V2|15|A

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
	S0160	A. BUILDING: _____ B. WING _____	01/15/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVER POND ASSISTED LIVING	516 13TH ST WELLMAN, IA 52356

(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: 10 Number of tenants with cognitive disorder: 0 Total Population of Program at time of on-site: 10 The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification rules for an Assisted Living Program.	A 000		
A 003	481-67.2 Program policies and procedures 481-67.2(231B,231C,231D) Program policies and procedures, including those for incident reports. A program's policies and procedures must meet the minimum standards set by applicable requirements. The program shall follow the policies and procedures established by a program. All programs shall have policies and procedures related to the reporting of incidents including allegations of dependent adult abuse. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the Program failed to ensure the	A 003	Plan of Correction is attached. DD	

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

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A 003	Continued From page 1 procedure regarding medication administration was followed by 1 of 1 staff observed passing medications (Staff A). Findings follow: During a medication (med) pass on 1-14-19 at 12:00 p.m. Staff A failed to follow the steps of the Program's Checklist for Administration of Oral Medication procedure for 2 tenants observed. Staff A pulled the 2 tenants' med planners from the med cart and proceeded to put meds into cups. She did not confirm the med planners matched the tenants on the Medication Administration Records (MAR). Staff A signed the MARs, walked to each tenant, placed the med cup next to them and walked away. She failed to observe either tenant swallow their medications. Record review revealed the Checklist for Administration of Oral Medications indicated staff were to identify the right resident and the right medications, verify the resident swallowed the medications, and initial the MAR after administration. During an interview on 1-14-19 at 12:16 p.m. Staff A confirmed the previous Registered Nurse told her how to give medications but failed to provide formal training for medication administration. She stated she did not know if the service plans indicated medications could be left with the tenants. During an interview on 1-14-19 at 1:55 p.m. the Assisted Living Administrator confirmed she expected staff to be formally trained prior to administering medications.	A 003		
A 038	481-67.5(6)c Medications	A 038		

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A 038	Continued From page 2 481-67.5(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: c. The program shall maintain a list of each tenant's medications and document the medications administered. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to document medications as administered for 2 of 2 tenants reviewed (Tenant #1 and Tenant #2). Findings follow: Review of Tenant #1's Medication Administration Record (MAR) for December 2018 revealed many blanks where no one initialed the med was given. As a result, it could not be determined if the orders for the administration of the meds were followed. Examples include but are not limited to: - Multival-M tablet to be given one time a day was not documented as given on 12/15/18, 12/20/18-12/23/18, 12/27/18, 12/28/18 - Furosemide tablet to be given twice a day was not documented as given at noon for the entire month of December with the exception of 12/1/18, 12/2/18 and 12/16/18 - Metroprolol Tartrate tablet to be given twice a day was not documented as given at 5:00 p.m. on 12/3/18-12/15/18, 12/19/18-12/26/18, 12/27/18 and 12/28/18 - Venlafaxine HCL ER tablet was not documented as given at night. on	A 038		

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A 038	Continued From page 3 12/3/18-12/15/18, 12/19/18-12/26/18, 12/27/18 and 12/28/18 Review of Tenant #2's Medication Administration Record (MAR) for November and December 2018 revealed many blanks where no one initialed the med was given. As a result, it could not be determined if the orders for the administration of the meds were followed. Examples include but are not limited to: - Amlodipine Besylate tablet to be given one time a day was not documented as given on 11/21/18-11/30/18 - Vitamin C tablet, Senna Plus tablet, Levothyroxine Sodium tablet, Lovastatin tablet and Polyethylene Glycol Powder (17 grams) all to be given once a day were not documented as given on 11/3/18-11/30/18. - Gabapentin capsule to be given once a day was not documented as given on 11/14/18-11/16/18, 11/19/18, 11/21/18, 11/23/18, 11/25/18-11/30/18 - Acetaminophen tablet to be given twice a day was not documented as administered at all from 11/12/18-11/30/18 - Acetaminophen tablet to be given twice a day was not documented as administered at 2:00 p.m. on 12/1/18, 12/2/418, 12/5/18, 12/7/18-12/20/18 and 12/29/18-12/31/18 - Calcium Carbonate-Vit D tablet to be given twice a day was not documented as administered at night on 12/3/18, 12/5/18, 12/7/18-12/13/18, 12/16/18, 12/18/18-12/20/18, 12/25/18, 12/26/18, 12/29/18-12/31/18 Review of January MARs revealed meds were documented when given. On 1-15-19 at 10:13 a.m. the Director of Nursing	A 038		

