OIC 12/9/2020

PRINTED: 10/29/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IAALP054	A. BUILDING _____ B. WING _____ 2/3/20	09/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COBBLE CREEK ASSISTED LIVING	980 OAK STREET SHELDON, IA 51201

(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. General Population Program Number of tenants without cognitive disorder: 11 Number of tenants with cognitive disorder: 0 Total Population of Program at time of on-site: 11 TOTAL census of Assisted Living Program: 11 The following regulatory insufficiency was cited during the recertification conducted to determine compliance with certification for an Assisted Living Program.	A 000	An inservice was held on Nov. 1, 2019 & proper hand washing was demonstrated by RN with return demonstration by each employee. The importance of washing hands before administering medications to a tenant as well as between each tenant was discussed. Proper hand washing was added to the medication administration policy on Nov. 2, 2019. Staff was instructed in the event of any medication that drops to the floor to administer the spare in the cassette & Put the tablet that dropped into the RX Destroyer Jug & wash hands immediatly afterwards. We will review handwashing + medication destruction at monthly staff meetings & if either the nurse or Director notice non-compliance of procedure they will be written up + asked to follow proper procedure →	
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 observation, record review and staff interview, the facility failed to ensure a tenant's treatment and services during the medication pass were adequate and appropriate. The affected 1 of 2 tenants (Tenant #1) observed during medication administration. Findings include: Observation on 9/18/19 at 11:40a.m. during the noon medication pass revealed Staff C accidentally dropped two 650mg. caplets of	A 013		

POC 11/2/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Aimee Mueller — TITLE: Director — (X6) DATE: 11-2019

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A 013	Continued From Page 1 Tenant #1's Acetaminophen on his bathroom floor. Staff C picked up both pills up from the floor, put them back in the medication cup and proceeded to give the pills to Tenant #1. Staff C was stopped by this monitor. Staff C then threw the pills away in Tenant #1's bathroom trashcan and went to find the Registered Nurse for direction. The nurse directed Staff C to use Tenant #1's spares. Staff C did so without washing her hands after removing the pills from up off of the floor and or prior to handling Tenant #1's cassette to remove the spare medication. On 9/18/19 at 12:21p.m. review of the medication policy revealed the policy did not include direction on handwashing and or procedures for the wasting of a resident's medication after dropping on the floor. On 9/18/19 at 12:30p.m. Staff A confirmed these findings.	A 013	& if it continues to happen, their job will be at risk. All Staff must sign the amended policy. To monitor performance to ensure compliance both RN + Director will spot check employees on a continuing basis while administering meds to observe for proper handwashing. The Regulatory insufficiency was corrected by Nov. 2, 2019.	