br>Number of tenants with cognitive disorder: 2<br>Total Population of Program at time of on-site: 7<br><br>TOTAL census of Assisted Living Program: 23<br><br>Investigation of Complaint #62220-C was completed. There were regulatory insufficiencies identified related to Complaint #62220-C and during the course of the investigation. | A 000 | See attached POC 12/30/16 | |
| A 147 | 481-67.5(6)d Medications<br><br>481-67.5(231B,231C,231D) Medications. Each program shall follow its own written medication policy, which shall include the following:<br>67.5(6) When medications are administered traditionally by the program:<br>d. Medications shall be administered as prescribed by the tenant's physician, advanced registered nurse practitioner or physician assistant.<br><br>This REQUIREMENT is not met as evidenced | A 147 | | |

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| A 147 | Continued From page 3 | A 147 | | |

b. According to a Physician Order document, the following was ordered: antacid anti-gas 30 milliliters (ml) by mouth before meals and at bedtime, Docusate Sodium 100 milligrams, one capsule by mouth two times daily as needed, milk of magnesia 30 ml by mouth daily as needed, Zeasorb-AF apply topically to affected areas as needed and Calmoseptine ointment, apply topically to affected area(s) twice daily and as needed.

c. Review of October 2016 and November 2016 MARs revealed the following physician ordered treatments and medications not included: antacid anti-gas, Docusate Sodium, milk of magnesia and Povidone-Iodine.

Zeasorb-AF 2% was reflected on the MARs; however, was documented as completed twice daily on a scheduled basis and not as needed.

October and November 2016 MARs reflected the completion of the Calmoseptine ointment twice daily; however, the as needed portion of the order was not reflected on the MAR.

d. Further review of October and November 2016 MARs indicated the completion of Cetaphil moisturizing lotion, apply to affected area topically every day and evening shift.

The October and November 2016 MARs indicated the completion of Ketoconazole cream 2%, apply to under arms topically every morning and at bedtime for itching. Staff to hand cream to Tenant #2 and he/she would apply.

The Physician's Order document did not reflect orders for the Cetaphil moisturizing lotion or the

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| A 147 | Continued From page 4<br>Ketoconazole cream to the under arms.<br><br>e. Further review of Tenant #3's record revealed an order for Povidone-Iodine 10 % swabs, swab left and right foot blisters twice daily. The order was changed to twice daily as needed on 11-8-16.<br><br>When interviewed on 11-9-16 at 2:45 p.m. Tenant #3 stated staff put Iodine on his/her toes.<br><br>An interview with the Nurse on 11-9-16 at 1:36 p.m. revealed staff applied Iodine on Tenant #3's toe/foot everyday in the morning for five days. Staff was not putting Iodine on Tenant #3's feet at the time of the investigation.<br><br>5. According to the Program's policy regarding medications, staff must consistently follow the six "Rights" for proper and accurate administration of medications including: the correct medication, dose, time, tenant, route and documentation of the medication. | A 147 | | |
| A 089 | 481-69.26(4)a Service Plans<br><br>481-69.26(231C) Service plans.<br>69.26(4) The service plan shall be individualized and shall indicate, at a minimum:<br>a. The tenant's identified needs and preferences for assistance<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on record review and interview the Program failed to develop individualized service plans that indicated the tenants' identified needs | A 089 | | |

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| A 089 | Continued From page 5<br>and preferences for assistance. This pertained to 3 of 3 tenant files reviewed (Tenants, #1, #2 and #3).<br><br>Findings follow:<br><br>1. Record review of Tenant #1's file revealed the following:<br><br>a. A physician's order for Calmoseptine *ointment, apply topically to irritated skin three* times daily and Bacitracin to the knees daily, *cover with dressing (Band-Aid).*<br><br>According to Summary/Case Conference Report Follow-up document (home care service document), Tenant #1 had a left buttock ulceration measuring 1.0 x 0.5 x 0.1 centimeters (cm), it was 100% red, there was no drainage and edges were within normal limits (WNL). The right knee was 2.0 x 2.0 x 0.1 cm and the left knee measured 2.0 x 2.5 x 0.1 cm, both knees were 100% red, there was a moderate amount of serous yellow drainage. The edges were WNL. Staff was to provide wound care on the days no skilled nursing visit was made.<br><br>Task sheets for October and November 2016 reflected staff documented the completion of the application of Calmoseptine to the perineal area twice daily. Staff documented the completion of Bacitracin ointment to both knees and to cover with a cloth Band-Aid twice daily.<br><br>An interview with Staff A on 11-8-16 at 1:31 p.m. revealed Tenant #1 had a home health agency that treated the sore on the buttocks. Staff applied a barrier cream.<br><br>An interview with Staff B on 11-8-16 at 1:50 p.m., | A 089 | | |