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A 038	Continued From page 4 stated she had recently taken over the Registered Nurse (RN) duties at the Program in conjunction with her position at the adjoining long term care facility. She stated the former RN was often responsible for passing medications on the evening shift. The former RN was also responsible for reviewing MARs to ensure medications were documented as administered. One of the first things she did when taking over at the Program was review orders and MARs to make sure everything matched up and ensured staff documented the administration of meds.	A 038		
A 059	481-67.9(4)b 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: b. Within 30 days of beginning employment, all program staff shall receive training by the program's registered nurse(s). This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the Program failed to ensure 1 of 1 staff observed passing medications received delegation training within 30 days (Staff A). Findings include: During a medication (med) pass on 1-14-19 at	A 059		

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A 059	Continued From page 5 12:00 p.m. Staff A failed to follow the steps of the Checklist for Administration of Oral Medication procedure for 2 tenants observed. When interviewed on 1-14-19 at 12:16 p.m. Staff A confirmed the previous Registered Nurse told her how to give medications but failed to provide formal training for medication administration. Review of Staff A's file revealed a hire date of 12-12-18. No record of delegated training could be located. During an interview on 1-14-19 at 1:55 p.m. the Assisted Living Administrator stated she expected staff to be formally trained prior to administering medications and confirmed Staff A had not received required training.	A 059		
A 036	481-69.22(1) Evaluation of Tenant 481-69.22(231C) Evaluation of tenant. 69.22(1) Evaluation prior to occupancy. A program shall evaluate each prospective tenant's functional, cognitive and health status prior to the tenant's signing the occupancy agreement and taking occupancy of a dwelling unit in order to determine the tenant's eligibility for the program, including whether the services needed are available. The cognitive evaluation shall utilize a scored, objective tool. When the score from the cognitive evaluation indicates moderate cognitive decline and risk, the Global Deterioration Scale shall be used at all subsequent intervals, if applicable. If the tenant subsequently returns to the tenant's mildly cognitively impaired state, the program may discontinue the GDS and revert to a scored cognitive screening tool. The evaluation shall be conducted by a health care professional	A 036		

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A 036	Continued From page 6 or human service professional. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to complete evaluations prior to admission for 1 of 2 tenants reviewed (Tenant #1). Findings follow: Review of Tenant #1's file indicated an admission date of 10-15-18. A functional evaluation in the file was undated. Further review revealed a cognitive evaluation dated 10-16-18. The Director of Nursing confirmed these findings on 1-15-19 at 10:13 a.m..	A 036		
A 037	481-69.22(2) Evaluation of Tenant 481-69.22(231C) Evaluation of tenant. 69.22(2) Evaluation within 30 days of occupancy and with significant change. A program shall evaluate each tenant's functional, cognitive and health status within 30 days of occupancy. A program shall also evaluate each tenant's functional, cognitive and health status as needed with significant change, but not less than annually, to determine the tenant's continued eligibility for the program and to determine any changes to services needed. The evaluation shall be conducted by a health care professional or human service professional. A licensed practical nurse may complete the evaluation via nurse delegation when the tenant has not exhibited a significant change.	A 037		

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A 037	Continued From page 7 This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to complete comprehensive assessments within 30 days or at least annually for 2 of 2 tenants reviewed (Tenants #1 and Tenant #2). Findings follow: Review of Tenant #1's file indicated an admission date of 10-15-18. No comprehensive assessments completed within 30 days of occupancy could be located. Review of Tenant #2's file indicated an admission date of 12-1-15. No documentation of an annual evaluation for 2018 could be located. The Director of Nursing confirmed these findings on 1-15-19 at 10:13 a.m.	A 037		
A 083	481-69.26(1) Service Plans 481-69.26(231C) Service plans. 69.26(1) A service plan shall be developed for each tenant based on the evaluations conducted in accordance with subrules 69.22(1) and 69.22(2) and shall be designed to meet the specific service needs of the individual tenant. The service plan shall subsequently be updated at least annually and whenever changes are needed.	A 083		

