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
	S0142	A. BUILDING: _____ B. WING _____	01/24/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELMWOOD P E, L L C	190 NORTH 15TH STREET ONAWA, IA 51040

(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: 15 Number of tenants with cognitive disorder: 0 Total Population of Program at time of on-site: 15 TOTAL census of Assisted Living Program: 15 The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification of an Assisted Living Program.	A 000	See attached POC 4/12/17	
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 observation, interview, and record review, the Program failed to follow policies and	A 003		

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A 003	Continued From page 1 procedures established by the program. This pertains to 2 out of 2 Tenants observed during medication pass (Tenants #1 and #3). Findings follow: 1. Observation of medication administration on 1-24-17 revealed the following: a. Staff A put hand sanitizer on hands, unlocked box, got out med planner, put pills in cup and handed to Tenant #1. Staff A put on gloves and administered eye drops. Staff A did not wash hands before or after touching med planner or before and after putting on/removing gloves. b. Staff A put hand sanitizer on hands, took pills out of med planner and put into a cup, then handed to Tenant #3. Staff A put on gloves and handed glucose monitoring supplies to Tenant #3 then put supplies away when Tenant #3 finished with them. Staff A then got an insulin pen out of refrigerator and handed it to Tenant #3. Staff A failed to wash hands before or after touching med planner or before and after putting on/removing gloves. 2. Record review revealed: a. Staff A signed a skills check for handwashing on 2-10-16 that indicated staff will wash hands before touching the medications or medication planners and after medications are given. b. Procedure for instilling eye drops indicated staff are to wash hands before and after instilling eye drops. c. Hand washing/hand hygiene policy indicated employees are to wash hands for at least 15 seconds with soap and water after removing gloves.	A 003		

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A 003	Continued From page 2 3. Interview with the Director on 1-14-17 at 4:57 pm revealed she had written the skills check for handwashing, provided the training to Staff A, and signed it when completed. The Director provided the Program policies for instilling eye drops and hand washing/hand hygiene that directs employees to wash hand before and after using gloves.	A 003		
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 observation, interview, and record review, the Program failed to keep medications in a locked place or container not accessible to persons other than employees responsible for the administration or storage of such medications. This pertained to 2 out of 4 tenants observed (Tenants #1 and #3). Findings follow: 1. Observation during medication (med) pass revealed the following: a. Tenant #1 had a lock box on kitchen table that contained a med planner and 3 prescription eye drops were located on the kitchen table. Staff A picked up Restasis eye drops from the kitchen	A 037		

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A 037	Continued From page 3 table and proceeded to administer to Tenant #1. Eye drops were not stored in a locked box. b. Tenant #3 had a med planner located on the kitchen counter. Staff A removed medications from the med planner and proceeded to administer to Tenant #3. Med planner was not in a locked box. c. After Tenant #3 took blood sugar, Staff A went to the refrigerator, got out insulin pen and handed it to Tenant #3. Insulin pens stored in refrigerator were not in a locked box. 3. Record review of Policy: Medications revealed 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. 4. Interview with Staff A on 1-24-17 at 3:35pm revealed Tenant #1 kept eye drops stored on the table and not in a lock box. Staff A stated Tenant #3 did not have a lock box for his/her med planner or the insulin pens in the refrigerator. 5. Interview with Program Nurse on 1-24-17 at 4:57 p.m. revealed medications for both tenants were not kept in a locked box.	A 037		
A 038	481-67.5(6)c 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: c. The program shall maintain a list of each tenant ' s medications and document the	A 038		

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A 038	Continued From page 4 medications administered. This REQUIREMENT is not met as evidenced by: Based on observations, interview, and record review, the Program failed to maintain a list of each tenant's medications and document medications administered. This pertained to 2 of 2 files reviewed (Tenants #1 and #2). Findings follow: 1. Observation during medication (med) pass on 1-24-17 at 3:30 p.m. revealed Staff A unlocked box, took out med planner, put pills in a cup and handed them to Tenant #1. Staff A took vial of Restasis located on Tenant #1's table out of prescription box and administered Restasis eye drops to Tenant #1. Record review for Tenant #1 revealed the following: a. Medication Status from Burgess Health Center, dated 1-9-17, included an order for Restasis eye drops twice a day. b. Review of Tenant #1's Medication Administration Record (MAR) dated January 2017 revealed Restasis not listed as a medication to be administered. The MAR noted, "Please remove meds from lockbox, administer and sign off." Staff A failed to document eye drops as administered. c. Review of Tenant #1's MAR, dated October 2016, revealed no documentation of medications administered for the following dates and times: 10-3-16, 8:00 p.m.; 10-4-16, 12:00 p.m.; 10-5-16,	A 038		

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A 038	Continued From page 5 12:00 p.m.; 10-6-16, 12:00 p.m.; 10-10-16, 12:00 p.m.; 10-27-16, 4:00 p.m.; 10-28-16, 12:00 p.m.; 10-28-16, 4:00 p.m.; 10-31-16, 4:00 p.m. d. No med errors were documented indicating medications not administered. Record review of Procedure: Medication Administration revealed staff will record medications administered on the MAR and includes as needed (PRN) medications. When PRN meds are given staff are to indicate on the back of the MAR; date, time, name of medication and prescribed dose, reason for administration and will initial/sign the entry. Interview with Program Nurse revealed she wrote the instructions on the MAR to give meds from lock box and did not include eye drops.	A 038		
A 089	481-69.26(4)a Service Plans 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 This REQUIREMENT is not met as evidenced by: Based on observations, interview, and record review the Program failed to develop a service plan individualized according the tenant's identified needs and preferences for assistance. This pertained to 3 of 3 Tenants (Tenant #1, #2, and #3). Findings follow:	A 089		

