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 |
|---|---|---|---|
| | S0037 | A. BUILDING: _____ B. WING _____ | 04/24/2018 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| LANDSMEER RIDGE RETIREMENT COMM | 1007 7TH STREET NE ORANGE CITY, IA 51041 |

| (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<br><br>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.<br><br>General Population Program<br><br>Number of tenants without cognitive disorder: 27<br>Number of tenants with cognitive disorder: 4<br>Total Population of Program at time of on-site: 31<br><br>TOTAL census of Assisted Living Program: 31<br><br>The following regulatory insufficiency was cited during the recertification visit conducted to determine compliance with certification for an Assisted Living Program. | A 000 | See attached<br>POC 5/11/18 | |
| A 094 | 481-69.27(1)a Nurse Review<br><br>481-69.27(231C) Nurse review. If a tenant does not receive personal or health-related care, but an observed significant change in the tenant's condition occurs, a nurse review shall be conducted. If a tenant receives personal or health-related care, the program shall provide for a registered nurse:<br>69.27(1)a To monitor, at least every 90 days, or after a significant change in the tenant's condition, any tenant who receives program-administered prescription medications for adverse reactions to the medications and to make appropriate interventions or referrals, and to ensure that the prescription medication orders are current and that the prescription medications are administered consistent with such orders. | A 094 | | |

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: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | S0037 | A. BUILDING: _____ B. WING _____ | 04/24/2018 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| LANDSMEER RIDGE RETIREMENT COMM | 1007 7TH STREET NE ORANGE CITY, IA 51041 |

| (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 094 | Continued From page 1<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on interview and record review the Program failed to completed 90 day nurse reviews as required for 3 of 3 tenants reviewed who received program-administered prescription medications (Tenant #1, #2, and #3). Findings follow:<br><br>1. Review of Tenant #1's file revealed the following:<br>a. The Service Plan dated 11-3-17 indicated the Program administered medications as ordered by the physician.<br><br>b. Review of Health Status Documents dated 11-3-17 and 1-30-18 failed to include a review of medications as required.<br><br>c. Review of Notes dated 8-15-17 to 4-23-18 failed to include a review of medications as required.<br><br>2. Review of Tenant #2's file revealed the following:<br>a. The Service Plan dated 3-29-17 indicated the Program administered medications as ordered by the physician.<br><br>b. Review of Health Status Documents dated 12-14-17 and 3-5-18 failed to include a review of medications as required.<br><br>c. Review of Notes dated 9-20-17 to 4-7-18 failed to include a review of medications as required.<br><br>3. Review of Tenant #3's file revealed the following:<br>a. The Service Plan dated 12-19-17 indicated the | A 094 | | |

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 |
|---|---|---|---|
| | S0037 | A. BUILDING: _____ B. WING _____ | 04/24/2018 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| LANDSMEER RIDGE RETIREMENT COMM | 1007 7TH STREET NE ORANGE CITY, IA 51041 |

| (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 094 | Continued From page 2<br>Program administered medications as ordered by the physician.<br><br>b. Review of Health Status Documents dated 12-18-17 and 3-16-18 failed to include a review of medications as required.<br><br>c. Review of Notes dated 12-20-17 to 4-23-18 failed to include a review of medications as required.<br><br>3. Interview with the Administrator on 4-24-18 at 9:56 a.m. confirmed this finding. | A 094 | | |

OK 5/29/18

✓ 5/30/18

Landsmeer Ridge
Retirement Community

1007 7th Street NE
Orange City, IA 51041

## Plan of Correction

**A. Nurse Review: 481-69.27(1)a**

481-69.27(1)a Nurse Review. If a tenant does not receive personal or health-related care, but an observed significant change in the tenant's condition occurs, a nurse review shall be conducted. If a tenant receives personal or health-related care, the program shall provide for a registered nurse:

69.27(1)a To monitor, at least every 90 days, or after a significant change in the tenant's condition, any tenant who receives program-administered prescription medications for adverse reactions to the medications and to make appropriate interventions or referrals, and to ensure that the prescription medication orders are current and that the prescription medications are administered consistent with such orders.

Regulatory Insufficiency A 094: This REQUIREMENT is not met as evidenced by:
Based on interview and record review the Program failed to complete 90 day nurse reviews as required for 3 of 3 tenants reviewed who received program-administered prescription medications (Tenant #1, #2, and #3). Findings follow:

1. Review of Tenant #1's file revealed the following:
a. The Service Plan dated 11-3-17 indicated the Program administered medications as ordered by the physician.
b. Review of Health Status Documents dated 11-3-17 and 1-30-18 failed to include a review of medications as ordered.
c. Review of Notes dated 8-15-17 to 4-23-18 failed to include a review of medications as required.

2. Review of Tenant #2's file revealed the following:
a. The Service Plan dated 3-29-17 indicated the Program administered medications as ordered by the physician.
b. Review of Health Status Documents dated 12-14-17 and 3-5-18 failed to include a review of medications as required.
c. Review of Notes dated 9-20-17 to 4-7-18 failed to include a review of medications as required.

3. Review of Tenant #3's file revealed the following:
a. The Service Plan dated 12-19-17 indicated the Program administered medications as ordered by the physician.

b. Review of Health Status Documents dated 12-18-17 and 3-16-18 failed to include a review of medications as required.
c. Review of Notes dated 12-20-17 to 4-23-18 failed to include a review of medications as required.

4. Interview with the Administrator on 4-24-18 at 9:56 am confirmed this finding.

**Plan of Correction:** We have added an additional system check on our Health Status Document entitled Meds. This is on any tenant receiving program-administered prescription medications. This will ensure documentation is done by the Delegating RN with any assessment check point, at the minimum every 90 days or when there is a significant change in condition.
1. Documentation will include any changes in tenant's medications, and the teaching associated with those medication changes.
2. Documentation will include the teaching of, and any note of adverse effects from medications.
3. Documentation will include any noncompliance issues tenant may be having.
4. Documentation will note any other med related issues, such as allergic reaction, changes due to ineffectiveness, etc.
5. This revised Health Status form will be used beginning immediately, May 11, 2018 with any RN assessments to ensure proper med review.
6. This will ensure complete medication review as required at minimum of every 90 days as Health Status document is always completed at this check point.

Please contact me if there is anything further that you need from me.

Kelly Heemstra

Kelly Heemstra RN
Landsmeer Ridge Retirement Community, Manager