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A 083	Continued From page 8 This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to develop service plans based on evaluation as required for 1 of 2 tenants reviewed (Tenant #1). Findings follow: Review of Tenant #1's file revealed cognitive and functional evaluations were not completed prior to occupancy as required by 69.22(1) and not completed within 30 days of occupancy as required by 69.22(2). As a result, the service plan dated 10-30-18 was not developed based on required assessments. The Director of Nursing confirmed these findings on 1-15-19 at 10:13 a.m.	A 083		
A 084	481-69.26(2) Service Plans 481-69.26(231C) Service plans. 69.26(2) Prior to the tenant's signing the occupancy agreement and taking occupancy of a dwelling unit, a preliminary service plan shall be developed by a health care professional or human service professional in consultation with the tenant and, at the tenant's request, with other individuals identified by the tenant, and, if applicable, with the tenant's legal representative. All persons who develop the plan and the tenant or the tenant's legal representative shall sign the plan. This REQUIREMENT is not met as evidenced by: Based on interview and record review the	A 084		

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A 084	Continued From page 9 Program failed to ensure a preliminary service plan was completed prior to occupancy for 1 of 2 tenants reviewed (Tenant #1). Findings follow: Review of Tenant #1's file indicated an admission date of 10-15-18. The service plan in the file was dated 10-30-18. A preliminary service plan completed prior to admission could not be located. The Director of Nursing confirmed this finding on 1-15-19 at 10:13 a.m.	A 084		
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 interview and record review the Program failed to develop individualized service plans based on needs and preferences for 1 of 2 tenants reviewed (Tenant #1). Findings follow: Review of Tenant #1's file indicted diagnoses of chronic pain syndrome, type 2 diabetes, placement of cardiac pacemaker, heart vale replacement and chronic obstructive pulmonary disease. A Progress Note dated 10-15-18 revealed he required wraps on bilateral lower extremities for wounds related to cellulitis. A Progress Note dated 12-3-18 revealed he	A 089		

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A 089	Continued From page 10 returned from the hospital for pacemaker placement and required the microwave to be removed from his apartment. Review of his Service Plan dated 1-11-19 failed to include medical diagnoses and treatments for the pacemaker, diabetes and cellulitis. The Director of Nursing confirmed these findings on 1-15-19 at 10:13 a.m.	A 089		

Plan of correction

Submission of the results and plan of correction are not a legal admission that a insufficiency exists or that this statement of insufficiency was correctly cited and is not to be construed as an admission of interest against the facility, the executive director, or other associates agents or other individuals who draft or may be discussed in this response and plan of correction. Preparation and submission of this plan of correction does not constitute an admission or agreement of any kind by the facility of the truth of any fact alleged or the correctness of any conclusion set forth in these allegations by the survey agency.

Compliancy date set: 02/15/2019

A003 Program policies and procedures

A med planner sheet has been made listing the count of pills that should be used for any particular med pass. Medications are set up on a Bi-weekly schedule per med planner. Service plans will be looked over to decide whether meds can be left with tenant or the companion needs to observe tenant taking medications.
This will be monitored weekly for 6 weeks to ensure this is being done correctly.
All staff will be delegated or re-delegated on all aspects of med administration by 02/15/19 Staff A was delegated on 01/21/1019.
All staff will be delegated on day of orientation.

A038 Medications

The AL coordinator / designee will set up medications staff is to pass and sign the med planner sheets indicating the resident was passed the correct amount of pills. The MAR will be signed for eye drops.
The Med planner sheets will be monitored mon-Friday if there are any holes the companion will be contacted and asked if they passed the pills and asked to come in that day to sign the sheets.
If they were not passed a Medication error will be filled out and the doctor and family will be notified of the med pass. The med planner started on 01/21/2019.

A059 Staffing

The first day of orientation will include delegations and required dementia training. Staff A delegations and dementia training were completed by 01/21/2019.
All staff will be delegated or re-delegated by 02/15/19 Staff A was delegated on 01/21/1019.

A036 Evaluation of tenant

AL coordinator /designee shall screen all new potential admits prior to admission. Effective 1/21/2019
This will be monitored with each new admission.

A037 Evaluation of Tenant

AL coordinator /designee shall review all tenant by 2/15/2019
New admissions will be reviewed within 30 days of occupancy. Annuals will be completed annually or as appropriate with significant change for each tenant.

A083 Service plans

AL coordinator /designee shall develop service plans based on evaluations. All current service plans will be reviewed and updated by 2/15/2019 and signed by tenants.

A084 Service plans

AL coordinator /designee shall develop a service plan during the screening interview with all potential tenants. As of 01/30/2019

A089 Service plans

AL coordinator /designee shall review and update all service plans to include tenants individual needs by 02/15/2019.