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A 089	Continued From page 6 1. Observation of medication (med) pass on 1-24-16 revealed Staff A administered medications from a medication planner and instilled eye drops to Tenant #1. Staff A also administered medications from a med planner to Tenant #3. 2. Record review on 1-24-17 revealed Tenant #1's service plan, dated 5/12/16, indicated Tenant #1 would be independent with medication administration, the nurse would review medications quarterly and annually, and staff would report changes. The plan further indicated medications would be set up by an outside home health agency. Tenant #1's service plan failed to specify staff were to administer medications. Additional record review revealed Tenant #1's Medication Administration Record (MAR) for January 2017 instructed staff to document as having completed: "Please remove meds from lockbox, administer, and sign off " 3. Record review on 1-24-17 revealed Tenant #2's MAR for January 2017 instructed staff to document as having completed: "Please remove meds from lockbox, administer, and sign off." Further record review revealed Tenant #2's service plan, dated 10-19-16, indicate he/she required assistance with medication administration and staff should remind tenant to take meds out of a lockbox due to memory issues. Additional record review revealed Tenant #2's progress notes, dated 5-12-16, revealed an admission summary stated Tenant may require some assistance with medication reminders. Progress notes, dated 10-19-16, indicated a 30	A 089		

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A 089	Continued From page 7 day assessment completed after Tenant #2 returned from a hospitalization stated the tenant continued to have medications administered out of lockbox for safety due to memory issues. The Program failed to update Tenant #2's service plan to reflect that staff should administer medications and that Tenant #2's medications were set up by the pharmacy. 4. Record review on 1-24-17 revealed Tenant #3's MAR for January 2017 instructed: "Please remind, observe, and sign off meds and assist with insulin." Further record review revealed Tenant #3's service plan, dated 5-19-16, indicated the tenant required staff assistance with med reminders and insulin administration. The Program failed to update Tenant #3's service plan to reflect staff administration of medications from a med planner or that the med planner was set up by the pharmacy. 5. When interviewed on 1-24-17, the Director explained staff only handed medications to tenants. The Director stated med planners were filled by the local pharmacy, except for a few tenants who had home health. The Director confirmed tenant service plans failed to provide thorough information regarding medication administration.	A 089		

CAC 3/6/17

CAC 3/6/17

This plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or the conclusions set forth in the statement of deficiencies. This plan is prepared solely because it is required by State and Federal law.

Date of compliance and all insufficiencies will be completed by March 10th, 2017

A-003
It is the practice of Elmwood Premier Estates to follow the policies and procedures established by the program.

1. For Tenant #1 and Tenant #3 an in-service will be held on March 1st, 2017 to re-educate staff on proper handwashing/ hand hygiene policies.
2. For similar Tenants an in-service will be held on March 1st, 2017 to re-educate staff on the handwashing/hand hygiene policy.
3. The Administrator and/or designee will conduct weekly audits of handwashing/hand hygiene for 6-weeks and randomly thereafter.
4. Findings of audits will be reviewed with monthly QAPI committee for tracking/trending for a minimum of 3 months or until compliance is achieved.

A-037
It is the practice of Elmwood Premier Estates to keep medications in a locked place or container that is not accessible to persons other than employees responsible for the administration or storage of such medications.

1. Tenant #1 had prescription eye drops moved to a medication lock box on February 24th, 2017. Tenants #3 had insulin pens moved to a locked box in the refrigerator on February 24th, 2017.
2. For all similar Tenants, medications will be assessed to ensure that those being administered by staff are secured no later than March 10th, 2017.
3. An in-service will be held on March 1st, 2017 to re-educate staff regarding the policy of storing medications staff administered medications securely. The Administrator and/or designee will conduct weekly audits of medication storage for 6-weeks and randomly thereafter.
4. Findings of audits will be reviewed with monthly QAPI committee for tracking/trending for a minimum of 3 months or until compliance is achieved.

A-038
It is the practice of Elmwood Premier Estates to maintain a list of each tenant's medications and document the medications administration.

1. For Tenant #1 Restasis was added to the Medication Administration Record on January 24th, 2017 to ensure tracking and documentation medication.
2. For similar Tenants, Medication Administration Records will be updated to ensure tracking and documentation of medication no later than March 10th, 2017.

3. An in-service will be held on March 1st, 2017 to re-educate staff regarding the policy for medication documentation. The Administrator and/or designee will conduct weekly audits of tenant medication administration records for 6 weeks and randomly thereafter.
4. Findings of audits will be reviewed with monthly QAPI committee for tracking/trending for a minimum of 3 months or until compliance is achieved.

A-089

It is the practice of Elmwood Premier Estates to have each tenant's service plan be individualized and indicate the tenant's identified needs and preferences for assistance.

1. Tenant #1, #2 and #3 will have their service plan updated by March 1st, 2017 to reflect needs and preferences for assistance.
2. Similar Tenant service plans will be reviewed to ensure they reflect needs and preference for assistance by March 10th, 2017.
3. The Administrator and/or designee will conduct weekly audits of service plans for 6-weeks and randomly thereafter.
4. Findings of audits will be reviewed with monthly QAPI committee for tracking/trending for a minimum of 3 months or until compliance is achieved.