9/20/19

PRINTED: 07/30/2019
FORM APPROVED

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
	S0002	A. BUILDING: _____ B. WING _____	C 07/17/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARTINA PLACE	5815 WINWOOD DR JOHNSTON, IA 50131

(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: 54 Number of tenants with cognitive disorder: 4 Total Population of Program at time of on-site: 58 The following regulatory insufficiencies were cited during the investigation of Complaint #83725-C.	A 000	**Allegation of Compliance** **8/23/2019** The plan of correction for these regulatory insufficiencies was executed solely because provisions of state and federal law require it. The preparation of the following plan of correction, for these regulatory insufficiencies, does not constitute and should not be interpreted as an admission nor an agreement, by the facility, of the truth of the facts alleged or conclusions set forth in the statement of deficiencies.	
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 interview and record review the	A 003		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Heather Kuhn | TITLE: Executive Director | (X6) DATE: 8-9-2019

8/16/19

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
	S0002	A. BUILDING: _____ B. WING _____	C 07/17/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARTINA PLACE	5815 WINWOOD DR JOHNSTON, IA 50131

(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 003	Continued From page 1 Program failed to follow the policies and procedures for medication administration and documentation of narcotics for 2 of 3 tenants reviewed (Tenant #1, #2). Findings follow: Review of Tenant #1's March 2019 through July 2019 Medication Administration Records (MAR) revealed she received Opana (hydromorphone) 20 milligrams twice daily for chronic pain. Further review revealed staff failed to consistently count and document the number of tablets remaining after administration as well as at shift change on the Medication Count Sheet. Review of Tenant #2's MAR revealed she received hydrocodone every 6 hours as needed (PRN) for chronic pain. During a medication pass at on 7/8/19 at 11:30 a.m. Staff A handed Tenant #2 a PRN hydrocodone but failed to observe her swallow the medication. Tenant #2 proceeded to put the hydrocodone on her side table and did not take the medication. Staff A called for another staff member to count the remaining hydrocodone and noted the count to be off by one. That staff instructed Staff A to notify the nurse of the count. Continued review of the July hydrocodone count sheet revealed medication was administered as ordered but staff failed to consistently document on the July MAR each time hydrocodone was administered. Review of the Narcotic Count procedure stated narcotics were to be reconciled each time one was administered to a tenant and to notify the nurse if the count was not accurate. Review of the Resident Associate Skills Checklist for Medications revealed staff were to stay with tenants until medications had been consumed to	A 003	**A 003 Program Policies and Procedures** The Medication Administration policy and Control/Narcotic Record and Destruction Policy reviewed and updated. Control/Narcotic Reconciliation Form and PRN Medication Administration form updated. All controlled/narcotic medications Martina Place staff assisting with administering moved from the resident room to new medication room. Program Director of Nursing educated on Medication Administration policy, Control/Narcotic Record and Destruction policy and two -person audit process. Program Director of Nursing, Nurses and Resident Assistants were educated on	

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
	S0002	A. BUILDING: _____ B. WING _____	C 07/17/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARTINA PLACE	5815 WINWOOD DR JOHNSTON, IA 50131

(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 003	Continued From page 2 ensure no medications were dropped. On 7/9/19 at 10:30 a.m. the Administrator confirmed Staff A failed to notify either herself or a nurse immediately of the inaccurate narcotic count but instead brought it up at shift change. She stated she expected staff to follow the policy for narcotics including notifying a nurse immediately if a narcotic count was off, documenting every time a narcotic was administered and counting all narcotics at shift change. On July 16, 2019 at 4 p.m. the Director of Nursing confirmed these findings and stated she expected staff to follow the policies for medication administration and documentation of narcotics.	A 003	Medication Administration policy, Control/Narcotic Record and Destruction policy, Control/Narcotic Reconciliation form and PRN Medication Administration form, proper medication administration procedures, procedure of receiving medication and two-person verification and control/narcotic count process. The Program Director of Nursing and Nurses will complete competency checklist for Residents Assistants on Medication Administration.	
A 013	481-67.3(2) Tenant Rights 481-67.3 Tenant rights. All tenants have the following rights: 67.3(2) To receive care, treatment and services which are adequate and appropriate. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to provide appropriate treatment and services for 1 of 3 tenants reviewed (Tenant #2). Findings follow: Review of Tenant #2's Medication Administration Records (MAR) for May and June 2019 revealed	A 013	Nurses will complete bi-weekly audits of control/narcotic reconciliation form and Medication Administration Records for three months. Executive Director to oversee program and report to QA committee for three months. **Completion Date 8/23/2019**	

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
	S0002	A. BUILDING: _____ B. WING _____	C 07/17/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARTINA PLACE	5815 WINWOOD DR JOHNSTON, IA 50131

(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 013	Continued From page 3 a Lidocaine patch was to be applied PRN (as needed) for pain. Continued review revealed she received the patch daily for chronic pain. Review of the May MAR from 5/13/19 to 5/20/19 revealed she failed to have the Lidocaine patch applied for 8 days. Staff documented no patches were available. The June MAR reflected she did not utilize a patch from 7/2/19 to 7/5/19 as no patches were available according to staff documentation.. On 7/8/19 at 11:30 a.m. Staff A stated Tenant #2 received hydrocodone and a Lidocaine patch daily to control chronic pain. On 7/16/19 at 2:44 p.m. Staff B stated Tenant #2 suffered from chronic pain and complained daily of hip and back pain. She stated Tenant #2 used PRN hydrocodone and Lidocaine patches daily to manage her pain. When interviewed on 7/16/19 at 4:00 p.m. the Director of Nursing confirmed Tenant #2 suffered from chronic pain and required PRN pain medication daily to control it. She confirmed Tenant #2 failed to receive her Lidocaine patch for several days in May and July. She stated the family was responsible to bring in the patches and failed to document her attempts to have them bring more in.	A 013	**A 013 Tenant Rights** The Medication Administration policy reviewed and updated. Program Director of Nursing educated on Medication Administration policy. Resident Assistants and Nurses educated on the Medication Administration policy and proper medication administration procedures. The Program Director of Nursing and Nurses complete competency checklist for Residents Assistants on Medication Administration. Nurses will conduct bi-weekly audits of Medication Administration Records for three months. Executive Director to oversee program and report to QA committee for three months. **Completion Date 8/23/2019**	