ASB ALP Monitor's Report & Documentation

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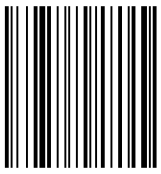

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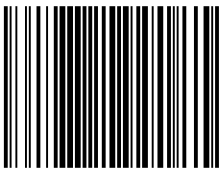

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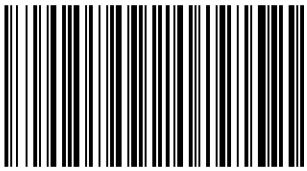

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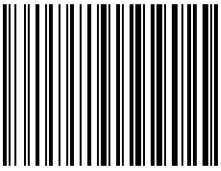

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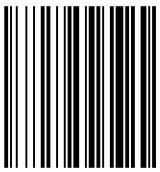

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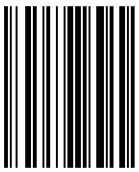

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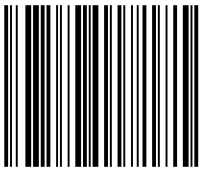

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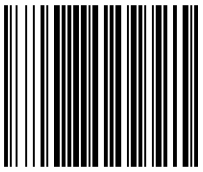

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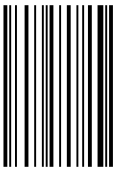

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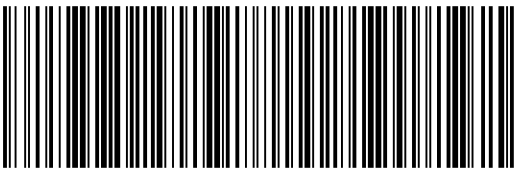
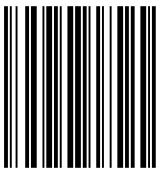


ADULT SERVICES BUREAU

Program



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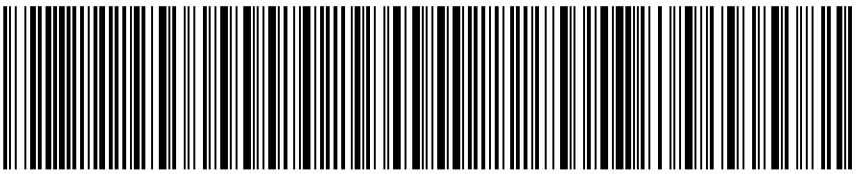
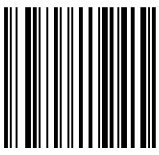


07 - Monitor's Report & Documentation

Exp. Date



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✓ 4/22/19 ok 4/19/19

PRINTED: 02/27/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IAALP093	A. BUILDING _____ B. WING _____	02/05/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKEVIEW LODGE	312 SOUTHBROOKE DR WATERLOO, IA 50702

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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: 10 Number of tenants with cognitive disorder: 38 TOTAL Census of Assisted Living Program for People with Dementia: 48 The recertification visit conducted to determine compliance with certification for a Dedicated Dementia Specific Assisted Living Program resulted in regulatory insufficiencies.	A 000	POC 3/22/19	
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 on daily living (ADLs). This pertained to 4 of 5 non-certified staff reviewed (Staff A, C, E and F). Findings follow:	A 060	A060 • Elements detailing how the Program will correct each RI – ADLs and IADLs competency training will be added to all Resident Assistant new hire orientations. • Measures taken to ensure the problem does not recur – Nurse Coordinator will complete competency training will all new Resident Assistant hires. Director will review orientation packets upon completion of orientation. • How the Program plans to monitor performance and ensure compliance – Director will audit all new hire orientation packets at the new hire's completion of orientation. • The date by which the the RI will be corrected – Effective immediately, 3/12/19.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Emily Hammond — TITLE: Director of Assisted Living — (X6) DATE: 3/12/19

