✓ 6/1/20 ok 6/28/20

PRINTED: 05/08/2020
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IAALP011	A. BUILDING _____ B. WING _____	02/11/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARLINGTON PLACE OF GRUNDY CENTER	95 D AVENUE GRUNDY CENTER, IA 50638

(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 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. General Population Number of tenants without cognitive disorder: 28 Number of tenants with cognitive disorder: 0 Memory Care Unit Number of tenants without cognitive disorder: 1 Number of tenants with cognitive disorder: 9 TOTAL Census of Assisted Living Program for People with Dementia: 38 The investigation of Complaint #87571-C resulted in a regulatory insufficiency.	A 000	See attached POC 7/17/20	
A 095	481-69.27(1)b Nurse Review 481-69.27(231C) Nurse review. If a tenant does not receive personal or health-related care, but an observed significant change in the tenant's condition occurs, a nurse review shall be conducted. If a tenant receives personal or health-related care, the program shall provide for a registered nurse or a licensed practical nurse via nurse delegation: 69.27(1)b To ensure that health care professionals' orders are current for tenants who receive health care professional-directed care from the program This Requirement is not met as evidenced by: Based on interview and record review the	A 095		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 095	Continued From Page 1 Program failed to ensure health care professionals' orders were current for tenants that received assistance with medications and treatments. This pertained to 3 of 4 tenants reviewed (Tenants #2, #3 and #4). Findings follow: 1. Record review on 2-10-20 and 2-11-20 of Tenant #2's file revealed an admission date of 11-18-19 and discharge on 12-5-19. The service plan dated 11-18-19 reflected staff administered Tenant #2's medications. The nurse was to review the medications every 30 days and as needed, the doctor was to review the medications every 60 days and pharmacy was to review the medications every 90 days. A Clinical Summary (hospital discharge summary) dated 11-18-19 reflected the following orders: -Bacitracin 500 unit/gram (GM), one topical application twice per day to treat skin irritation. -Bacitracin/Neomycin/Polymyxin B topical (Neosporin topical ointment), one application twice per day. The Clinical Summary dated 11-18-19 was not noted with time, date or signature. Continued record review revealed the November 2019 medication administration records (MARs) reflected orders for Bacitracin Ointment unit/GM, apply to irritated skin topically twice a day for irritated skin (9:00 a.m. and 6:00 p.m.) with a start date of 11-18-19 and discontinue date of 11-19-19. It was charted on 11-18-19 at 6:00 p.m. as refused. On 11-19-19 it was charted in Progress Notes as area had improved and it was not administered. The November 2019 MARs also reflected Triple	A 095		

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A 095	Continued From Page 2 Paste AF Ointment 2% (Miconazole Nitrate), apply to irritated skin topically twice per day (9:00 a.m. and 6:00 p.m.) with a start date of 11-18-19 and discontinue date of 11-19-19. It was charted on 11-18-19 at 6:00 p.m. as refused. On 11-19-19 it was charted in Progress Notes as area had improved and it was not administered. The order for the Triple Paste AF Ointment 2% (Miconazole Nitrate) did not match the order as indicated on the Clinical Summary for Bacitracin/Neomycin/Polymyxin B topical (Neosporin), one application twice per day. Further review of the November and December 2019 MARs indicated an order for Bacitracin Ointment unit/GM, apply to face topically every 12 hours as needed for a rash with a start date of 11-19-19. It also reflected Bacitracin-Neomycin-Polymyxin 400-5-5000 (Neomycin-Bacitracin-Polymyxin) apply to face topically every 12 hours as needed for a rash with a start date of 11-19-19. Orders were not found to change the original orders on the Clinical Summary for Bacitracin 500 unit/GM, apply one topical application twice per day to treat skin irritation and Bacitracin/Neomycin/Polymyxin B topical (Neosporin topical ointment), one application twice per day to the orders that were indicated on the MARs. November and December 2019 MARs did not reflect any doses of the topical medication administered by staff at either a scheduled or as needed frequency. When interviewed on 2-11-20 at 12:05 p.m. and 1:49 p.m. the Nurse revealed Tenant #2 was discharged from a hospital and had a discharge summary signed by the discharge physician. Tenant #2 had his own tubes of ointment and the prescriptions were also filled by the pharmacy. Tenant #2 wanted to self-administer the topical treatments and he wanted to self-administer	A 095		

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A 095	Continued From Page 3 (topical medication) on an as needed basis and not scheduled twice daily. Staff did not administer his topical treatments. The topical medication was for dry skin on Tenant #2's face. An order was not obtained for the above changes. Continued record review of Tenant #2's file lacked a physician's order to change the frequency of the topical medications to as needed and for Tenant #2 to self-administer the ointments. The orders were transcribed to the MAR; however, discrepancies were noted the medication, the frequency and the reason for the medication as indicated on the orders on the Clinical Summary dated 11-18-19. Further record review revealed an After Visit Summary documented dated 11-26-19. Medications changes were completed including to stop medications including: Calcium 500 +D, EpiPen, Nitroglycerin, Prevident 5000 Booster Plus and Xarelto. Medications were also continued including: Bacitracin 500 unit/GM ointment, apply topically as needed. The orders were not noted with time, date or signature. 2. Record review on 2-10-20 and 2-11-20 of Tenant #3's file revealed the service plan dated 1-28-20 reflected staff administered Tenant #3's medications. The nurse was to review the medications every 30 days and as needed, the doctor was to review the medications every 60 days and pharmacy was to review the medications every 90 days. Continued record review revealed physician orders indicated the following: -On 11-18-19 an order was received for Lexapro was increased to 10 milligrams (mg) daily.	A 095		

