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
	S0092	A. BUILDING: _____ B. WING _____	C 02/28/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KENSINGTON, THE	2210 AVE H FORT MADISON, IA 52627

(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 for People with Dementia are defined by the population served. The census numbers were provided by the Program at the time of the on-site. General Population Number of tenants without cognitive disorder: 49 Number of tenants with cognitive disorder: 6 Memory Care Unit (if applicable) Number of tenants without cognitive disorder: 0 Number of tenants with cognitive disorder: 23 TOTAL Census of Assisted Living Program for People with Dementia : 78 The following regulatory insufficiency was cited during the investigation into incident #73928-M.	A 000	See attached POC 1/24/18	
A 039	481-67.5(7) Medications 481-67.5(231B,231C,231D) Medications. Each program shall follow its own written medication policy, which shall include the following: 67.5(7) Narcotics protocol shall be determined by the program ' s registered nurse. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to ensure consistent implementation of written policy regarding storage of narcotics. This effected 1 of 1 tenant (Tenant #1). Findings follow: Record review revealed the Program's summary of investigation, dated 1/22/18. According to the summary, the Staff B had been notified on	A 039		

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

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A 039	Continued From page 2	A 039		

for the nurse to review.

During an interview on 2/26/18 at 3:15 PM, Staff E stated employees put medication delivered by the pharmacy on the RN's desk.

During an interview on 2/26/18 at 4:10 PM, Staff F revealed she did not administer medication to residents, but from what she observed, the procedure seemed to be to put medication bottles on the RN's desk so they could be counted.

During an interview on 2/27/18 at 3:02 PM, Staff G revealed her co-workers told her all medications delivered in the evening were to be put on the RN's desk.

During an interview on 2/26/18 at 1:42 PM, Staff H reported narcotic medication not often delivered in the evening after a nurse left the program. However, an on-call nurse told Staff H to put a narcotic on the RN's desk in the past.

During an interview on 2/27/18 at 2:48 PM, Staff I, a Licensed Practice Nurse (LPN), revealed she entered her office in the morning and found medication, including Schedule II drugs, on the RN's desk. The LPN was not aware of any staff members being disciplined for placing narcotics behind a single lock, but she re-educated those staff members on the policy for storing Schedule II controlled substances.

During an interview on 2/26/18 at 10:11 AM, the RN stated the program policy directed narcotics to be kept under a double lock. The RN confirmed the narcotic delivered on 1/17/18 should have been stored under a double lock system. The RN could not recall a time she found a bottle of narcotics on her desk upon

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A 039	Continued From page 3 entering her office in the morning, although the LPN often arrived at the program before the RN and could have already stored them. The RN stated the only time she found Schedule II drugs on her desk was when the pills had been delivered by the pharmacy and placed on her desk when she was in another part of the building. The RN acknowledged the narcotics would have been behind a single lock at that time.	A 039		

√ 4/4/18 OK 4/4/18

March 23, 2018

Department of Inspections and Appeals
Attn: Catie Campbell
Catie Campbell
Lucas State Office Building
321 East 12th Street
Des Moines, IA 50319

Dear Ms. Campbell:

On behalf of The Kensington in Fort Madison, I respectfully submit our Plan of Correction for your approval. Our response is specific to the Investigation Report for the onsite visit on February 26, 2018. 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 provision of state law.

Medication Management:

1. Elements detailing how the Program will correct each regulatory insufficiency.
    - Medication aides were educated of policy review by the RN. The policy regarding storage, handling and dispensing medications were handed out to all medication aides.

2. What measures will be taken to ensure the problem does not recur.
    - All staff were educated on the medication policy per regulation
    - RN spoke to medication aides and examples were given of what to do in a situation of narcotics being delivered and how to store them.
    - The respective pharmacy has been contacted and instructed not to deliver narcotics after the scheduled 1430 deliver, unless directed by the RN.

3. How the Program plans to monitor performance to ensure compliance.
    - The Administrator, RN, or designee will educate medication aides at least annually to ensure compliance.

4. The date by which the regulatory insufficiency will be corrected.
    - This regulatory insufficiency was corrected January 24, 2018.

If you have any questions regarding this plan of correction, please feel free to contact me at 319-372-4233. Thank you.

Sincerely,

Rachel Benda
Executive Director/Director of Operations