

DEPARTMENT OF INSPECTIONS AND APPEALS

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0311	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/05/2023
NAME OF PROVIDER OR SUPPLIER COLONIAL ESTATES		STREET ADDRESS, CITY, STATE, ZIP CODE 815 COLONIAL LANE COLUMBUS JUNCTION, IA 52738		
(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: 6 Number of tenants with cognitive disorder: 0 TOTAL census of Assisted Living Program: 6 The following regulatory insufficiency was cited during the recertification visit conducted to determine compliance with certification for an Assisted Living Program.	A 000	See Attached POC 2/25/23	
A 355	481-67.9(4)d Staffing 67.9(4) Nurse delegation procedures. The program's registered nurse shall ensure certified and noncertified staff are competent to meet the individual needs of tenants. Nurse delegation shall, at a minimum, include the following: d. Certified and noncertified staff shall receive training regarding service plan tasks (e.g., wound care, pain management, rehabilitation needs and hospice care) in accordance with medical or nursing directives and the acuity of the tenants' health, cognitive or functional status. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to ensure staff were competent in medication administration. This affected 4 of 6 tenants at the Program (Tenants #1, 2, 3 and 4). Finding follows: Record review on 1/5/23 revealed Staff B	A 355		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Shah Akand

TITLE

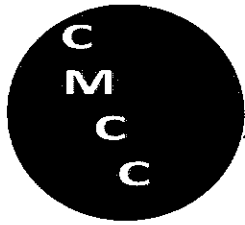
Manager

(X6) DATE

1/31/23

DEPARTMENT OF INSPECTIONS AND APPEALS

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A 355	Continued From page 1 completed Medication Aide training on 4/5/21. Staff B's file failed to contain training documentation that she was competent to administer medications from the program's registered nurse. The assisted living program was connected to a nursing facility. Staff at the nursing facility were generally responsible for administering medication to tenants living at the assisted living program. On 1/5/23 at 9:25 AM, Staff B reported she would give a tenant medication on an "as needed" basis when the nursing facility staff were busy. On 1/5/23 at 1:20 PM, the Director of Nursing stated Certified Medication Aides, Licensed Practical Nurses and Registered Nurses passed medication to tenants at the assisted living program. She confirmed she had not delegated the Certified Medication Aides to ensure they were properly trained in medication administration prior to administering medications to tenants.	A 355		



COLONIAL MANORS OF COLUMBUS COMMUNITY, INC.

Since 1975

January 31, 2023

Department of Inspections and Appeals
Catie Campbell, Bureau Chief
Kristina Dolsen, Program Coordinator
Adult/ Special Services Bureau
Health Facilities Division

On behalf of Colonial Estates in Columbus Junction, I respectfully submit our Plan of Correction for your approval. Our response is specific to the Monitoring Evaluation Report for the onsite visit on January 05, 2023. 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 deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provision of state law.

Alleged Regulatory Insufficiency –A 355 481-67.9(4)d Staffing 67.9(4) Nurse delegation procedures. The program's registered nurse shall ensure certified and noncertified staff are competent to meet the individual needs of tenants. The program failed to ensure staff were competent in medication administration.

1. Elements detailing how the program will correct each regulatory insufficiency.
 - Regarding tenant #1,2,3 and 4 and all similarly situated tenants, Colonial Estates will ensure that delegation is completed. The Director of Nursing will ensure that all staff members, including staff B, who administer medication are competent in medication administration through nurse delegation.

**Colonial Manor
Rehab & Nursing**

**Colonial Estates
Assisted Living**

**Colonial Heights
Independent Living**

2. What measures will be taken to ensure the problem does not recur.
 - All staff members including staff B who are responsible for medication administration at Colonial Estates will have nurse delegation completed by February 25, 2023. New employees and employees who are assigned medication administration will have nurse delegation upon hire or upon assignment of medication administration duties. Documentation of nurse delegation will be kept on file throughout employment with Colonial Estates.
3. How the Program plans to monitor performance to ensure compliance.
 - The Manager or designee will complete audits on a quarterly basis to ensure that all medication administration staff have delegation forms completed and on file.
4. The date by which the regulatory insufficiency will be corrected.
 - The regulatory insufficiency will be corrected by February 25, 2023.

If you have any questions regarding this plan of correction, please feel free to contact me at 319-728-2276.

Sincerely,

A handwritten signature in black ink, appearing to read "Sarah Hand". The signature is written in a cursive, flowing style with a large initial "S".

Sarah Hand
Manager