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
	S0079	A. BUILDING: _____ B. WING _____	C 08/17/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JERSEY RIDGE PLACE	5605 JERSEY RIDGE RD 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 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: 24 Number of tenants with cognitive disorder: 2 Memory Care Unit Number of tenants without cognitive disorder: 2 Number of tenants with cognitive disorder: 6 Total Census: 34 There were no regulatory insufficiencies cited during the onsite infection control survey completed between 8/3/20 to 8/17/20. The following regulatory insufficiency was cited during the investigation of Complaint #88872-C.	A 000		
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.	A 003	✓ 11/5/20 Plan of Correction is attached [signature]	

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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A 003	Continued From page 1	A 003		

This REQUIREMENT is not met as evidenced by:
Based on observation, interview and record review the Program failed to follow its policies and procedures for medication management and narcotic medication for 4 of 8 tenants reviewed (Tenants #4, #6, #7 and #8). Findings follow:

1. Observation on 8-4-20 at approximately 3:35 p.m. revealed narcotic medication was stored in a locked drawer in the memory care unit and a locked tackle box located in the copy room of general population. The Director of Nursing (DON) also had medications for two tenants (Tenants #7 and #8) stored in a locked tackle box in her office.

When interviewed on 8-4-20 and 8-17-20 at 2:04 p.m. the DON revealed she was the only one with access to the medications in her office and the medication was not counted.

Record review on 8-4-20 revealed a Controlled Substance Shift Count & Usage Record for Tenant #7 indicating on 7-25-19 at 8:00 p.m. a 30 milliter (ml) bottle of Morphine Sulfate was received from pharmacy. There were no other entries documented for either doses administered or entries to reflect a count was completed.

Continued record review revealed there were two Controlled Substance Shift Count & Usage Record documents for Tenant #8. The first record was for Morphine Sulfate that indicated on 4-16 (no year provided) 30 ml was received from pharmacy. A count was completed on 4-16 and 4-17. On 4-17 at 10:30 a.m. it was documented

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A 003	Continued From page 2 that 14 syringes were filled at 0.5 ml which left 23 ml. The second Controlled Substance Shift Count & Usage Record for Tenant #8 (Morphine Sulfate) indicated on 7-23 (no year provided) there were 13 syringes. The Controlled Substance Shift Count and Usage Record indicated a count completed from 7-23 at 3:00 p.m. to 7-31 at 9:30 a.m. There were no doses documented as given. On 7-31 at 9:30 a.m. there were 13 syringes documented as remaining. There were no counts documented after that entry. On 4-17 it was documented there were 14 syringes. The next count documented on 7-23 reflected 13 syringes. 2. Record review on 8-4-20 revealed a Incident Report Form dated 1-21-20 reflecting staff was to administer two syringes (Morphine Sulfate) to Tenant #4 to equal 0.5 ml. Tenant #4 continued to be comfortable with no adverse reactions noted. On 8-4-20 at 4:45 p.m. the DON revealed staff administered one syringe to Tenant #4 (Morphine Sulfate) at 0.25 ml, however 0.5 ml should have been administered (two syringes). Tenant #4's file revealed the following orders: - A Medication Review Report indicated an order dated 10-3-19 for Morphine Sulfate (Concentrate) Solution 20 milligram (mg)/ml, give 0.25 ml every two hours as needed for pain and shortness of breath (SOB). - A verbal order was obtained on 1-20-20 to discontinue Morphine Sulfate (Concentrate) Solution 20 mg/ml, give 0.25 ml every two hours as needed for pain/shortness of breath (SOB). - A verbal order was obtained on 1-20-20 to start Morphine Sulfate (Concentrate) Solution 20 mg/ml, give 0.25 ml every two hours for pain and SOB. - A verbal order was obtained on 1-21-20 to	A 003		

