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
	S0159	A. BUILDING: _____ B. WING _____	12/11/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MELROSE MEADOWS RETIREMENT COMM	350 DUBLIN DRIVE IOWA CITY, IA 52246

(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. Number of tenants without cognitive disorder: 29 Number of tenants with cognitive disorder: 0 Total census of Assisted Living Program: 29 The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification rules for an Assisted Living Program:	A 000	481-67.9(4)c Staffing 1.Beginning 12/12/18 all certified and non-certified Personal Care staff received training on toileting assistance and perineal care by the delegating RN. 2. Toileting assistance and perineal care has been added to the "Skills Competency and Orientation Checklist". 3. The delegating RN will review training documents for continued competency on an annual basis or as needed to ensure compliance. 4. Additional training was completed by 12-28-18.	
A 060	481-67.9(4)c Staffing 481-67.9(231B,231C,231D) Staffing. 67.9(4) Nurse delegation procedures. The program's registered nurse shall ensure certified and noncertified staff are competent to meet the individual needs of tenants. Nurse delegation shall, at a minimum, include the following: c. Training for noncertified staff shall include, at a minimum, the provision of activities of daily living and instrumental activities of daily living. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure non-certified staff received training on activities of daily living, including toileting assistance and perineal care. This pertained to 6 of 6 non-certified staff reviewed (Staff A, B, C, D, E, and G). Findings	A 060		

1/15/19

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A 060	Continued From page 2 Checklist dated 9-26-17 documenting nurse delegated training was completed; however, there was no indication toileting or perineal care was included in the training. When interviewed on 12-11-18 at 3:21 p.m. the Nurse revealed staff assisted tenants with scheduled toileting assistance and perineal care. Staff received nurse delegated training on the task; however, it was not documented on the checklist.	A 060	481-67.9(4)d Staffing 1. Beginning 12/12/18 all certified and non-certified staff received training on sub-cutaneous injections specific to individual tenant medications, dressing changes, the application of ointments, gauze pads, Kerlix and tape. Staff has received additional training on inhalers and nasal sprays per MD orders and instructions on the ISP. The RN will continue to document all training on the nurse delegation forms specific to each employee. 2. The delegating RN has revised the delegation document to include additional training and delegation of wound care, dressing change, inhalers, nasal spray and subcutaneous medication administration. 3. The delegating RN will review training documents for continued competency on an annual basis or as needed to ensure compliance. 4. Additional training and delegation was completed by 12/28/18.	
A 061	481-67.9(4)d Staffing 481-67.9(231B,231C,231D) Staffing. 67.9(4) Nurse delegation procedures. The program's registered nurse shall ensure certified and noncertified staff are competent to meet the individual needs of tenants. Nurse delegation shall, at a minimum, include the following: d. Certified and noncertified staff shall receive training regarding service plan tasks (e.g., wound care, pain management, rehabilitation needs and hospice care) in accordance with medical or nursing directives and the acuity of the tenants' health, cognitive or functional status. This REQUIREMENT is not met as evidenced by: Based on record review and interview the Program failed to ensure staff received nurse delegated training on all medications administered and treatments completed. This pertained to 2 of 2 non-licensed staff reviewed who assisted with medications and treatments (Staff B and E). Findings follow:	A 061		

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A 061	Continued From page 3 Review on 12-11-18 of Tenant #1's file revealed a Physician's Orders form which included an order for Octreotide 1 milliliter to be injected subcutaneously (SQ) twice daily. The tenant's service plan reflected staff assisted with daily medication management. The service plan also reflected staff applied non-scented moisturizer to bilateral lower extremities at bedtime. The right lower extremity dressing included the application of Medihoney to be covered with a gauze pad, wrapped with Kerlix and secured with tape. Review on 12-10-18 of Staff B's file revealed she assisted with medications and treatments. Staff B had documented training on oral, optical, otic, rectal, vaginal and topical medications dated 2-9-18. Staff B also had documented training on blood glucose monitoring, insulin injections and changing of a topical dressing per order by the physician. Staff B did not have documented nurse delegated training for inhalers, nasal sprays, and the SQ medication administration and wound care for Tenant #1. Review on 12-10-18 of Staff E's file revealed she assisted with medications and treatments. Staff E had documented training on oral, optical, otic, rectal, vaginal and topical medications dated 11-30-17. Staff E also had documented training on blood glucose monitoring, insulin injections and changing of a topical dressing per order by the physician. Staff E did not have documented nurse delegated training for inhalers, nasal sprays, and the SQ medication administration and wound care for Tenant #1. When interviewed on 12-11-18 at 3:21 p.m. the Nurse revealed staff supervised the	A 061		

