DEPARTMENT OF INSPECTIONS AND APPEALS ok

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0137	A. BUILDING: _____ B. WING _____	C 10/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARLINGTON PLACE OF RED OAK	800 EAST RATLIFF ROAD RED OAK, IA 51566

(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. Number of tenants without cognitive impairment: 26 Number of tenants with cognitive impairment: 8 Total census: 34 The following regulatory insufficiencies were cited during the investigation of Complaints #102207-C, 102371-C and 105210-C and the recertification visit conducted to determine compliance with certification of an Assisted Living Program for People with Dementia.	A 000	See Attached POC 2/26/23	
A 270	481-67.5(2)f(1) Medications 67.5(2) Each program shall follow its own written medication policy, which shall include the following: f. When medications are administered traditionally by the program: (1) The administration of medications shall be provided by a registered nurse, licensed practical nurse or advanced registered nurse practitioner registered in Iowa, by an individual who has successfully completed a department-approved medication aide or medication manager course and passed the respective department-approved medication aide or manager examination, or by a physician assistant (PA) in accordance with 645-Chapter 327. Injectable medications shall be	A 270		

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

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A 270	Continued From page 1 administered as permitted by Iowa law by a registered nurse, licensed practical nurse, advanced registered nurse practitioner, physician, pharmacist, or physician assistant (PA). This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to consistently ensure medications were administered by staff who successfully completed a department-approved medication aide/manager training/test. This potentially affected 34 of 34 tenants who resided at the Program and pertained to 2 of 2 staff observed administering medications (Staff A and B). Finding follows: Observations on 10/19/22 and 10/20/22 revealed Staff A and B administered medications to tenants. Record review on 10/20/22 failed to reveal documentation of Staff A and B's department approved medication training. When interviewed on 10/20/22 at 3:00 p.m. the Director, Healthcare Coordinator, Program's Regional Nurse Specialist and Regional Director of Sales and Operations confirmed neither staff had received the Department approved medication training.	A 270		
A 285	481-67.5(2)f(4) Medications 67.5(2) Each program shall follow its own written medication policy, which shall include the following: f. When medications are administered	A 285		

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A 285	Continued From page 2	A 285		

traditionally by the program:

(4) Medications and treatments 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 Program failed to consistently ensure tenants received medications as ordered. This effected 3 of 4 tenants with documented medication errors (Tenants #1, #5 and #9). Findings follow:

1. Record review on 10/20/22 revealed an Incident Report (IR) dated 8/16/22 for Tenant #1. According to Progress Notes IR dated 8/16/22 the Resident Assistant administered Tenant #1's a.m. medications. During the second shift staff noted Tenant #1 had medications from the a.m. administration "balled up in her hand."

2. Record review on 10/20/22 revealed an IR dated 9/2/22 for Tenant #9. According to Progress Notes IR dated 9/2/22 Tenant #9 received a double dose of Eliquis 5mg.

3. Record review on 10/20/22 revealed an IR dated 4/17/22 for Tenant #5. According to the Progress Notes IR staff noted the a.m. medication cassette of Eliquis was found in the p.m. medication drawer and had not been given in the a.m. for five days.

During the exit interview on 10/24/22 the Healthcare Coordinator and Director acknowledged the Program's staff had not completed an approved medication training course and medication should be given as

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A 285	Continued From page 3 ordered.	A 285		
A 545	481-69.30(1) Dementia Specific Education for Personnel 69.30(1) All personnel employed by or contracting with a dementia-specific program shall receive a minimum of eight hours of dementia-specific education and training within 30 days of either employment or the beginning date of the contract, as applicable. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to consistently ensure all personnel received eight hours of dementia-specific training within 30 days of employment. This potentially effected 7 of 7 tenants with a Global Deterioration Scale (GDS) score of four or more. Finding follows: Record review on 10/20/22 revealed Staff C, hired 10/5/21, and Staff D, hired 7/19/21, had not completed the required eight hours of dementia-specific training with 30 days of hire. When interviewed on 10/20/22 at 11:44 a.m. the Regional Director of Sales & Operations confirmed the Program had provided all training records for dementia-specific education.	A 545		
A 555	481-69.30(3)a Dementia Specific Education for Personnel 69.30(3) Dementia-specific continuing education a Except as otherwise provided in this subrule,	A 555		

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A 555	Continued From page 4 all personnel employed by or contracting with a dementia-specific program shall receive a minimum of two hours of dementia-specific continuing education annually. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to consistently ensure all personnel received eight hours of dementia-specific training annually. This potentially effected 7 of 7 tenants with a Global Deteriotation Scale (GDS) score of four or more. Finding follows: Record review on 10/20/22 revealed Staff C, hired 10/5/21, and Staff D, hired 7/19/21, had not completed the required eight hours of dementia-specific training annually. When interviewed on 10/24/22 at 9:33 a.m. the Director confirmed the Program had provided all training records for dementia-specific education.	A 555		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	PROVIDER/SUPPLIER/CLIA INDENTIFICATION NUMBER: Arlington Place or Red Oak/S0137	DATE SURVEY COMPLETED: 10/24/2022 C

