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
	S0295	A. BUILDING: _____ B. WING _____	C 08/27/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SENIOR STAR AT ELMORE PLACE AL	4500 ELMORE AVENUE DAVENPORT, IA 52807

(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: 122 Number of tenants with cognitive disorder: 2 Total Population of Program at time of on-site: 124 There were no regulatory insufficiencies cited during the onsite infection control survey completed on 8-4-2020. No regulatory insufficiencies were cited during the investigation of Complaint #89948-C. The following regulatory insufficienccy was cited during the investigation of Complaint #89355-C.	A 000	10/29/20	
A 147	481-67.5(6)d Medications 481-67.5(231B,231C,231D) Medications. Each program shall follow its own written medication policy, which shall include the following: 67.5(6) When medications are administered traditionally by the program: d. Medications shall be administered as prescribed by the tenant's physician, advanced registered nurse practitioner or physician assistant. This REQUIREMENT is not met as evidenced by: Based on interview and record review the	A 147	Plan of Correction is attached	

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

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

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A 147	Continued From page 1 Program failed to administer medications as prescribed for 1 of 4 tenants (Tenant #1) reviewed. Findings follow: Review of Tenant #1's file on 8-4-2020 revealed an After Visit Summary dated 12-31-19. The summary included an order for 50 milligrams (mg) Sertraline (Zoloft) to be taken once a day starting January 1, 2020. The Registered Nurse (RN) initialed and wrote "noted" on the summary. Record review of the January 2020 Medication Administration Record revealed staff administered 50 mg of Sertraline on January 1-3, 2020. Continued review revealed 100 mg of Sertraline was added on 1-4-2020 for a total of 150 mg daily. Review of a Medication Error form dated 1-16-2020 revealed the pharmacy entered the additional 100 mg of Sertraline in error and the RN approved the order without a prescription for the new dosage. Tenant #1 received the wrong dosage for 12 days before the error was discovered. On 8-4-2020 at 1:42 p.m. the Wellness Manager confirmed these findings.	A 147		

Plan of Correction – Senior Star at Elmore Place 9/19/20

Date: 9/19/20
To: Iowa Department of Inspections & Appeals (DIA)
From: Amanda Buchholz, Assistant Director of Memory Care
RE: Between August 3rd and August 27th, 2020

10/29/20

Enclosed is the Plan of Correction (POC) in response to on-site monitoring visit by DIA between August 3rd and August 27th, 2020, to Senior Star at Elmore Place Assisted Living. Regulatory Insufficiencies in the area(s) of: Medications; Regulatory Insufficiency is noted in this document including a detailed POC.

PLAN OF CORRECTION

Area: Medications 481-67.5(6)d

Regulatory Insufficiency #1: Each program shall follow its own written medication policy, which shall include the following: 67.5 (6) when medication are administered traditionally by the program: d.)Medications shall be administered as prescribed by the tenant's physician, advanced registered nurse practitioner or physician assistant

POC:

1. **The Program will correct the regulatory insufficiency by:** ensuring that all medications are administered as ordered and verified by nurse.
2. **The following measures will be taken to ensure the problem does not recur:** The nurse shall first verify all pharmacy inputs against the tenant's orders received by the physician, advanced registered nurse practitioner or physician assistant. Secondly, the nurse shall verify that the medication administration record correctly reflects the order as prescribed. All corrective actions completed by 10/3/2020.
3. **The Program plans to monitor performance to ensure compliance by:** review of the medication administration record against orders will be performed by an RN, LPN, or designee. Any staff that neglects verifying order prior to approving order will be placed on Disciplinary Warning.
4. **The regulatory insufficiency will be corrected by:** 10/3/20

10/30/20