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
	S0351	A. BUILDING: _____ B. WING _____	C 06/25/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EMERY PLACE	901 SOUTH MENTZER ROAD ROBINS, IA 52328

(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 Unit Number of tenants without cognitive disorder: 25 Number of tenants with cognitive disorder: 0 Memory Care Unit Number of tenants without cognitive disorder: 6 Number of tenants with cognitive disorder: 21 TOTAL Census of Assisted Living Program for People with Dementia: 52 The following regulatory insufficiencies were cited during the investigation of 76246-C.	A 000	See attached POC 8/1/18	
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 administer medications according to doctor's orders for 1 of 4 tenants reviewed (Tenant #1). Findings follow:	A 147		

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

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A 147	Continued From page 1 Tenant #1 was admitted on 9-7-15 and independently administered medications with assistance from family. Review of his Service Plan revealed the Program administered medications as of December 2017. On 6-20-18 a review of Tenant #1's Medication Administration Record (MAR), dated March 2018, revealed the Program failed to administer his polyethelyne glycol (Miralax) for constipation from March 25-30, 2018. Further review of MAR dated April 2018 revealed the Program failed to administer his polyethelyne glycol on April 1, 2018. March 25- April 1, 2018 indicated staff initials and a #9. According to Progress Notes dated March 25-30, 2018 #9 indicated the medication was not available. On 6-20-18 a review of Medication Review Report dated 1-12-18 revealed an order dated 12-19 -17 for Miralax 17 grams to be administered orally one time per day for constipation. On 6-25-18 a review of Unity Point at Home Feedback Summary dated 4-5-18 revealed Tenant #1 became constipated and had to be deimpacted after suppository and milk of magnesia was given. During the patient visit it was discovered he had not received his Miralax for eight days. During an interview on 6-21-18 at 1:30 p.m. Staff A stated she remembered he was out of Miralax and notified the Health Care Coordinator (HCC) because it was the third day without it. She stated the HCC would look into it. During an interview on 6-21-18 at 1:50 p.m. Staff B stated she would notify a nurse immediately if	A 147		

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A 147	Continued From page 2 she noticed a medication had not been given more than three days. During an interview on 6-21-18 at 1:47 p.m. Staff C stated she would notify a nurse if she noticed a medication had not been given more than three days. During an interview on 6-21-18 at 1:50 p.m. Staff D stated she would notify a nurse if she noticed a medication had not been given more than three days. She stated the Program switched to a new process of ordering medications after the beginning of the year and problems occurred so the Program switched back and no problems occurred since. During an interview on 6-21-18 at 2:28 p.m. the Health Care Coordinator confirmed Tenant #1 did not receive his Miralax from March 25-April 1, 2018. She stated she was made aware of the situation when a family member brought it to her attention. She stated no staff notified her Tenant #1 was out of his Miralax or she would have ordered it immediately. He was prescribed quite a bit of pain medication and the amount of laxative prescribed would be needed to maintain his bowel regimen. She stated it would not be good thing to go without his Miralax for eight days. During an interview on 6-25-18 at 1:18 p.m. the hospice Registered Nurse Case Manager confirmed Tenant #1 required stool matter removed from his rectum and passed hard stools on April 4th and 5th, 2018. She stated there was blood present in his stool from straining to pass it. She changed the order for the Miralax to be given in the evening instead of the morning and no more concerns were noted after he received his Miralax as scheduled.	A 147		

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OK 8/10/18
✓ 8/10/18

Emery Place

Complaint Intake #: 76246-C

Plan of Correction (POC) Submitted For:
- Investigation Date: June 20-June 25, 2018

A. Medications 481-67.5 (231B, 231C, 231D) *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.*

Program POC:

1. Elements detailing how insufficiency was corrected for residents:

a. Tenant #1 bowel regimen medications were refilled.

2. Actions program taking to protect tenants in similar situations:

a. The Program RN has provided training on 4/3/18 with staff to ensure that nurse is notified with any missing medications.

b. Medication refill training, including Medication Policy reviewed at staff meeting 4/19/18.

c. Community Pharmacy at staff meeting to review process of refilling of medications to ensure timely delivery on 4/19/18.

d. The program RN and Manager will continue to provide ongoing training regarding medication compliance with staff with any new hire and as needed.

3. Measures taken to ensure problem does not recur:

a. The Program RN will review Not Administered Medications report daily for one month and randomly thereafter. This will indicate if a medication is not given for the specific reason.

The Program will be in substantial compliance by 8/1/2018.

Disclaimer for POC

Preparation and/or execution of this plan of correction does not constitute admission or agreement by the program of the truth of the facts alleged or conclusions set forth in the statement of regulatory insufficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of state law