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A 095	Continued From Page 4 -On 12-3-19 an order was received for Macrobid 100 mg, twice daily for seven days. -On 12-27-19 an order was received for Miralax every other day. It referenced it was changed to every other day on 11-22-19. -On 1-31-20 an order was received for Cephalexin 500 mg, take one capsule, orally, three times per day for 10 days. Review of Tenant #3's file revealed the above physician orders were not noted with time, date or signature. Further review revealed an order was received for On 12-27-19 an order was received for Miralax every other day. It referenced in the verification it had been changed to every other day on 11-22-19. The November 2019 MARs reflected an order for Miralax Powder give 17 GM, orally, one time per day daily. The December 2019 MARs reflected an order for Miralax Powder give 17 GM, orally, one time per day every day until it was discontinued on 12-27-19 and then the MARs reflected it was ordered as every other day. The January 2020 MARs reflected Miralax Powder give 17 GM, orally, one time per day was administered every other day until it was discontinued on 1-16-20 and changed to every day. February 2020 MARs reflect the order for Miralax Powder give 17 GM, orally, one time per day for constipation. An order was not found to reflect the 11-22-19 change to every other day as noted in the verification on 12-27-19. Additionally, an order was not found to discontinue the Miralax every other day and change to daily as indicated on the MAR on 1-16-20. 3. Record review on 2-10-20 and 2-11-20 of Tenant #4's file revealed the service plan dated 1-15-20 reflected staff administered Tenant #4's medications. The nurse was to review the	A 095		

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A 095	Continued From Page 5	A 095		

medications every 30 days and as needed, the doctor was to review the medications every 60 days and pharmacy was to review the medications every 90 days.

Progress Notes dated 1-4-20 (late entry) indicated Tylenol was discontinued and a new order was received for 325 mg, take two tablets, every six hours as needed. The January 2020 MARs reflected a change on the MAR to discontinue acetaminophen tablet, give 500 mg, orally, every six hours, as needed for pain on 1-4-20 and to start Tylenol 325 mg, give two tablets, orally, every six hours as needed for leg/back pain on 1-4-20. An order was not found related to the changes noted above regarding Tenant #4's Tylenol order.

Continued record review revealed a document indicated a telephone call was completed on 1-18-20 for a patient follow-up from a clinic. It was noted effective on 2-1-20, Tenant #4 could use Miralax, one capful every other day and could titrate up to daily if needed was ordered. The order was not noted with time, date or signature.

An After Visit Summary dated 1-30-20 reflected to start taking Cephalexin 500 mg, take orally, three times daily for 10 days. It also indicated a medication change (how much to take) acetaminophen 325 mg tablet, take two tablets, orally, every six hours as needed. The orders were not noted with time, date or signature.

Further record review revealed the February 2020 MARs reflected the following order was discontinued on 2-7-20: to weigh Tenant #4 daily on the day shift and alert the nurse of a weight increase of three pounds or more in the one day or an increase of five pounds or more in a week (in the morning for edema). An order was reflected on the MAR with a start date of 2-8-20

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A 095	Continued From Page 6	A 095		

for a daily weight in the morning for edema. Orders were not found to discontinue the weight with parameters on 2-7-20 or for the start of the daily weight without parameters on 2-8-20.

An order was received dated 2-11-20 and it noted with time, date and signature on 2-11-20 at 3:42 p.m. for weights to be be once per week and to notify the doctor if Tenant #4 gained or lost five pounds in a week.

4. Record review of the Program's policy for 90 Day RN Review revealed a nurse review would be completed every 90 days or with a change in condition. For tenants that received medication administration the review would include: the date, time and signature of the nurse who completed the review, and it ensured that health care professionals' orders were current and that prescription medications were administered with orders.

5. When interviewed on 2-11-20 at 3:03 p.m. and 3:12 p.m. the Nurse Clinician with the Management Company reflected Tenant #4's 1-4-20 (Tylenol) order was a verbal order and there was not a written order. Regarding Tenant #4's weights the parameters were removed from the MAR without an order for the removal of the parameters.

When interviewed on 2-11-20 at 12:05 p.m. and 1:49 p.m. the Nurse revealed all physician orders and MARs requested for the tenants reviewed were provided.

ok 5/28/20

Complaint Visit

Plan of Correction (POC) Submitted For:
- Investigation Date: 2/10/20 & 2/11/20

✓ 6/1/20

A. 481-69.27(1)b Nurse Review

Program POC:

1. Elements detailing how insufficiency was corrected for residents:

a. For residents who are managed with medications from staff and health coordinator, all current orders were sent out for clarification and signature

2. Actions program taking to protect tenants in similar situations:

a. All prescriptions are to be written; changes in all orders with signed provider signature.

3. Measures taken to ensure problem does not recur:

a. Any orders that are changed over the phone or done verbally, are followed up with a written prescription with provider signature. Upon receiving orders, they are Noted, signed and dated by the community nurse.

The Program will be in substantial compliance by 2/12/2020.

Disclaimer for POC

Preparation and/or execution of this plan of correction does not constitute admission or agreement by the program of the truth of the facts alleged or conclusions set forth in the statement of regulatory insufficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of state law