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 09/20/2023 |

| 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<br><br>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.<br><br>Number of tenants without cognitive impairment: 106<br>Number of tenants with cognitive impairment: 2<br>Total census: 108<br><br>The following regulatory insufficiency was cited during the investigation of Complaint #110667-C. | A 000 | | |
| A 285 | 481-67.5(2)f(4) Medications<br><br>67.5(2) Each program shall follow its own written medication policy, which shall include the following:<br><br>f. When medications are administered traditionally by the program:<br><br>(4) Medications and treatments shall be administered as prescribed by the tenant's physician, advanced registered nurse practitioner or physician assistant.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on interview and record review the Program failed to ensure physician orders were followed for 1 of 2 former tenants reviewed (Tenant C1). Finding follows:<br><br>1. Record review on 9/20/23 revealed physician orders for Tenant C1 dated 12/28/22 for blood sugar checks before breakfast, lunch and dinner. Further review revealed Tenant C1's blood sugar summary revealed the Program failed to | A 285 | The 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 285 | Continued From page 1<br>complete blood sugar checks from 12/28/23 to 1/19/23.<br><br>2. Record review on 9/20/23 revealed a physician's order for Tenant C1 dated 10/12/22 for Furosemide Tablet 40 MG, 1 tablet by mouth as needed for weight gain of 2 lbs or more. Tenant C1's Medication Admiration Records (MARs) for October 2022, November 2022, December 2022 and January 2023 revealed the following dates the Program failed to follow the order by administering the medication with a two-pound weight gain (examples include but are not limited to):<br>a. 10/21/22 weight 151.9 - 10/22/22 weight 155.8<br>b. 10/25/22 weight 152.7 - 10/26/22 weight 154.9<br>c. 10/30/22 weight 154.3 - 10/31/22 weight 157.3<br>d. 11/2/22 weight 160.1 -11/3/22 weight 164.4<br>e. 11/5/22 weight 152.6 - 11/6/22 weight 155.5<br>f. 11/9/22 weight 154.3 - 11/10/22 weight 158.3<br>g. 12/1/22 weight 149 - 12/2/22 weight 156<br>h. 12/6/22 weight 137.5 - 12/6/22 weight 160.4<br>i. 12/24/22 weight 126.2 - 12/25/22 weight 154.1<br>j. 12/22/22 weight 151.5 -12/23/22 weight 155.4<br><br>During the exit on 9/20/23 the administrative team acknowledged the Program failed to ensure physician orders were consistently followed. | A 285 | | |

# Plan of Correction – Senior Star at Elmore Place

Date: 11/9/23
To: Iowa Department of Inspections & Appeals (DIA)
From: Amanda Buchholz, Assistant Executive Director
RE: DIA Investigation 9/18/23-9/20/23

Enclosed is the Plan of Correction (POC) in response to investigation visit by a representative of the department from September 18, 2023 thru September 20, 2023, to Senior Star at Elmore Place Assisted Living. Regulatory Insufficiencies in the area(s) of: Medication Management, provides specific information regarding the regulatory insufficiency and how the Program failed to comply with regulations. Each area of regulatory Insufficiency is noted in this document including a detailed POC. Submission of this Plan of Correction is not a legal admission that a deficiency exists or that this Statement of Deficiencies was correctly cited. In addition, preparation and submission of this POC does not constitute an admission or agreement of any kind by the facility of the truth of any facts set forth in this allegation by the surveyor's agency.

**PLAN OF CORRECTION**

**Area:** *Medications*

**Regulatory Insufficiency #6**: When medications are administered traditionally by the program (a) the administration of medications shall be provided by a registered nurse, licensed practical nurse or advanced registered nurse practitioner registered in Iowa or by unlicensed assistive personnel in accordance with requirements in 655- Chapter 6 governing nurse delegation. (IAC r. 481-67.5(6) (a))

**POC:**

**1. The Program will correct the regulatory insufficiency by:** ensuring that all medications are administered as ordered and will be indicated as given by documentation on the medication administration record.

**2. The following measures will be taken to ensure the problem does not recur:** The medication will be administered as ordered according to the medication administration record. The medication administration record will be reviewed after order has been approved to ensure correct order is displayed and clinical associates are able to administer and correctly document.

**3. The Program plans to monitor performance to ensure compliance by:** Quarterly review of the medication administration record will be performed by an RN, LPN, or designee. Any staff that neglects documenting administered medications will be placed on Disciplinary Warning.

**4. The regulatory insufficiency will be corrected by:** November 30, 2023

ok