VJP 6/30/17 CAC 6/30/17

PRINTED: 06/13/2017
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
	S0361	A. BUILDING: _____ B. WING _____	06/01/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COBBLESTONE COURT ASSISTED LIVING	3187 140TH STREET SUMNER, IA 50674

(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: 20 Number of tenants with cognitive disorder: 0 Total Population of Program at time of on-site: 20 TOTAL census of Assisted Living Program: 20 The following regulatory insufficiencies were cited during the initial certification visit conducted to determine compliance with certification for an Assisted Living Program:	A 000	POC 6/1/17	
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 develop service plans that indicated tenants' identified needs for 2 of 3 tenant files reviewed (Tenants #1 and #2). Findings follow: 1. a. Record review of Tenant #1's file revealed an initial assessment, dated 11-30-16, indicated	A 089	on June 1st 2017, tenant #1 service plan was updated to reflect a history of urinary tract infections that may require antibiotics, and to reflect the order for nitroglycerin, which staff will administer.	

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER/REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Amanda Westrand RN	RN	6-26-17

STATE FORM 6899 R3RI11 If continuation sheet 1 of 3

Jenny Boerman Administrator 6/26/17

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A 089	Continued From page 1 Tenant #1 had a history of urinary tract infections (UTIs) and was treated with an antibiotic for 10 days. Staff would monitor him/her for signs or symptoms of a UTI and the primary care physician would be notified as needed. A 30 day assessment, dated 12-30-16, indicated Tenant #1 had been treated for a UTI and Tenant #1 was aware of the symptoms and notified either the Program staff or a family member as Tenant #1 experienced UTIs and bronchitis frequently. Narrative documentation, dated 3-2-17, indicated Tenant #1 was treated for a UTI. Staff would administer the antibiotics as noted on the medication administration record. An order for Kelfex 500 milligram (mg), one capsule by mouth three times every day for 10 days was ordered dated 3-2-17. The significant change of condition assessment dated 5-26-17 reflected Tenant #1 had a history of UTIs. The service plan dated 5-26-17 did not reflect the history of UTIs and antibiotic treatment. b. Tenant #1 had a physician order for Nitroglycerin 0.4 mg. The service plan reflected staff administered medications; however, did not address the administration of Nitroglycerin. 2. Record review of Tenant #2 file revealed Tenant #2 had physician orders for Systane Balance, one drop in each eye, Lotemax 0.50 % one drop in each eye and Nitroglycerin 0.4 mg one tablet every five minutes as needed for chest pain. The service plan, dated 5-17-17, reflected the Program administered all of Tenant #2's medications; however, did not address the	A 089	On June 1st, 2017 Tenant #2 service plan was updated to reflect the residents order for nitroglycerin, Systane balance and Lotemax eye drops, along with staff assisting with the administration of these medications.	

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A 089	Continued From page 2 administration of the eye drops and Nitroglycerin. 3. An interview with the Nurse on 6-1-17 at approximately 2:10 p.m. indicated that additional documentation for service plans could not be found for any of the listed tenants.	A 089	In future, all service plans will reflect any residents with a history of UTI's, and any orders of nitroglycerin or eye drops. To monitor performance to ensure compliance, Cobblestone RN and Administrator will review, sign and date, all service plans when developed to verify all service plans indicate tenants identified needs.	