✓10/21/19 OK 10/21/19

PRINTED: 09/23/2019
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
	80171	A. BUILDING: _____ B. WING _____	08/20/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINCOLNWAY VILLA ASSISTED LIVING	320 EAST LINCOLNWAY WHEATLAND, IA 52777

(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: 14 Number of tenants with cognitive disorder: 1 TOTAL census of Assisted Living Program: 15 The following regulatory insufficiency was cited during the recertification visit conducted to determine compliance with certification for an Assisted Living Program:	A 000	Preparation and/or execution of this plan of correction does not constitute admission of agreement by this provider of the truth of the facts alleged or the conclusions set for the in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provision of federal and or state law. Please accept this as the facility's credible allegation of compliance. Regarding Tag A061, (specifically documented training regarding the administration of Nasal Medications. The facility's delegating nurse will assure that all certified and non-certified staff are properly trained in all areas of Medication Administration.	
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 interview and record review the Program failed to ensure documented staff training regarding the administration of nasal medications. This pertained to 4 of 4 staff	A 061		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Michael J Weil	Administrator	9/25/2019

STATE FORM 6899 9JYY11 If continuation sheet 1 of 3

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
	80171	A. BUILDING: _____ B. WING _____	08/20/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINCOLNWAY VILLA ASSISTED LIVING	320 EAST LINCOLNWAY WHEATLAND, IA 52777

(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 061	Continued From page 1 reviewed (Staff A, B, C and D). Findings follow: Record review on 8-20-19 of Staff A's training documents revealed a hire date of 3-15-18. Training on the administration of nasal medications was not documented in the nurse delegation documents provided. Record review on 8-20-19 of Staff B's training documents revealed a hire date of 11-1-17 and an assisted living (AL) start date of 11-11-18. Training on the administration of nasal medications was not documented in the nurse delegation documents provided. Record review on 8-20-19 of Staff C's training documents revealed a hire date of 1-23-17 and an AL start date of 2-9-17. Training on the administration of nasal medications was not documented in the nurse delegation documents provided. Record review on 8-20-19 of Staff D's training documents revealed a hire date of 4-27-17. Training on the administration of nasal medications was not documented in the nurse delegation documents provided. The Staffing and Hire date list provided by the Program indicated the Delegating Nurse's hire date was 8-5-18; however, she did not become the delegating nurse for the Program until 11-1-18. Continued record review revealed a Quality Assurance form dated 8-20-19 identified nasal spray delegations as an area of concern. It would be corrected by the addition of nasal spray delegations to all staff administering medications at the Program. The Delegating Nurse was	A 061	On 8/20/19, staff C & D were delegated by the delegating nurse on the proper procedures for administering nasal medications. On 8/21/19, staff A & B were delegated by the delegating nurse on the proper procedures for administering nasal medication. The delegating nurse will review and train the certified and non-certified staff upon admission of any new tenants, on an as needed basis for any new medication orders or any changes to the medications as prescribed.	

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
	89171	A. BUILDING: _____ B. WING _____	08/20/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINCOLNWAY VILLA ASSISTED LIVING	320 EAST LINCOLNWAY WHEATLAND, IA 52777

(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 061	Continued From page 2 responsible to ensure it was completed. Further record review revealed Tenant #3's June, July and August 2019 medication administration records (MARs) indicated an order for Fluticasone spray 50 microgram, one spray in each nostril daily at 7:00 p.m. It was documented as administered by staff including: Staff A, C and D. Record review of Tenant #4's June 2019 MARs indicated an order for Nasogel to both nostrils twice per day for four weeks at 9:00 a.m. and 7:00 p.m. It was discontinued on 6-9-19. It was documented as administered by staff including: Staff A, B, C and D. June, July and August 2019 MARs also indicated an order for Nasogel to both nostrils three times per day as needed. It was documented as administered by staff including: Staff A, B, C and D. When interviewed on 8-20-19 at 3:06 p.m. the Director revealed two tenants were assisted with nasal medications. All four staff reviewed had assisted with nasal medications. There had been no adverse outcome related to the administration of the medications. When interviewed on 8-20-19 at 3:15 p.m. the Delegating Nurse revealed two tenants were assisted with nasal medications. There was no adverse outcome related to the administration of the medications. Two staff (Staff C and D) were delegated on 8-20-19. There were no other nurse delegations completed by the Delegating Nurse regarding the administration of nasal medications.	A 061	In addition, both the Program's Director and Delegating Nurse will review the delegations on a quarterly basis as part of the tenant(s) Quarterly Assessment process. The Delegating Nurse also provides annually a Delegation Review for all certified and non-certified staff to meet the individual needs of the tenants. This will provide us multiple checks in order that the Program stay in compliance with the proper procedures for administration of nasal medications along with all other delegations required to maintain compliance with State Regulation 67.9 (4).	