DEPARTMENT OF INSPECTIONS AND APPEALS

LL 6/27/17

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0218	A. BUILDING: _____ B. WING _____	C 05/25/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAK PARK PLACE	1381 OAK PARK PLACE DUBUQUE, IA 52002

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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: 35 Number of tenants with cognitive disorder: 2 Total Population of Program at time of on-site: 37 Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 1 Number of tenants with cognitive disorder: 25 Total Population of Program at time of on-site: 26 TOTAL census of Assisted Living Program: 63 An investigation of Complaint #67393-C was completed and the following regulatory insufficiencies were identified.	A 000		
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.	A 003	See attached Plan of Correction DD 6/23/17	

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 This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the Program failed to follow policies and procedures regarding narcotic medications affecting 1 of 5 tenants reviewed (Tenant #4), and gloving affecting 2 of 4 tenants observed during a medication pass (Tenants #6 and #7). Findings follow: 1. Review of Tenant #4's file revealed an admission date of 1-28-17. A discharge summary from a local hospital dated 1-27-17 indicated an order for Lorazepam 0.5 milligrams (mg) four times daily as needed (PRN). On 2-6-17 the program sent a fax to the tenant's primary care provider on an MD Notification Form documenting the tenant's request to have a scheduled dose of Lorazepam at night and up to four doses PRN during the day. The primary care provider would not order over three doses a day and suggested the program contact the original prescriber (a PA-C). The PA-C wrote an order on an MD Notification Form dated 2/8/17 for Lorazepam 0.5 mg daily at bedtime and three times daily PRN for anxiety. The Lorazepam 0.5 mg four times daily PRN order was discontinued on the February medication administration record (MAR) on 2-8-17 and the new scheduled Lorazepam dose at bedtime and three times daily PRN was added. The Lorazepam 0.5 mg four times per day PRN order reappeared on the March 2017 MAR despite being discontinued on the February MAR. The order for the bedtime dose of	A 003		

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A 003	Continued From page 2 Lorazepam was handwritten on the MAR. Staff documented the administration of the PRN Lorazepam 0.5 mg on the MAR under the order which indicated four times daily and not three times daily as prescribed on 2-8-17. An MD Notification Form was faxed to the PA-C on 3-9-17 documenting the tenant had received an increase in Remeron on 2-17-17 in order to try and decrease usage of Lorazepam. The PA-C ordered that it was okay to continue Lorazepam .05 mg up to two times a day as needed for anxiety (the scheduled Lorazepam dose at bedtime remained unchanged). This order was not reflected on the March MAR. Staff documented administration of PRN Lorazepam under the four times a day PRN order which had been discontinued on the February MAR. An MD Notification Form faxed to the PA-C on 3-21-17 indicated Tenant #4's family requested the Lorazepam be scheduled three times daily. On 3-21-17 an order was received for Lorazepam 0.5 mg twice during the day (the tenant could refuse if not anxious) and 0.75 mg at bedtime. The March MAR was updated to reflect the new order on 3-21-17. However, the Lorazepam PRN four times a day remained on the March MAR despite being discontinued on the February MAR. Staff documented administration of Lorazepam under both sets of orders. Review of the tenant's April 2017 MAR revealed both the current Lorazepam orders as well as the Lorazepam order which had been discontinued on the February MAR on 2-8-17 (4 times daily PRN). Staff had documented administration of Lorazepam under both sets of orders. Although it appeared the tenant did not currently have an order for PRN Lorazepam, staff documented on	A 003		

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A 003	Continued From page 3	A 003		

the April MAR eight different times between 4-19-17 and 4-30-17 that 0.5 mg Lorazepam PRN was not available so they borrowed a tablet from the tenant's scheduled a.m. dose.

The tenant's May MAR revealed both the current order for Lorazepam (two scheduled doses during the day and one scheduled dose at night) as well as the order discontinued on the February MAR. Staff continued to document administration of Lorazepam under both orders. The May 2017 narcotic count sheet revealed staff took a tablet from the tenant's scheduled a.m. doses on three occasions between 5/15/17 and 5/19/17 as no PRN tablets were available (there did not appear to be a current order for PRN Lorazepam).

An MD Notification Form was faxed to the PA-C on 5-22-17 stating on 3-21-17 the program had received an order for Lorazepam twice during the day and once at bedtime. There had been a previous order for Lorazepam four times PRN they had never received any orders to discontinue. The tenant occasionally asked for Lorazepam on a PRN basis but never more than once a day. When they tried to order PRN medications the pharmacy stated the order had been discontinued. The program requested the current order for three times a day remain and a PRN order for 0.5 mg 1 time a day be added. The PA-C ordered the PRN medication as requested.