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A 060	Continued From Page 1 1. Record review on 2-4-19 of Staff A's file revealed Staff A was a non-certified staff with a hire date of 11-29-18. A Competency Testing of Resident Assistants document reflected nurse delegated training for medication administration and treatments, dated 12-20-18. The document included nurse delegated training on perineal care; however, did not include training on all ADLs. Record review on 2-4-19 of Staff C's file revealed Staff C was a non-certified staff with a hire date of 11-7-18. A Competency Testing of Resident Assistants document reflected nurse delegated training for medication administration and treatments, dated 12-4-19 (error in date). The document included nurse delegated training on perineal care; however, did not include training on all ADLs. Record review on 2-4-19 of Staff E's file revealed Staff E was a non-certified staff with a hire date of 9-11-18. A Competency Testing of Resident Assistants document reflected nurse delegated training for medication administration and treatments, dated 10-7-18. The document included nurse delegated training on perineal care; however, did not include training on all ADLs. Record review on 2-4-19 of Staff F's file revealed Staff F was a non-certified staff with a hire date of 8-27-18. A Competency Testing of Resident Assistants document reflected nurse delegated training for medication administration and treatments (undated document). The document included nurse delegated training on perineal care; however, did not include training on all ADLs. 2. When interviewed on 2-5-19 at 2:23 p.m. the	A 060		

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A 060	Continued From Page 2 Nurse confirmed Staff A, C, E and F were non-certified staff. The Nurse revealed she verbally went over a.m. and p.m. cares with staff.	A 060		
A 077	481-69.25(1)o Tenant Documents 481-69.25(231C) Tenant documents. 69.25(1) Documentation for each tenant shall be maintained by the program and shall include: o. Incident reports involving the tenant, including but not limited to those related to medication errors, accidents, falls, and elopements (such reports shall be maintained by the program but need not be included in the tenant's medical record) This Requirement is not met as evidenced by: Based on interview and record review the Program failed to complete incident reports for medication errors. This potentially affected all tenants that received assistance with medication administration (46 tenants). Findings follow: 1. Record review of the Monthly Medication Treatment Audit logs indicated the following: a. In November 2018 four medication errors occurred regarding medications not administered. b. In December 2018 four medication errors occurred regarding medications not administered. The log also revealed three treatment errors occurred regarding treatments not completed. c. In January 2019 four medication errors occurred regarding medications not administered.	A 077	A077 • Elements detailing how the Program will correct each RI – Lakeview Lodge will create a medication incident report and complete for every med error • Measures taken to ensure the problem does not recur – Director will review all medication error incident reports at least monthly. • How the Program plans to monitor performance and ensure compliance – Director or Nurse Coordinator has offending employee(s) sign incident report. Originals will be kept in Nurse Coordinator's office. • The date by which the the RI will be corrected – Effective Friday March 22, 2019	

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A 077	Continued From Page 3 The Monthly Medication Treatment Audit logs for November and December 2018 and January 2019 included the following information: date, medication time, tenant, the medication/treatment missed and staff signature. Further record review failed to produce incident reports related to the medication and treatment errors identified on the Monthly Medication Treatment Audit logs. 2. Continued record review of the ALP Monitoring Entrance form revealed 46 tenants received assistance with medication administration. 3. Further record review revealed the Program's policy and procedure regarding Continuous Quality Improvement indicated empty medication cards and medication planners would be monitored for any remaining medications. Any errors would be documented and followed up on to reduce medication errors. The Program's policy and procedure regarding Incident Reports indicated an incident report would be completed with unexpected or unexplained events. 4. When interviewed on 2-5-19 at 2:23 p.m. the Nurse revealed she went through medication bubblepacks and documented errors on the log. She determined which staff was working and spoke with the staff involved. The nurse confirmed incident reports were not available for the missing medications and/or treatments.	A 077		
A 089	481-69.26(4)a Service Plans 481-69.26(231C) Service plans.	A 089	A089 • Elements detailing how the Program will correct each RI – Lakeview Lodge will review and update all service plans. • Measures taken to ensure the problem does not recur – Director and Nurse Coordinator to take education regarding Service Plans through LeadingAge Iowa. • How the Program plans to monitor performance and ensure compliance – Director will review all current service plans with Nurse Coordinator. Once up to date, Director will review all new service plans with Nurse Coordinator. • The date by which the the RI will be corrected – Lakeview Lodge plans to have all current and new service plans up to regulation by Friday March 22, 2019	

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A 089	Continued From Page 4 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 to reflect tenants' identified needs for 5 of 5 tenants reviewed (Tenants #1, #2, #3 #4 and #5). Findings follow: 1. Record review on 2-5-19 of Tenant #1's file revealed a Physician's Orders document reflected the following orders: a. Eliquis, 5 milligram (mg) tablet, one tablet orally, twice per day at breakfast and bedtime. b. Aquaphilic ointment, apply topically to the lower legs daily at bedtime. c. Zeasorb powder, apply topically to the groin and breast folds, twice daily and as needed (first and second shifts and as needed). Continued record review revealed the December 2018 medication administration records (MARs) reflected staff assistance with the above physician ordered medication and treatments. Further record review revealed the service plan, dated 6-6-18, did not reflect Tenant #1's blood thinner, Aquaphilic ointment to the legs and Zeasorb powder to the affected areas. 2. Record review on 2-5-19 of Tenant #2's file	A 089		