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A 003	Continued From page 3 start Morphine Sulfate (Concentrate) Solution 20 mg/ml, give 0.5 ml every two hours for pain, discomfort and grimacing. The order for 0.25 ml every two hours obtained the day prior was discontinued. The Controlled Substance Shift Count & Usage Record for Tenant #4 reflected Morphine Concentrate 20 mg/ml - give 5 mg/0.25 every two hours as needed. The 0.25 ml was crossed through and replaced by 0.5 ml (no date provided). The count reflected syringes that were drawn up. From 1-19-20 to 1-21-20 there were 20 doses documented as given (20 syringes). The order changed from 0.25 ml every two hours to 0.5 ml every two hours on 1-21-20. The Controlled Substance Shift Count & Usage Record for Tenant #4 did not reflect the updated order or number of syringes to be given with the order change on 1-21-20. When interviewed on 8-17-20 at 2:04 p.m. the DON revealed there was not a separate narcotic count sheet for the increased order. Staff were to give two syringes of the 0.25 ml (to equal .5 ml). Tenant #4's Controlled Substance Shift Count & Usage Record revealed morphine was administered at 12:00 p.m. and 2:00 p.m. on 1-20-20. The January MAR did not reflect the 2:00 p.m. dose of morphine. On 8-4-20 at approximately 2:30 p.m. the DON confirmed this finding. Tenant #4's January MAR reflected the PRN morphine was administered four times on 1-21-20 (12:39 a.m., 2:40 a.m., 4:16 a.m. and 6:44 a.m.) despite being discontinued on 1-20-20, including one entry where it was documented as administered less than two hours apart (2:40 a.m. to 4:16 a.m.). On 8-4-20 at approximately 2:30	A 003		

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A 003	Continued From page 4 p.m. the DON revealed the scheduled medication was charted as a PRN medication because it could not be figured out how to put in the system at that time (electronic MARs). 3. Review of Tenant #6's file on 8-4-20 revealed an order for Morphine Sulfate (Concentrate) Solution 20 mg/ml, give 0.25 ml every two hours as needed was ordered on 10-2-19 and discontinued 10-27-19. An order was received dated 10-27-19 for Morphine Sulfate (Concentrate) 20 mg/ml give 0.5 ml every two hours as needed. The tenant's Controlled Substance Shift Count & Usage Record indicated 30 ml (Morphine Sulfate) was received from pharmacy on 10-2-19. No count was documented from 10-2-19 to 10-27-19. Two doses were documented as administered on 10-27-19, which left 29.5 ml remaining. There was no documentation of any destruction on the narcotic record of the 29.5 ml. A new Controlled Substance Shift Count & Usage Record was started and reflected on 10-27-19 there was 30 ml on hand and 6 ml were given (12 syringes) and 24 ml remained. That record indicated 25 ml were destroyed on 10-28-19. Another Controlled Substance Shift Count & Usage Record indicated on 10-27-19 there were 12 syringes on hand. Three syringes were documented as given on 10-27-19 and 9 were destroyed on 10-28-19. The initial Controlled Substance Shift Count & Usage Record did not indicate what had occurred with the remaining 29.5 ml. When interviewed on 8-17-20 at 2:04 p.m. the DON revealed the original narcotic count record sheet was misplaced. There was only one bottle of 30 ml received for Tenant #6 and the syringes were filled from the bottle.	A 003		

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A 003	Continued From page 5 4. Record review revealed the Narcotic Medication Management policy and procedure reflected one staff assigned to administer the medication would have access to the key (s). Narcotic counts would be conducted at shift change by the oncoming and off-going staff. If a discrepancy was noted it would be reported immediately. A controlled substance record would be used to count narcotic medications that were administered. Disposal of narcotic medications would be witnessed by two people. The nurse would check the narcotic counts on the controlled substance record weekly. The Program's policy and procedure for Medication Management indicated a MAR would be used to document medications. Medications would be administered as prescribed by the tenant's physician, advanced registered nurse practitioner or physician assistant.	A 003		

Jersey Ridge Place
Survey completed: 8/17/2020

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

Program Policy and Procedure

1. Elements detailing how the Program will correct each regulatory insufficiency
- All controlled substances will be stored securely in a double locked designated area, one in Assisted Living and one in Memory Care.
- All controlled substances will be inventoried at each shift change by 2 staff members per policy.
- All doses of controlled substances administered will be documented on the Medication Administration Record and the controlled substance inventory record.

2. What measures will be taken to ensure the problem does not recur.
3. All controlled substances were moved from the locked cabinet in the nursing office to the secured medication cart or secured medication cabinet in the tenant apartment.
- The RN/designee will re-educate staff on following physician orders.
- The RN/designee will re-educate staff on documenting administration of each dose of controlled medication on the Medication Administration Record, along with documentation on the controlled substance inventory record.

4. How the Program plans to monitor performance to ensure compliance.
- The RN and/or Designee will audit tenant Medication Administration Records and controlled substance inventory records every 90 days and as needed.

5. The date by which the regulatory insufficiency will be corrected.
- The date the insufficiency corrected was October 20, 2020.

11/5/20

11/4/20