Narcotic count sheets for February 2017 and March 2017 did not match with the tenant's changing Lorazepam orders. Narcotic count sheets for April 2017 reflected Lorazepam 0.5 mg one tablet in the a.m. and noon as well as the Lorazepam 0.75 mg at bedtime. Included on the

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A 003	Continued From page 4 April narcotic sheet was the PRN four times a day order that had been discontinued on the February MAR. Narcotic count sheets beginning 5-22-17 reflected the current order of Lorazepam 0.5 mg one tablet, once daily as needed as well as the three scheduled doses. As a result, the narcotic count The narcotic count sheets for the PRN Lorazepam did not reflect order changes. Staff documented PRN Lorazepam doses on the narcotic record from the time of order change on 2-8-17 to April despite the incorrect order recorded on the narcotic count sheets each month. At times there were not separate count sheets for the scheduled and PRN doses of Lorazepam. Staff documented taking tablets from the a.m. scheduled doses to give to Tenant #4 as needed in both April and May 2017. When interviewed on 5-27-17 at 9:30 a.m. the Director of Health Care Services stated an order to discontinue PRN Lorazepam was not received on 3-21-17 when the order for scheduled doses was written. No order to discontinue the Lorazepam four times daily PRN was received when the PA-C ordered one scheduled dose at night and three PRN doses daily on 2-8-17. A former nurse had discontinued the order on the February MAR. Staff did not give it more than the prescribed amount. The program's policy and procedure regarding narcotic count and distribution indicated the nurse was responsible to keep the orders for medications current and accurate. Medications were to be signed out on the controlled medication sheet and the remaining counts were to be correct.	A 003		

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A 003	Continued From page 5 2. Further review of Tenant #4's file revealed a narcotic record for Lorazepam 0.5 mg tablet at bedtime reflected two tablets were prepared instead of one during the medication pass on 3-21-17. The additional 0.5 mg tablet was wasted. Interview with the Director of Health Care Services on 5-25-17 at approximately 11:25 a.m. revealed Staff B called the former Assistant Director of Health Care Services who instructed Staff B to put the remaining half tablet of Lorazepam in an envelope and put it under her office door. The Director of Health Care Services produced the envelope with the pill. The envelope was dated 3-21-17 and included Tenant #4's information. She stated the envelope had been found in the cupboard of the former Assistant Director of Health Care Services' office. It had not been destroyed per program policy. The program's policy and procedure regarding proof of returned or destroyed medications revealed medications would be destroyed or returned to the pharmacy/family within 72 hours of a discontinued order, a recall, an expiration date or a tenant move out/death. Medications placed "on hold" by a physician would be removed from the medication cart and kept in a locked area up to 30 days. If the medication had not been restarted within 30 days, the medications could be destroyed. Medications were to be destroyed with a witness present and two staff signatures were required. The Director of Housing, registered nurse or licensed practical nurse would witness the destruction of all narcotic and psychotropic medications. The Director of Housing would review, sign and file the completed form in the tenant's medical blinder. Oral medications would be crushed,	A 003		

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A 003	Continued From page 6 mixed with water and disposed of in coffee grounds or cat litter. 3. Observation of a medication pass on 5-17-17 at 3:15 p.m. revealed Staff A prepared oral medications for Tenant #6 in the hallway, went into the apartment and administered the medications. Staff A then donned gloves to assist Tenant #6 with eye drops. Staff A did not sanitize her hands prior to donning of gloves and after the preparation and administration of the oral medications. Staff A removed the gloves after the administration of the eye drops and then sanitized her hands. Staff A also assisted Tenant #7 with oral medications including a medication stored in a locked refrigerator in an office/room. Staff A went into the office/room where the refrigerator was kept, donned a glove to remove a tablet from the bottle, put the tablet into a medication cup, then removed the glove but did not sanitize her hands. Staff A took Tenant #7's medications to their apartment and administered the pills. According to the program's checklist for non-sterile gloves, staff were to wash their hands before donning gloves.	A 003		
A 013	481-67.3(2) Tenant Rights 481-67.3 Tenant rights. All tenants have the following rights: 67.3(2) To receive care, treatment and services which are adequate and appropriate. This REQUIREMENT is not met as evidenced	A 013		