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A 089	Continued From Page 5 revealed Interdisciplinary Notes indicated the following: a. On 11-18-18 it was noted Tenant #2 walked without her walker in the room across from the dining room, went to sit in a chair and slid out of the chair onto the floor. No injuries were noted. b. On 12-10-18 it was noted staff reported Tenant #2 fell on third shift. Tenant #2 complained of pain in the left hip. c. On 1-18-19 at 6:00 p.m. it was noted Tenant #2 reported she had been in her recliner and fell out. Staff assisted Tenant #2 up, she took a couple of steps and then was seated in the recliner. There were no complaints of pain voiced at that time. At 7:10 p.m. a nurse was called by staff regarding Tenant #2 complaints of right hip pain. d. On 1-31-19 it was noted staff responded to Tenant #2's apartment and observed Tenant #2 laying on her right side, under the table in her apartment. Tenant #2 had swelling noted on the right side of Tenant #2's face. Tenant #2 showed facial grimacing with range of motion exercises of the lower extremities. Facial droop was noted on the right side of Tenant #2's face. Tenant #2 was non-verbal and not able to communicate with staff. Tenant #2 was transported to the emergency room due to stroke like symptoms. Continued record review revealed a Physician's Orders document reflected the following orders: Plavix 75 mg, one tablet , orally, daily at breakfast and Aquaphilic ointment, apply topically to legs, at bedtime. The December 2018 MARs reflected staff assistance with the above medication and treatments.	A 089		

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A 089	Continued From Page 6 Further record review revealed the service plan, dated 5-24-18, did not reflect the blood thinner or Aquaphilic ointment to the legs at bedtime. The service plan reflected Tenant #2 used a walker and staff was to remind Tenant #2 to use the walker. The service plan did not reflect Tenant #2's falls and additional fall interventions. 3. Record review on 2-5-19 of Tenant #3's file revealed Interdisciplinary Notes indicated the following: a. On 11-5-18 it was noted Tenant #3 had a large amount of edema in the lower legs and had 3+ pitting edema from the calf to the thigh. New orders were received to increase Lasix to 40 mg twice daily for three days, daily weights for one week and to increase Norco to 5/325 mg orally twice daily. Metoprolol parameters were discontinued and changed to weekly vitals after the increased Lasix was completed was also ordered. b. On 11-9-18 it was noted new orders were received to increase Lasix to 40 mg orally twice daily through 11-14-18, then to return to Lasix 40 mg orally every day. Metolazone 2.5 mg orally for one dose was ordered. Other orders included: daily weights, keep legs elevated as much as possible and a 2000 cubic centimeter fluid restriction. c. On 11-12-18 it was noted Tenant #3's weight decreased and fluid loss was noted. An order was received to stop the fluid restriction. d. On 11-16-18 it was noted daily weights were discontinued and weekly weights were ordered. Lasix 40 mg, orally, daily was ordered.	A 089		

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A 089	Continued From Page 7 e. On 11-27-18 it was noted Tenant #3 had multiple sores on her right lower arm. An order was received to apply Bacitracin to sores twice daily until healed. f. On 11-28-18 it was noted a quarterly assessment was completed and Tenant #3 had an exacerbation of congestive heart failure in November. Tenant #3 was treated with Lasix and had returned to her baseline. Tenant #3 was treated with Bacitracin for infected sores on her arm due to scratching. A Physician's Orders document indicated an order for Xarelto 15 mg, take one tablet orally daily before breakfast. It also reflected Biotene oral gel as needed (self). Continued record review revealed the service plans, dated 8-30-18 and 11-28-18, reflected Tenant #3 had lymphedema in her legs in the past and had weekly weights and blood pressure. The service plan did not reflect the fluid restriction, elevation of the legs, daily weights and the Bacitracin treatment. The service plan also did not reflect Tenant #3 was prescribed a blood thinner and the self-administration of the Biotine oral gel. 4. Record review on 2-5-19 of Tenant #4's file revealed a Physician's Orders document revealed the following orders: a. Ayr saline nasal gel, apply to nostril, twice daily. b. Take Tenant #4 to the bathroom once during the night. c. Turn on the light and open the shades when	A 089		

