√ 5/30/18 OK 5/2/18

PRINTED: 05/04/2018
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
	S0003	A. BUILDING: _____ B. WING _____	04/18/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
3801 GRAND	3801 GRAND AVE DES MOINES, IA 50312

(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. Number of tenants without cognitive disorder: 20 Number of tenants with cognitive disorder: 21 TOTAL Census of Assisted Living Program for People with Dementia: 41 The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification for a Dedicated Dementia Specific Assisted Living Program:	A 000	POC 5/16/18 <u>Regulatory Insufficiency – 481-67.3(2) Tenant Rights</u>	
A 147	481-67.5(6)d Medications 481-67.5(231B,231C,231D) Medications. Each program shall follow its own written medication policy, which shall include the following: 67.5(6) When medications are administered traditionally by the program: d. Medications shall be administered as prescribed by the tenant's physician, advanced registered nurse practitioner or physician assistant. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to consistently ensure sliding scale insulin administered as ordered by the physician. This affected 1 of 1 tenant that received staff administration of sliding scale insulin (Tenant #3). Findings follow:	A 147	On 5/11/18, 3801 Grand's Program RN conducted an in-service to provide additional training to staff delegated to administer medications prescribed by the tenant's physician. This included training to ensure accurate sliding scale insulin administration. Employees unable to attend on 5/11/18 received the in-service training on 5/15/18 and 5/16/18. Monthly documentation of sliding scale insulin administration will be reviewed by the Program Nurse to ensure ongoing accuracy. Annual training will emphasize insulin administration. Additional training will be given when determined necessary by nursing oversight. <u>Date Insufficiency Corrected: 5/16/18</u>	

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Lole Taggart TITLE Executive Director (X6) DATE 5/17/18

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A 147	Continued From page 1 1. Record review of Tenant #3's file revealed diagnoses included: type 2 diabetes mellitus, glaucoma, Alzheimer's disease and dementia. Tenant #3 was staged at a six on the Global Deterioration Scale, which indicated severe cognitive decline. Tenant #3 resided in the dementia unit and received hospice services. The service plan indicated staff completed blood glucose monitoring and administered sliding scale insulin. 2. Further record review revealed physician's orders for blood glucose monitoring four times per day and Novolog Flexpen, 100 unit/milliliter, inject subcutaneously per sliding scale four times per day (a.m., noon, p.m. and bedtime). The order provided a sliding scale as follows: a. Blood glucose 150 and less = 0 units b. Blood glucose 151-200 =1 unit c. Blood glucose 201-250 =2 units d. Blood glucose 251-300 =3 units e. Blood glucose 301-350 =4 units f. Blood glucose 351-400 =5 units g. Blood glucose 401-450 =6 units 3. Review of January, February and March 2018 medication administration records (MARs) revealed the following: a. On 1-16-18 at noon Tenant #3's blood glucose read 306. Staff administered three units of Novolog insulin. b. On 1-18-18 at noon Tenant #3's blood glucose read 332. Staff administered three units of Novolog insulin. c. On 1-18-18 at p.m. Tenant #3's blood glucose read 243. Staff administered three units of	A 147		

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A 147	Continued From page 2 Novolog insulin. d. On 1-24-18 at noon Tenant #3's blood glucose read 235. Staff administered three units of Novolog insulin. e. On 1-28-18 at a.m. Tenant #3's blood glucose read 156. Staff administered two units of Novolog insulin. f. On 2-1-18 at p.m. Tenant #3's blood glucose read 150. Staff administered one unit of Novolog insulin. g. On 2-2-18 at noon Tenant #3's blood glucose read 330. The MAR failed to document administration of any Novolog insulin. Staff's initials were circled and the exception charting indicated the nurse gave the medication. h. On 2-27-18 at noon Tenant #3's blood glucose read 214. Staff administered three units of Novolog insulin. i. On 3-2-18 at bedtime Tenant #3's blood glucose read 356. Staff administered four units of Novolog insulin. j. On 3-10-18 at noon Tenant #3's blood glucose read 314. Staff administered two 2 units of Novolog insulin. k. On 3-11-18 at a.m. Tenant #3's blood glucose read 154. Staff administered three units of Novolog insulin. l. On 3-11-18 at noon Tenant #3's blood glucose read 143. Staff administered one unit of Novolog insulin.	A 147		

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A 147	Continued From page 3 January, February and March 2018 MARs reflected 11 entries when the incorrect dose of Novolog insulin was documented as administered to Tenant #3. One entry failed to reflect the number of units administered when it was required by sliding scale parameters. Tenant #3 did not receive insulin administered per physician's order per the documentation on the MARs. 4. When interviewed on 4-18-18 at 12:50 p.m. the Nurse acknowledged Tenant #3's insulin had not been consistently administered as ordered, but reported no adverse outcome noted to Tenant #3 as a result.	A 147		
A 121	481-69.30(1) Dementia Specific Education for Personnel 481-69.30(231C) Dementia-specific education for program personnel. 69.30(1) All personnel employed by or contracting with a dementia-specific program shall receive a minimum of eight hours of dementia-specific education and training within 30 days of either employment or the beginning date of the contract, as applicable. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure completion of eight hours of dementia-specific education and training within 30 days of employment for 7 of 7 staff reviewed (Staff A, B, C, D, E, F and G). Findings follow: 1. Record review revealed the Program was	A 121	Regulatory Insufficiency – 481-69.30(1) Dementia Specific Education for Personnel On 4/19/18, an additional 1-hour dementia specific education program was assigned for the 7 employees to complete by 5/16/18. This 1-hour, along with the 7 previously completed hours of training will satisfy the dementia training requirement. All future new-hires will be required to complete this program within 30 days of employment or the beginning date of contract. The Executive Director will be responsible for oversight of timely completion of dementia education for new hires. Date Insufficiency Corrected: 5/16/18	

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A 121	Continued From page 4 certified as a Dedicated Dementia Specific Assisted Living Program. The ALP Monitoring Entrance Form completed by the Program reflected a census of 41 tenants, including 21 tenants with a Global Deterioration Scale of four or greater. 2. Record review revealed Staff's A date of hire as 2-7-18. Staff A did not have eight hours of dementia-specific education completed within 30 days of employment. 3. Record review revealed Staff B's date of hire as 2-2-18. Staff B did not have eight hours of dementia-specific education completed within 30 days of employment. 4. Record review revealed Staff C's date of hire as 2-26-18. Staff C did not have eight hours of dementia-specific education completed within 30 days of employment. 5. Record review revealed Staff D's date of hire as 6-8-17. Staff D did not have eight hours of dementia-specific education completed within 30 days of employment. 6. Record review revealed Staff E's date of hire as 10-9-17. Staff E did not have eight hours of dementia-specific education completed within 30 days of employment. 7. Record review revealed Staff F's date of hire as 2-15-18. Staff F did not have eight hours of dementia-specific education completed within 30 days of employment. 8. Record review revealed Staff G's date of hire as 2-6-18. Staff G did not have eight hours of dementia-specific education completed within 30	A 121		

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A 121	Continued From page 5 days of employment. 9. When interviewed on 4-17-18 at approximately 8:15 a.m. the Executive Director revealed eight hours of dementia-specific training was not completed for the staff reviewed.	A 121		