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| A 089 | Continued From page 6<br><br>revealed staff applied a barrier cream with every toilet assist for Tenant #1 and it was not an open area.<br><br>Review of Tenant #1's Service Plan, dated 10-13-16, revealed staff administered medications to Tenant #1, Calmoseptine ointment was applied on the buttocks to promote healing at least three times daily and the area was thin and easily stressed. The service plan failed to reflect the wound on Tenant #1's buttocks and the home health agency involvement with the wound. The service plan did not reflect the areas on Tenant #1's knees and the treatment.<br><br>b. According to Progress Notes dated 8-15-16, Tenant #1 was fitted with a hand brace. Progress Notes dated 9-29-16 indicated staff assisted Tenant #1 with the application and removal of the wrist brace to the right hand.<br><br>Task sheets for October and November 2016 failed to include the application or removal of the hand brace.<br><br>Tenant #1's service plan, dated 10-13-16, failed to reflect the wrist brace and staff assistance with the application and removal of the brace.<br><br>c. According to a Summary Report-Discharge Physical Therapy (PT) document, PT services were discontinued on 10-7-16.<br><br>Tenant #1's service plan dated 10-13-16 reflected he/she received PT services. The service plan did not reflect the discontinuation of PT services.<br><br>When interviewed on 11-9-16 at 1:36 p.m. the Nurse revealed PT services were discontinued for Tenant #1 . The nurse further noted Tenant #1 | A 089 | | |

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| A 089 | Continued From page 7<br>still wore the wrist brace. Occupational therapy was still working with Tenant #1. The sore was a small sore and Calmoseptine ointment was applied to the buttock. A home health agency treated the wound twice a week and staff applied Calmoseptine ointment after each toileting assist. Bacitracin was applied to Tenant #1's knees.<br><br>2. Record review of Tenant #2's file revealed the following:<br><br>a. A physician's order for Aquaphilic ointment, apply topically to affected areas twice daily and Triamcinolone 0.025% ointment apply topically to affected area twice daily.<br><br>Review of medication administration records (MARs) from August, September and October 2016 reflected staff documented the completion of the application of Aquaphilic ointment twice daily. MARs from August, September and October 2016 reflected staff documented the completion of the application of Triamcinolone ointment topically once daily to affected areas.<br><br>An interview with Staff B on 11-8-16 at 1:50 p.m. revealed Aquaphilic ointment was applied to Tenant #2's chest, arms and back for dry skin.<br><br>Tenant #2's service plan last updated on 12-9-16 reflected staff administered medications to Tenant #2. The service plan failed to note physician ordered treatments completed by staff, as well as the issues with Tenant #2's skin that required physician ordered treatments.<br><br>An interview with the Nurse on 11-9-16 at 1:36 p.m. revealed the Aquaphilic ointment was for dry skin on Tenant #2's back. The Triamcinolone | A 089 | | |

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| A 089 | Continued From page 8<br>ointment was for the under arm area for Tenant #2.<br><br>3. Record review of Tenant #3's file revealed the following:<br><br>a. Progress Notes dated 9-7-16 indicated Tenant #3 was admitted to the hospital for cellulitis and had intravenous antibiotic infusion. Progress Notes dated 10-18-16 came back to the Program post hospitalization and nursing home placement for rehabilitation.<br><br>The Comprehensive Assessment dated 10-18-16 indicated Tenant #3 had an infection in the last 90 days (cellulitis).<br><br>The service plan, dated 10-18-16 failed to reflect the recent cellulitis infection.<br><br>b. Tenant #3's physician's orders included: Povidone-Iodine 10 % swabs, swab left and right foot blisters twice daily (changed to twice daily as needed 11-8-16); Calmoseptine ointment to be applied topically to affected area(s) twice daily and as needed; Zeasorb-AF 2% powder apply topically to affected area(s) as needed was ordered.<br><br>The October and November 2016 MARs (at the time of the investigation) documented the completion of the application of Calmoseptine ointment twice daily, Cetaphil twice daily, Zeasorb-AF twice daily and Ketoconazole twice daily. The documentation of the Povidone-Iodine treatment was not completed.<br><br>An interview with Staff A on 11-8-16 at 1:31 p.m. revealed Tenant #3 had a cream for the groin | A 089 | | |