TAG	SUMMARY STATEMENT OF DEFICIENTCIES (EACH DEFICIENCY SHOULD BE PRECEDE BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERRED TO THE APPROPRIATE DEFICIENCY	Identify what changes to the provider's systems and practices were made to ensure compliance with the specific statute(s). Include information about how the provider will maintain compliance in the future.	COMPLETION DATE
Tag #1	**481-67.5(2)f(1) Medications** *Each program shall follow its own written medication policy.* Based on interview and record review the Program failed to consistently ensure medications were administered by staff who successfully completed a department-approved medication aide/manager training/test. This potentially affected 34 of 34 tenants who resided at the Program and pertained to 2 of 2 staff observed administering medications (Staff A and B).	A270	**What initial correction was made?** Staff A & B completed their med manager courses by 12/1/2022. Audit completed of all employee files to assure completion of department approved medication manager course, all certificates are on file.	**How will we ensure and maintain compliance going forward?** Implementation of New staff orientation checklist to assure that the staff member passing medications have completed the department approved course prior to assisting with medication management. Audits will be completed to assure proper documentation in employee files weekly, monthly, as needed, as determined by the Director or Designee.	Implementation Date: 10/24/22 Completion Date: Ongoing Responsible Party: Director or Designee
Tag#2	**481-67.5(2)f(4) Medications** *Each program shall follow its own written medication policy.* (4) Medications and treatments shall be administered as prescribed by the tenant's physician, advanced registered nurse practitioner or physician assistant. Based on interview and record review the Program failed to consistently ensure tenants received medications as ordered. This affected 3 of 4 tenants with	A285	**What initial correction was made?** All staff completed their medication manager course by 12/1/2022. Employee education completed on medication administration policies and procedures on 12/29/22.	**How will we ensure and maintain compliance going forward?** Implementation of New staff orientation checklist to assure that staff members passing medications have completed the department approved course prior to assisting with medication management. Director, Nurse, or Designee will complete random med pass audits with medication managers to assure accuracy of medications being given and policies being followed.	Implementation Date: 10/24/22 Completion Date: Ongoing Responsible Party: Director or Designee

	documented medication errors (Tenants #1, #5 and #9).				
Tag#3	**481-69.30(1)a Dementia Specific Education for Personnel** 69.30(1) All personnel employed by or contracting with a dementia-specific program shall receive a minimum of eight hours of dementia-specific education and training within 30 days of either employment or the beginning date of the contract, as applicable. Based on interviews and record reviews the Program failed to consistently ensure all personnel received eight hours of dementia-specific training within 30 days of employment. This potentially affected 7 of 7 tenants with a Global Deterioration Scale (GDS) score of four or more.	A545	**What initial correction was made?** Audit completed of all employee files to assure completion of 8-hour dementia specific training within 30-days of employment on 2/26/2023. Staff C and D previously completed the full 8 hours of Dementia Training, the 2-hour case study was inadvertently not sent to the surveyor upon request, but was completed within 30 days from hire for both employees.	**How will we ensure and maintain compliance going forward?** Audits will be completed to assure proper documentation in employee files weekly, monthly, as needed, as determined by the Director or Designee. Implementation of New staff orientation checklist for all new hires to assure all required trainings are completed timely.	Implementation Date: 10/24/22 Completion Date: Ongoing Responsible Party: Director or Designee
Tag #4	**Regulation and Reg Number 481-69.30(3)a Dementia Specific Education for Personnel69.30(3) Dementia-specific continuing education** a. Except as otherwise provided in this subrule, all personnel employed by or contracting with a dementia-specific program shall receive a minimum of two hours of dementia-specific continuing education annually.	Tag # A555	**What initial correction was made?** Staff C and D completed the required 8 hours for their annual dementia specific training on 2/1/2022. Audit completed of all employee files to assure completion of 8-hour dementia-specific training annually on 2/26/2023	**How will we ensure and maintain compliance going forward?** Audit completed to assure proper documentation is in all employee files weekly, monthly, as needed, as determined by the Director or Designee. Implementation of New staff orientation checklist for all new hires to assure all required trainings are completed timely.	Implementation Date: 10/24/22 Completion Date: Ongoing Responsible Party: Director or Designee

	Based on interview and record review the Program failed to consistently ensure all personnel received eight hours of dementia-specific training annually. This potentially affected 7 of 7 tenants with a Global Deterioration Scale (GDS) score of four or more.				