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
	S0105	A. BUILDING: _____ B. WING _____	05/11/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAK ESTATES	110 ALICE STREET CONRAD, IA 50621

(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: 10 Number of tenants with cognitive disorder: 0 Total Population of Program at time of on-site: 10 TOTAL census of Assisted Living Program: 10 The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification for an Assisted Living Program.	A 000	This shall serve as my credible allegation of compliance. All insufficiencies will be corrected by the date specified.	
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	A 003	A 003 The policies and procedures for medications was reviewed and updated. An educational staff meeting was held for all nursing staff on 5/26/2017. The items discussed were the updated medication administration policy and procedure and proper documentation when any medication is disposed of/destroyed. The staff were educated that if there is an unusual situation that warrants a call to the Department of Inspections and Appeals thorough documentation is needed including: the guidance given, the date and time of the call, and the person at the Department of Inspections and Appeals who took the call. The program's nurse manager and the QAPI team will monitor for compliance on the Medication Administration policy and procedures on a quarterly basis for Tenant #1 and all similarly situated Tenants.	5/26/17

5/30/17

5/26/17

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A 003	Continued From page 1 by: Based on interview and record review the Program failed to follow their procedure for destruction of discontinued medications for 1 of 3 tenants reviewed (Tenant #1). Findings follow: 1. Record review of Tenant #1's chart revealed the following: a. He/she was admitted on 11-1-16 with diagnoses of hyperlipidemia, Gerd, osteoarthitis, back pain, and osteoporosis. Service plan dated 11-1-16 indicated the program was responsible for applying a fentanyl patch every 3 days. A review of Central Iowa Healthcare correspondence dated 2-13-17 revealed the tenant and family had requested to discontinue the fentanyl patch. Physician orders were to leave the current patch on for 4 days then remove. The Controlled Medication Utilization Record dated 4-6-17 to 4-10-17 indicated there were 10 fentanyl patches remaining that were given to Tenant #1's daughter on 4-10-17. A document dated 4-10-17 at 5:38 pm revealed the remaining discontinued fentanyl patches were given to the tenant's daughter who would be responsible for them. This document was signed by the daughter, the Program's Registered Nurse (RN), and a Certified Medication Aide. 2. Review of the Program's policies revealed the following: a. The Storage of Medication policy documented that discontinued medications were to be destroyed. b. The policy regarding Destroying Medications updated 9-20-16 documented that Schedule II, III, IV, and V controlled drugs must be destroyed by a licensed professional in	A 003		

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A 003	Continued From page 2 witness of one other responsible adult, such as Certified Medication Aide or another nurse. Duragesic patches may be folded in half with sticky sides together and placed in the biohazard bin. Persons witnessing the destruction/disposal of drugs must date and sign the drug disposition record. 3. Interview with the RN on 5-11-17 at 8:50 am revealed that she was sure she had contacted someone at the Department of Inspections and Appeals and was told it was ok to give the fentanyl patches to the daughter but she was not able to provide documentation of date, time, or the person she had spoken to.	A 003		
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 interview and record review the Program failed to ensure the service plan was individualized to indicate the identified needs and preferences for assistance for 2 out of 3 tenant files reviewed (Tenant #1 and #2). Findings follow: 1. Review of Tenant #1's file revealed the following:	A 089	A 089 An educational staff meeting was held for the nurse manager discussing service plans and that all individualized needs and preferences for assistance need to be included and updated regularly. The nurse manager stated she understood the education and agreed with the need to keep the service plans updated at all times including all services that the tenants need and request. The companies Nurse Consultant and QAPI team will review the service plans quarterly to ensure the service plans are up-to-date and all-inclusive of the tenant's individualized needs and preferences for assistance for Tenant #1, #2 and all similarly situated tenants.	5/26/17

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A 089	Continued From page 3 a. Tenant #1 was admitted on 11-1-16. The Service Plan dated 11-1-6 indicated Tenant #1's daughter would set up a medication (med) planner so the tenant could administer their own meds. Staff were only responsible to apply a fentanyl patch every third day. b. Review of the Medication Administration Record (MAR) for November 2016 confirmed the tenant was responsible for taking his/her own medications from the med planner and staff were to apply fentanyl patch. The MAR for the month of March 2017 revealed program staff were administering all medications except for some over the counter medications beginning 3-14-17. c. A Functional Assessment dated 11-1-16 and 11-28-16 revealed Tenant #1 would take his/her own medications except for patch. d. A Registered Nurses Review dated 3-13-17 at 1:00 pm indicated the daughter had contacted the Registered Nurse (RN) and requested the Program take over doing the medications and it was noted the staff would begin giving medications the next day. The Service Plan was not updated to reflect these changes. 2. Review of Tenant #2's file revealed the following: a. Tenant #2 was admitted on 11-12-16 from a nursing home. A Registered Nurse (RN) Review dated 11-12-16 at 1:30 pm indicated the tenant was using a walker and wanted to graduate to using a cane so he/she would continue with therapy. A note dated 12-12-16 indicated a 30 day review had not been completed due to the tenant being in a nursing home. b. Review of the Physical Therapy (PT)	A 089		

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A 089	Continued From page 4 Therapist Progress & Discharge Summary dated 12-5-16 revealed Tenant #2 received PT services from 11-17-16 to 12-05-16 for muscle weakness. Review of the Occupational Therapy (OT) Therapist Progress & Discharge Summary dated 12-5-16 revealed Tenant #2 received OT services from 11-18-16 to 12-05-16 for muscle weakness. c. The tenant's Service Plan dated 11-12-16 did not include the identified need for OT/PT services for muscle weakness. 3. Interview with the RN on 5-10-17 at 1:54 pm revealed she believed if the service was included in the nurses notes or the MAR it would not need to be added to the service plan.	A 089		