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A 013	Continued From page 7 by: Based on interview and record review the Program failed to provide care, treatment and services which were adequate and appropriate for 2 of 5 tenants reviewed (Tenants #1 and #3). Findings follow: 1. Review of Tenant #1's file revealed a fax to the physician indicating Tenant #1 had lost 9.4 pounds in three months. A physician order dated 3-21-17 directed the program to offer the tenant a nutritional supplement. Review of the March and April 2017 medication administration records (MARs) did not reflect the nutritional supplement. The service plan did not reflect the nutritional supplement or weight loss. According to a program document, Tenant #1's weight in December 2016 was 188 pounds. In January and February 2017 Tenant #1 was at a skilled nursing facility (out of the Program). In March 2017 the tenant weighed 179.2 pounds (scales were recalibrated after the March weight). In April 2017 the weight was 165.4 and in May it was 166.5. Tenant #1 had a 21.5 weight loss from December 2016 to May 2017. The program's scales were recalibrated after the March weight; however, Tenant #1 had a weight loss and was ordered a nutritional supplement which was not documented on either the service plan or MAR. 2. Review of Tenant #3's file revealed the service plan dated 6-7-16 indicated staff was to assist Tenant #3 with undergarment and socks and shoes both in the morning and at bedtime. Resident Services Records for February and March 2017 indicated staff either charted Tenant #3 was independent or had left the documentation form blank regarding dressing	A 013		

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A 013	Continued From page 8 tasks in the morning and evening. An interview with Tenant #3 on 5-18-17 at 10:43 a.m. revealed he/she was supposed to have assistance with removing his/her socks and shoes before bed; however, Staff C (former staff) was generally late so the tenant took off the shoes and wore the socks to bed. Tenant #3 said when Staff C did come to assist, she didn't want to anyway. The tenant reported addressing the concern in a letter to the Director of Housing. The letter indicated he/she quit having Staff C take off his/her shoes and socks after one month.	A 013		

Oak Park place

A Progressive Senior Neighborhood

6/23/17

June 13, 2017

Department of Inspections and Appeals
Attn: Deb Dixon
Lucas State Office Building
321 East 12th Street
Des Moines, Iowa 50319

Dear Ms. Dixon:

On behalf of Oak Park Place, I respectfully submit our Plan of Correction for your approval. Our response is specific to the Complaint Investigation Report dated June 7, 2017. Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of insufficiencies. The Plan of Correction is prepared and/or executed solely because it is required by the provisions of Iowa law. Oak Park Place will not request a formal hearing.

Program Policies and Procedures
Tenant Rights

1. Elements detailing how the Program will correct each regulatory insufficiency.
   - Tenant #4 will have medications administered as ordered by the physician.
   - The RN will be educated on Oak Park Place policies and procedures regarding narcotic count.
   - The RN will be educated on Oak Park Place policies and procedures for destruction of medications, including narcotics.
   - Staff responsible for medication administration will be retrained on infection control, including use of gloves.
   - Tenant #1 will receive nutritional supplements as ordered by the physician. The nutritional supplement will be documented on a MAR.
   - Tenant #3 will have services provided as identified on the service plan.
2. What measures will be taken to ensure the problem does not recur.
   - The RN and/or designee will follow policies and procedures to discontinue medications.
   - The RN and/or designee will ensure medications orders are current and medication records are accurate.
   - MARs will be reviewed monthly to ensure accuracy.

1381 Oak Park Place, Dubuque, Iowa 52002
Local Phone: 563-585-4900 Fax: 563-582-6431
"An Alternative Continuum of Care Community

DD 6/23/17

- Staff responsible for medication administration will be educated on policies and procedures for destruction of medications, including narcotics.
- Staff training will be reviewed and updated to include information specific to infection control and gloving.
- The RN will be educated on evaluation of tenant and service plan development. This education will include identification of nutritional supplements and weight loss.
- Direct care staff will be educated on customer service and tenant service plans.

3. How the Program plans to monitor performance to ensure compliance.
    - The RN and/or designee will monitor for compliance at least two times per year to ensure regulatory compliance.
    - The RN and/or designee will review interventions and make necessary recommendations/referrals for tenants with weight loss at least every 90 days.
    - The RN and/or designee will review services being provided with tenants at least every 90 days to determine tenant satisfaction level. Tenants will be encouraged to communicate concerns immediately to the RN or Director of Housing.

4. The date by which the regulatory insufficiency will be corrected.
    - Oak Park Place will be in compliance by July 7, 2017.

Please contact me at 563-585-4900 with any questions you have. Thank you.

Sincerely,

Dara Fishnick
Director of Housing