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
	S0075	A. BUILDING: _____ B. WING _____	C 12/07/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESLEY ACRES CENTRAL AL	3520 GRAND AVE DES MOINES, IA 50312

(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: 57 Number of tenants with cognitive disorder: 0 Total Population of Program at time of on-site: 57 The following regulatory insufficiency was cited during the investigation of Complaint 103707-C. There were no regulatory Insufficiencies cited during the recertification of the Program.	A 000	According to the controlled drug records, this incident shows that the resident went from 12/14/2021 to 12/29/2021 without being administered diazepam 2 x daily. In the EMAR it shows that the resident's meds (collectively per dr. order) were given to her in the AM on those dates, but in searching for that controlled drug record for those dates I was unable to locate this. This was most likely an error on the part of the staff, or nurse at that time, as the drug record was missing/misplaced and not included in the resident's chart. Currently staff have been trained on placing the controlled drug records in the DON box in the med manager/staff office and the importance of this process for accurate documentation. New staff will be trained on the importance of this process. Current DON will monitor controlled drug records closely to prevent future occurrence. This insufficiency was corrected on 2/7/2023.	
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 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 ensure 1 of 5 tenants reviewed received medications as needed (Tenant #1). Findings include: On 12/06/22 record review revealed Tenant #1 was admitted to the program on 9/30/21 with diagnoses including anxiety and depression.	A 285		

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

DEPARTMENT OF INSPECTIONS AND APPEALS

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A 285	Continued From page 1 According to the service plan dated 10/27/21 the tenant requested staff to administer her medications. The tenant had a physician's order dated 10/14/21 for 10mg Diazepam twice a day. On 11/15/22 the Diazepam was decreased to 5mg. twice a day. The program maintained a controlled drug record form for the Diazepam. Review of the form started on 11/29/21 revealed a count of 18 pills of Diazepam on that date. On 12/14/21 (the last date on the form) the last 2 pills were administered. A new drug record form was started on 12/29/22 with a beginning count of 28 pills. Tenant #1 went from 12/14/21 to 12/29/21 without the Diazepam twice a day as ordered. On 12/07/22 at 10:29 a.m. the Director of Nursing confirmed the gap from 12/14/21 to 12/29/21 regarding the Diazepam could not be explained.	A 285		