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
	S0338	A. BUILDING: _____ B. WING _____	09/22/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINDING CREEK MEADOWS	1044 9TH STREET JESUP, IA 50648

(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	A 000		

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: 17
Number of tenants with cognitive disorder: 0
Total census of Assisted Living Program: 17

There were no regulatory insufficiencies cited during the onsite infection control survey completed on 9/21/20 and 9/22/20.

The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification for an Assisted Living Program:

A 037	481-67.5(6)b Medications	A 037	Please see attachment.

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:

b. Medications shall be kept in a locked place or container that is not accessible to persons other than employees responsible for the administration or storage of such medications.

This REQUIREMENT is not met as evidenced by:
Based on observation, interview and record review the Program failed to lock medications administered by staff for 1 of 1 tenants observed during a medication pass (Tenant #1). Findings follow:

✓ 12/11/20

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

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A 037	Continued From page 1	A 037		

1. When observed on 9-22-20 at 11:33 a.m. Staff A administered Hydralazine 25 milligrams to Tenant #1. The medications were stored in a container/tote basket located on top of the refrigerator in Tenant #1's apartment. The medications were not locked.

2. When interviewed on 9-22-20 during the medication pass at 11:33 a.m. Staff A said most of the other tenants had a locked cabinet for medications and she was not sure why Tenant #1's medications were stored in the basket.

When interviewed on 9-22-20 at 11:45 a.m. and 2:23 p.m. the Director said the Program administered medications to three tenants, including Tenant #1. She said medications were already locked for the other two tenants that received medications administered. Maintenance staff had just installed a lock on Tenant #1's cabinet.

3. Record review on 9-22-20 of Tenant #1's file revealed the service plan dated 9-21-20 indicated staff administered Tenant #1's medication. The September 2020 medication administration record reflected staff administered Tenant #1's medications.

Continued record review revealed the Program's Medication Storage policy indicated medications would be securely stored and only accessible to licensed nursing staff and pharmacy staff.

4. When interviewed on 9-22-20 at 2:52 p.m. and approximately 4:00 p.m. the Manager revealed Tenant #1's medications were placed in the locked cabinet. She said maintenance staff would check the remaining apartments to ensure

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A 037	Continued From page 2 a lock was on the cabinets used for medications.	A 037		
A 089	481-69.26(4)a Service Plans 481-69.26(231C) Service plans. 69.26(4) The service plan shall be individualized and shall indicate, at a minimum: a. The tenant's identified needs and preferences for assistance This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to develop service plans that reflected the identified needs for 2 of 3 tenants reviewed (Tenants #2 and #3). Findings follow: 1. Review of Tenant #2's file on 9-22-20 revealed the service plan dated 9-10-20 reflected staff administered medications to Tenant #2. The September 2020 medication administration record (MAR) reflected the tenant received Eliquis 2.5 milligram (mg), twice a day. Eliquis is an anticoagulant medication Continued record review revealed Incident/Unusual Occurrence Reports indicated the following: - On 8-20-20 it was noted Tenant #2 was found on the floor. Tenant #2 said she hit her head and had a small bump. There was a small abrasion on the right ankle and Tenant #2 had complaints of pain in the left elbow and left ankle. - On 9-9-20 it was noted Tenant #2 fell between the toilet and the wall. No injuries were noted. - On 9-14-20 it was noted Tenant #2 was	A 089	Please see atlachment.	

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A 089	Continued From page 3 seated on the floor between the bed and window. Tenant #2 scraped her fingers. Tenant #2's service plan did not reflect the anticoagulant medication, even though she had a history of falls. 2. Review of Tenant #3's file on 9-22-20 revealed the service plan dated 9-17-20 reflected staff provided medication reminders twice per day. Continued record review revealed Tenant #3 was prescribed an anti-coagulant (Cliquis). Tenant #3's service plan did not reflect the anti-coagulant medication. 3. When interviewed on 9-22-20 at 3:09 p.m. the Nurse confirmed the service plans for Tenants #2 and #3 did not reflect the anticoagulant medication.	A 089		

Cheri Crawford Director 11-17-20

A037

1. 9/22/20, Tenant #1 medications were put into locked cabinet. All other med administration tenants' apartments were checked and did have locks on medicine cabinet.
2. Maintenance took inventory of all apartments and installed locks on cabinets for medications regardless if needed at the time or not. We have confirmed all apartments now have a locked medication cabinet available if needed. RN confirmed all administered medications are behind locked doors.
3. RN will assess that all medications administered by staff are locked upon admission, quarterly and as needed.
4. Corrected: 9/22/20

A089

1. RN reviewed and updated all service plans and medication lists for all tenants on anticoagulant medicines to reflect the increased risk for bleeding.
2. RN will review service plans and medication lists quarterly for compliance.
3. Program will do annual audits to assess for compliance.
4. Corrected: 9/22/20

12/11/20

Chris Crawford 11-17-20
Director