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A 061	Continued From page 4 administration of inhalers, assisted with nasal sprays, and administered Tenant #1's SQ medication. Licensed nursing staff completed Tenant #1's dressing change the majority of the time, however non-licensed staff had assisted with the dressing change. Staff had been trained on the tasks, however it was not documented.	A 061	481-69.26(4)a Service Plans 1. The RN has met with Tenant #1 and #3 to identify current needs and preferences. The RN has reviewed current Physician Orders for both tenants. Current needs, preferences, orders and side effects to watch for have been identified on the ISP.	
A 089	481-69.26(4)a Service Plans 481-69.26(231C) Service plans. 69.26(4) The service plan shall be individualized and shall indicate, at a minimum: a. The tenant's identified needs and preferences for assistance This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the Program failed to develop service plans that reflected all identified needs of 2 of 3 tenants reviewed (Tenants #1 and #3). Findings follow: 1. Review on 12-11-18 of Tenant #1's file revealed a hospital progress note addendum dated 10-17-18 indicating Tenant #1 had severe malnutrition "in the setting of stroke and vascular dementia..." that required treatment including supplements. Tenant #1 had moderate edema with a 13% weight loss in two months. A fax to the physician regarding a verbal order to continue nutritional drinks three times daily was dated 11-29-18. A fax to the physician regarding a verbal order for a nutritional drink twice daily as needed was dated 12-6-18.	A 089	2. If the tenants condition or the cares they receive change the ISP will be updated by the RN. Specific interventions will be included as warranted based on the needs or changes by the Tenant or PO. 3. The ISP will identify the needs and preferences of the Tenant by the RN. Interventions will be added to the ISP at 30 days, annually and as needed related to care, PO, etc. 4. The ISP on Tenant #1 and #3 were updated on 12/12/18.	

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A 089	Continued From page 5 A Medical History/Physical Functional Assessment dated 11-26-18 reflected Tenant #1 had been hospitalized from 10-15-18 to 10-18-18 and then transferred for rehabilitation. The diagnoses listed included stroke and seizure from a stroke. Nurse's Notes dated 10-16-18 indicated Tenant #1 was started on oral agent for seizures. Continued record review revealed a Physician's Orders form which included an order for Octreotide 1 milliliter to be injected subcutaneously (SQ) twice daily. A document provided by the Program indicated the medication was given twice daily for gastrointestinal (GI) bleeding prevention. A fax to the physician dated 12-5-18 indicated Tenant #1 had orders for Warfarin 2.5 milligram (mg) on Monday and Warfarin 5 mg on all other days. Review of Tenant #1's service plan last updated 11-26-18 did not reflect identified needs including supplements and weight loss, history of seizures and treatment, staff assistance with SQ injections twice daily for GI bleeding prevention or the administration of Warfarin. 2. Observation on 12-10-18 at approximately 12:45 p.m. revealed Tenant #3 ambulating with a walker outside of her apartment in a common area of the building. Review on 12-11-18 of Tenant #3's file indicated the service plan last updated 12-3-18 reflected the tenant was independent in the apartment with a walker, but required full wheelchair assistance	A 089		

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A 089	Continued From page 6 outside of the apartment to meals and activities. The service plan did not accurately reflect Tenant #3's identified needs related to mobility. 3. When interviewed on 12-11-18 at 3:21 p.m. the Nurse confirmed the nutritional supplements were not listed on the service plan and reported Tenant #1's weight was stable. The administration of the SQ medication and Warfarin were also not reflected on Tenant #1's service plan.	A 089		