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| A 089 | Continued From page 9<br>area and staff applied Iodine to Tenant #3's toes.<br><br>The Comprehensive Assessment dated 10-18-16 indicated Tenant #3 had skin concerns related to left and right gluteal folds and Calmoseptine was applied to keep skin dry from any urine leakage.<br><br>Tenant #3's service plan dated 10-18-16 indicated there were special skin issues and there were lotions to problem area to keep intact and staff administered Tenant #3's medications. The service plan failed to reflect the treatments that were physician ordered and completed by staff or the issues with Tenant #3's skin that required physician ordered treatments.<br><br>An interview with the Nurse on 11-8-16 at 4:00 p.m. revealed the Calmoseptine ointment and Cetaphil lotion were for Tenant #3's groin area, the Zeasorb-AF was for under arms and the Povidone-Iodine was for blisters on the feet (when blisters were present).<br><br>c. Tenant #3's Comprehensive Assessment, dated 10-18-16, indicated Tenant #3 preferred assistance with the continuous positive airway pressure (CPAP) equipment.<br><br>The service plan also did not reflect the recent cellulitis infection or the use of a CPAP.<br><br>When interviewed on 11-9-16 at 1:36 p.m. the Nurse revealed Tenant #3 was independent with the CPAP.<br><br>4. According to the Program's policy regarding service plans, the service plan would identify all services needed and/or requested by tenant, who would provide the service, outcomes related to the service and the service provider if other than | A 089 | | |

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| A 089 | Continued From page 10<br>the program. | A 089 | | |

CAC 12/30/16 √ 1/3/17

**Garnett Place**
**202 35th Street Drive SE**
**Cedar Rapids, Iowa 52403**

**December 19, 2016:**

**Complaint Intake #:** 62220-C

**Plan of Correction (POC) Submitted For:**

- Investigation Date: November 8 and November 9 2016.
- Monitor: Catie Campbell, Department of Inspections and Appeals

**POC:**

**A. Regulatory Insufficiency A147 - Medications: 481-67.5(6)d** Insufficiency: A147 *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: d. Medications shall be administered as prescribed by the tenant's physician, advanced registered nurse practitioner or physician assistant.*

**Program POC:**

**1. Elements detailing how insufficiency was corrected for residents:**

- An audit will be conducted by the Programs Health Care Coordinator (HCC) of tenants #1, #2 and #3 service plans and physician ordered treatments and medications, to ensure compliance with prescribed treatments and medications including assistive devices.
- This will be completed by 12/30/16 and performed as needed thereafter.

**2. Actions program taking to protect tenants in similar situations:**

- All tenant service plans and physician ordered treatments and medications including assistive devices will be reviewed by the Programs Health Care Coordinator (HCC) to ensure prescribed treatments and medications are being followed.
- This will be completed by 12/30/16 and as needed.

**3. Measures taken to ensure problem does not recur:**

- All tenant service plans and physician ordered treatments and medications including assistive devices will be reviewed by the Programs Health Care Coordinator (HCC) to ensure prescribed treatments and medications are being followed.
- This will be completed by 12/30/16 and as needed.
- Changes to physician orders will be sent by the HCC to the resident's primary care physician and new orders will be obtained.
- The Assistant Health Care Coordinator will review all new orders weekly for 30 days beginning 12/19/2016.
- Ongoing Random audits will be conducted by the program Health Care Coordinator to ensure compliance.

- The program will be in substantial compliance by January 4, 2017

**B. Regulatory Insufficiency Service Plans A089: 481-69.26(4)a Service Plans**
Insufficiency: A089 *481-69.26(231C) Service plans. 69.26(4) The service plan shall be individualized and shall indicate, at a minimum: a. The tenant's identified needs and preferences for assistance.*

**Program POC**

**1. Elements detailing how insufficiency was corrected**

- The HCC will review and develop Service Plans that reflect the needs/desires of tenants #1, #2 and #3 that accurately reflect physician orders as new orders are received.

**2. Actions the program is taking to protect tenants in similar situations:**

- The HCC will review and develop Service Plans that reflect the needs/desires of all tenants that accurately reflect physician orders for all existing residents as new orders are received.
- On-going random audits will be conducted by the Health Care Coordinator to ensure compliance.
- The program will be in substantial compliance by 12/30/16.

**3. Measures taken to ensure problem does not recur:**

- The HCC will perform weekly audits to ensure all medications and treatments/skin conditions are included on the MAR to ensure substantial compliance for one month and then as needed.
- The HCC will ensure all staff responsible for medication assistance will be evaluated and re-educated on the *6 Rights of Medication* if necessary.
- The HCC will observe return demonstration and re-delegate or educate as needed.
- The HCC will observe staff to ensure competency and retrain as needed
- All staff training on Medication Assistance will be conducted by the HCC.
- The program will be in substantial compliance by 01/04/17.

*Disclaimer for POC*

*Preparation and/or execution of this plan of correction does not constitute admission or agreement by the program of the truth of the facts alleged or conclusions set forth in the statement of regulatory insufficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of state law*