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
	S0356	A. BUILDING: _____ B. WING _____	06/24/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANNING SENIOR LIVING	203 11TH STREET MANNING, IA 51455

(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: 14 Number of tenants with cognitive disorder: 3 Total population of Program at time of on-site: 17 There were no regulatory insufficiencies cited during the onsite infection control survey. The following regulatory insufficiencies were cited during the recertification of the Program.	A 000		
A 105	481-67.2 Program Policies and Procedures 481-67.2 Program policies and procedures, including those for incident reports. A program's policies and procedures must meet the minimum standards set by applicable requirements. All programs shall have policies and procedures related to the reporting of incidents including allegations of dependent adult abuse. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to follow its medication policy regarding narctic counts for 1 of 1 tenants reviewed who recieved narcotics (Tenant #1). Findings include:	A 105	Plan of Correction is attached 8/19/21	

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

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A 105	Continued From page 1 On 6/24/21 at 9:40 a.m. review of Tenant #1's Controlled Drug record revealed Staff B had prematurely documented she had completed a 2:00 p.m. narcotics count of Fentanyl 50 mcg patches. The staff noted the count was completed on 6/24/21 at 2:00 p.m. At the time of this finding, there was a total of five Fentanyl 50 mcg patches observed and accounted for. On 6/24/21 at 10:04 a.m. review of the Program's medication policy revealed staff were responsible to count and record the total number of narcotics at the beginning and end of each shift as well as after the administration of any narcotic. On 6/24/21 at 10:04 a.m. the Community Director confirmed Staff B had not followed facility policy as she had signed off doing a 2:00 p.m. (end of shift) narcotic count prior to 9:40 a.m.	A 105		
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 medications were administered as ordered for 1 of 3 tenants	A 285		

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
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A 285	Continued From page 2 reviewed (Tenant #2). Findings include: On 6/24/21 a review of medication error reports revealed on 5/11/21 at 8:00 a.m. the Nurse noted while reviewing nurses notes she discovered Tenant #2 had not recieved his Eliquis from 5/5/21 to 5/10/21. The Eliquis was to be held on 5/1/21 to 5/4/21 and then resumed per physician order. However caregivers did not resume the Eliquis on 5/5/21. On 6/24/21 at 3:15 p.m. record review revealed Tenant #2 was admitted to the Program on 8/30/19 with diagnoses including dementia, hypertension and heart failure. His Comprehensive Assessment dated 5/07/21 revealed Tenant #2's medication was managed and administered by the Program. The tenant had an order dated 4/2/21 for Eliquis 2.5mg to be taken twice a day (before breakfast and at bedtime). On 4/30/31 the physician ordered the Program to hold Tenant #2's Eliquis for 4 days then resume. On 6/24/21 at 3:48 p.m. the Nurse confirmed the caregivers continued to hold Tenant #2's Eliquis from 5/5/21 to 5/10/21 until she realized the error on 5/11/21. There were no known outcomes associated with this medication error.	A 285		

Manning Senior Living
203 11th Street
Manning Iowa 51455

Date 07/26/2021

Plan of Correction (POC) Submitted For:

- Re-certification 06/24/2021

A. Regulatory Insufficiency: 481-67.2 **Program Policy and Procedures**: The program shall follow the policy and procedures established by the program.

The Program failed to follow its medication policy regarding narcotic counts for 1 of 1 tenant reviewed who received Narcotics (Tenant #1)

1. **Elements Detailing the programs correction of the insufficiencies:**
   a. All Staff In-Service education of protocols policy and procedures related to narcotic counts on 07/06/2021
   b. All staff were supplied with policy and procedures of Manning Senior Living Medication counts 07/06/2021
2. **Actions program taking to protect tenants in similar situations:**
   a. Review of Incident Reports by Health Care Coordinator and Community Director or designee daily, weekly, monthly and as needed.
3. **Measures taken to ensure problem does not reoccur:**
   a. Community Director and/or designee will ensure new employees receive training on program policy and procedures related to Narcotic counts upon hire and at a minimum annually.
4. **Program plans to monitor performance to ensure solutions are permanent:**
   a. Community Director and/or designee will monitor those solutions implemented are in place: weekly, monthly, as needed as determined by the Director/RN or designee to ensure compliance.

B. Regulatory Insufficiency: 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.

The program failed to provide ensure medications were administered as ordered for 1 of 3 tenants

1. **Elements Detailing the programs correction of the insufficiencies:**
   a. Staff Member involved with the incident was re-educated on 5/12/2021
   b. All staff in-service education was completed on policy and procedures and reading of the MAR on 7/6/21

2. **Actions program taking to protect tenants in similar situations:**
   a. Health Care Coordinator will Monitor Pill Passes daily, weekly, monthly, and as needed.
3. **Measures taken to ensure problem does not reoccur:**
   a. Community Director and/or designee will ensure new employees receive training on program policy and procedures related to Medication Policy and Procedure upon hire and at a minimum annually.
4. **Program plans to monitor performance to ensure solutions are permanent:**
   a. Community Director and/or designee will monitor those solutions implemented are in place: weekly, monthly, as needed as determined by the Community Director/RN or designee to ensure compliance.

Preparation and/or execution of this plan of correction does not constitute admission or agreement by the program of the truth of the facts alleged or conclusions set forth in the statement of regulatory insufficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of state law.