

✓ 3/19/18

PRINTED: 02/26/2018
FORM APPROVED

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0041	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/21/2018
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

WATERFORD AT AMES ASSISTED LIVING

**1325 COCONINO RD, STE 300
AMES, IA 50014**

(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	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: 34 Number of tenants with cognitive disorder: 4 Total Population of Program at time of on-site: 38 TOTAL census of Assisted Living Program: 38 The following regulatory insufficiency was cited during the Investigation of Complaint #73640-C	A 000		
A 012	481-67.3(1) Tenant Rights 481-67.3 Tenant rights. All tenants have the following rights: 67.3(1) To be treated with consideration, respect, and full recognition of personal dignity and autonomy. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure 1 of 3 tenants reviewed was treated with consideration, respect, and full recognition of personal dignity and autonomy (Tenant #1). Findings follow: Review of Tenant #1's Assessment Summary revealed the tenant entered the Program on 12-13-17 for respite care. The tenant was capable of self-administering medications and making his/her own decisions.	A 012	Plan of correction is attached. DD 3/12/18	

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: S0041	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 02/21/2018
NAME OF PROVIDER OR SUPPLIER WATERFORD AT AMES ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1325 COCONINO RD, STE 300 AMES, IA 50014			
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A 012	Continued From page 1 Review of Charting Notes dated 12-22-17 at 1:23 p.m. revealed the Registered Nurse (RN) spoke to the physician's office about Tenant #1 not taking medications as prescribed. The physician ordered the Program to take over the administration of the tenant's medications. Tenant #1 was irate when told the medications had been removed from the apartment. During an interview on 2-20-18 at 1:22 p.m. the Administrator stated when she had completed the initial assessment Tenant #1 listed his/her medications and their purpose, and stated he/she did not need any assistance with administration. Tenant #1 documented in an electronic mail (e-mail) dated 2-21-18 that he/she had not given permission for staff to remove any medications from his/her apartment and was upset staff entered the apartment when he/she was not present. During an interview on 2-20-18 at 2:37 p.m. the Licensed Practical Nurse (LPN) confirmed she removed Tenant #1's medications from the apartment without discussing the issue with him/her first. She stated she had spoken with Tenant #1's physician's nurse and was told the physician wanted the medications removed from the apartment and the Program to administer them due to concerns the tenant was not taking the meds as prescribed. The LPN stated she followed the physician's orders and in hindsight understood she should have spoken to Tenant #1 before taking the medications from the apartment when he/she was not present.	A 012			

March 7th, 2018

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3/19/18

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

Dear Ms. Kellen:

On behalf of The Waterford of Ames, I respectfully submit our Plan of Correction for your approval. 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.

481-67.3 Tenant Rights

Elements detailing how the Program will correct each regulatory insufficiency.

- The ED and/or designee will ensure that the RN and LPN read and understand tenant rights as stated in Chapter 67 (481-67.3).

What measures will be taken to ensure the problem does not recur.

- The RN and LPN will be re-educated on regulatory requirements for program administration of medications.

How the Program plans to monitor performance to ensure compliance.

- The ED and/or designee will audit tenant charts at least annually to ensure regulatory compliance. The RN, LPN and/or designee will also monitor charts when completing 90-day nurse reviews to ensure tenant rights are being followed.

The date by which the regulatory insufficiency will be corrected.

- This regulatory insufficiency will be corrected by March 28, 2018.

"This plan of correction is submitted as required under State and Federal law. The submission of this Plan of Correction does not constitute an admission on the part of The Waterford at Ames as to the accuracy of the surveyors' findings or the conclusions drawn therefrom. Submission of this Plan of Correction also does not constitute an admission that the findings constitute a deficiency or that the scope and severity regarding the deficiency cited are correctly applied. Any changes to the Community's policies and procedures should be considered subsequent remedial measures as that concept is employed in Rule 407 of the Federal Rules of Evidence and any corresponding state rules of civil procedure and should be inadmissible in any proceeding on that basis. The Community submits this plan of correction with the intention that it be inadmissible by any third party in any civil or criminal action against the Community or any employee, agent, officer, director, attorney, or shareholder of the Community or affiliated companies."

If you have questions, please feel free to contact me at 515-292-2858. Thank you.

Sincerely,

Amber Roberts, ED

Amber Roberts
Executive Director

DD 3/12/18