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A 089	Continued From Page 8 Tenant #4 was up. d. Fill humidifier with water if needed. The December 2018 MARs reflected staff assistance with the above treatments and tasks. Continued record review revealed the service plan, dated 1-16-19, did not reflect the nasal gel, the assistance to the bathroom once nightly, to turn the light on and put the shades up when Tenant #4 was up and to fill the humidifier with water. 5. Record review on 2-5-19 of Tenant #5's file revealed Interdisciplinary Notes indicated the following: a. On 11-19-18 it was noted a quarterly assessment was completed and Tenant #5 had six falls in the last quarter. b. On 12-3-18 it was noted Tenant #5 was seen at the dentist and the physician order sheet indicated to continue use of Clinpro 5000 toothpaste. c. On 12-21-18 it was noted Tenant #5 had a fall at 8:00 a.m. Tenant #5 slipped off the bed and was able to get himself up. Tenant #5 agreed to place a rail on the bed. December 2018 MARs reflected the following treatments: a. Change dressings to the right lower leg and left knee daily. Cleanse with soap, water and dry. Apply Vaseline, cover with a non-stick pad and secure with netting. b. Cleanse the abrasion on the back with soap	A 089		

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A 089	Continued From Page 9 and water and to report to the nurse if there was any redness or drainage. Observation on 2-4-19 during the 11:00 a.m. medication pass revealed staff assisted Tenant #5 with medication administration. Continued record review revealed the service plan dated 3-6-18 did not reflect the bed rail, the use of Clinpro 5000 toothpaste and dressings and skin treatments. The service plan reflected Tenant #5 administered his own medications; despite observation of staff administered the medications to Tenant #5. 6. When interviewed on 2-5-19 at 2:23 p.m. the Nurse confirmed all current service plan documents were provided for the tenants indicated above.	A 089		
A 125	481-69.30(5) Dementia Specific Education for Personnel 481-69.30(231C) Dementia-specific education for program personnel. 69.30(5) Dementia-specific training shall include hands-on training and may include any of the following: classroom instruction, Web-based training, and case studies of tenants in the program. This Requirement is not met as evidenced by: Based on interview and record review the Program failed to complete hands on dementia training. This pertained to 4 of 7 staff reviewed (Staff C, D, F and G). Findings follow: 1. Record review on 2-4-19 of Staff C's file	A 125	A125 • Elements detailing how the Program will correct each RI – Lakeview Lodge has added "hands-on training" to the dementia hours form used in the orientation packet. • Measures taken to ensure the problem does not recur – New hires will complete eight hours of dementia training, including hands-on. Director will review orientation packets upon completion of orientation. • How the Program plans to monitor performance and ensure compliance – Director will audit all new hire orientation packets at the new hire's completion of orientation. • The date by which the the RI will be corrected – Effective immediately, 3/12/19	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IAALP093	A. BUILDING _____ B. WING _____	02/05/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKEVIEW LODGE	312 SOUTHBROOKE DR WATERLOO, IA 50702

(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 125	Continued From Page 10 revealed a hire date of 11-7-18. An Acknowledgement of Alzheimer Training, dated 11-29-18, revealed Staff C completed eight hours of dementia training including watching videos. The training did not document any hands-on dementia training completed. Record review on 2-4-19 of Staff D's file revealed a hire date of 10-3-18. An Acknowledgement of Alzheimer Training, dated 10-20-18, revealed Staff D completed eight hours of dementia training including watching videos. The training did not document any hands-on dementia training completed. Record review on 2-4-19 of Staff F's file revealed a hire date of 8-27-18. An Acknowledgment of Alzheimer Training, dated 9-10-18, revealed Staff F completed eight hours of dementia training including watching videos. The training did not document any hands-on dementia training completed. Record review on 2-4-19 of Staff G's file revealed a hire date of 11-7-18. An Acknowledgment of Alzheimer Training, dated 11-24-18, revealed Staff G completed eight hours of dementia training including watching videos. The training did not document any hands-on dementia training completed. 2. When interviewed on 2-5-19 at 2:09 p.m. the Director confirmed there was no additional documented hands-on training for the staff indicated above.	A 125		