4/19/17 JC

PRINTED: 03/15/2017
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
	S0355	A. BUILDING: _____ B. WING _____	C 03/02/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDENCREST AT GREEN MEADOWS	6750 CORPORATE DRIVE JOHNSTON, IA 50131

(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: 38 Number of tenants with cognitive disorder: 1 Total Population of Program at time of on-site: 39 Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 2 Number of tenants with cognitive disorder: 8 Total Population of Program at time of on-site: 10 TOTAL census of Assisted Living Program: 49 The following regulatory insufficiencies were cited during the investigation of Complaint #64601-C:	A 000	See attached POC 3/15/17	
A 147	481-67.5(6)d 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: d. Medications shall be administered as prescribed by the tenant's physician, advanced registered nurse practitioner or physician assistant. This REQUIREMENT is not met as evidenced by: Based on interview and record review the	A 147		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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
	S0355	A. BUILDING: _____ B. WING _____	C 03/02/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDENCREST AT GREEN MEADOWS	6750 CORPORATE DRIVE JOHNSTON, IA 50131

(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 147	Continued From page 1 Program failed to administer tenant medications as ordered. This affected 1 of 2 tenants (Tenant #2) reviewed as a result of Complaint 64601-C. Finding follows: Record review on 3/1/17 of the Program's incident reports (IR) revealed one dated 11/8/17 that included the following statement, "staff reported med not available, after a search of the med cabinet, three times finally found med at side of the cabinet, med had not been given for 7 days." Review of Progress Notes did not include the name of the medication or a notation about the omission of the medication. When questioned about the IR the Registered Nurse (RN) provided additional information which said the Program did not give warfarin as ordered. Review of the Progress Notes on 3/1/17 revealed the following notation on 10/31/16, "(Tenant #2) was sent out to see (Physician) today. PT/INR checked at office. New order to increase warfarin to 2.5 mg. Pharmacy and family notified." Further review revealed a Counseling Documentation Form for Staff A dated 11/8/16 said, "stated med was given (&) it was not - on Nov 1 med was present - could not find on Nov 5 Did not give (&) did not call nurse. An additional Counseling Documentation Form for Staff B stated, "Documented med administration (&) med was not given." Review of Tenant #2's November 2016 Medication Administration Record (MAR) on 3/1/17 revealed Warfarin Sodium Tablet 2.5 mg give one tablet by mouth in the evening related to unspecified atrial fibrillation start date 10/31/16. According to the MAR Staff B administered the medication on 11/2-4/16. On 11/5 and 11/6/16 a	A 147		

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
	S0355	A. BUILDING: _____ B. WING _____	C 03/02/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDENCREST AT GREEN MEADOWS	6750 CORPORATE DRIVE JOHNSTON, IA 50131

(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 147	Continued From page 2 number nine was recorded. According to the Manager the number nine referred to see the progress notes. Review of the progress notes revealed the following statement: "waiting on delivery." Since 11/5 and 11/6/17 were a weekend these notes were not noted by the nurse. During the exit interview on 3/2/17 staff acknowledged staff failed to administer medications per physician's orders when they could not locate the medication and did not notify the nurse of this.	A 147		

✓ dk 4/19/17

cac 4/19/17

Green Meadows
6750 Corporate Drive
Johnston, IA 50131

Date: 3/27/2017

Complaint Intake #: 64601-C

Plan of Correction (POC) Submitted For:
- Investigation Date: 2/28/17-3/2/17

POC:

A. ***Regulatory Insufficiency: Type this from the letter the actual regulation***

Medication Management/Administration

Program POC:

1.Elements detailing how insufficiency was corrected for residents: All staff re-educated on medication administration policy and how to report when medications are not available. Immediate staff involved were disciplined on 11/7/16, re-delegated and re-educated on medication management policy and procedures on 11/10/16. Resident had a full body assessment completed by nursing primary care physician, including lab draws and no further orders were received after assessment was completed.

2. **Actions the program is taking to protect tenants in similar Situations**: All meds are now put together on a metal ring for each medication pass time for each resident. Will continue to educate staff on how to report when medications are missing.

3. **Measures taken to ensure problem does not recur:** All staff are educated upon hire and when med delegated to report missing medications to nurses immediately. Nurse monitors MAR reports frequently, at least monthly to ensure meds are properly administered and documented.