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
	S0240	A. BUILDING: _____ B. WING _____	C 05/18/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WALDEN POINT	1200 FOURTH STREET DES MOINES, IA 50314

(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	481-67 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. General Population Program Number of tenants without cognitive disorder: 0 Number of tenants with cognitive disorder: 46 Total Population of Program at time of on-site: 46 TOTAL census of Assisted Living Program: 46 During the recertification to determine compliance with certification of an Assisted Living Program and the complaint investigation 59290-C, the following regulatory insufficiency was cited.	A 000		
A 147	481-67.5(6)d Medications 481-67.5(231B,231C,231D) Medications. Each program shall follow its own written medication policy, which shall include the following: 67.5(6) When medications are administered traditionally by the program: d. Medications 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: (Complaint 59290-C) Based on interview and review of program documentation tenant medications were not administered as ordered.	A 147		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 147	Continued From page 1 1. Tenant #1, a 82 year-old, was admitted on 8-8-14 and diagnoses included: diabetes, hyperlipidemia, congestive heart failure, depressive disorder, anxiety and atrial fibrillation. Review of Tenant #1's service plan dated 3-10-16 indicated Program staff were responsible to administer scheduled medications. Tenant #1's Medication Administration Record (MAR) for 3-17-16 directed staff to administer 13 medications from a bubble pack provided by the pharmacy. A notation by staff dated 3-17-16 said, "only Coumadin given other meds not delivered." On 3-18-16 staff noted the following, "only one pill". According to the MAR the following medications should have been administered by Program staff on the evening of 3-17-16; Pantoprazole 40 mg 1 tab, Metformin 500 mg 1.5 tabs, Gabapentin 300 mg 2 tabs, hydrocodone APAP 325 mg 1 tab, Thera M Plus 1 tab, Trazadone 150 mg 1 tab, mirapex .125 mg 1 tab, metoprolol succinate ER 25 mg 1 tab and Atorvastatin calcium 10 mg 1 tab. Coumadin was administered and there was a note that the primary care physician wanted Klor-can 10 mEq 1 tab held. When interviewed on 5-17-16 the Registered Nurse said that when staff notice Tenants do not have the right number of the medications they call her and she goes to the pharmacy and brings the medications to the program and staff administer the medications then. She acknowledged that review of documentation could not confirm the medications were given as ordered.	A 147		

Walden Point

Affordable Assisted Living

June 6, 2016

Department of Inspections and Appeals
Attn: Rose Boccella
Lucas State Office Building
321 East 12th Street
Des Moines, Iowa 50319

Dear Ms. Boccella:

On behalf of Walden Point, I respectfully submit our Plan of Correction for your approval. Our response is specific to the Recertification and Complaint/Incident Investigation Report dated May 24, 2016. 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 insufficiencies. The Plan of Correction is prepared and/or executed solely because it is required by the provisions of Iowa law. Walden Point will not request a formal hearing.

Medications
Medications shall be administered as prescribed by the tenant's physician, advanced registered nurse practitioner or physician assistant.

1. Elements detailing how the Program will correct each regulatory insufficiency.
   - Tenant #1 will have medications administered as prescribed by the physician.

2. What measures will be taken to ensure the problem does not recur.
   - Staff responsible for medication administration will be retrained on medication administration, including documentation on the MAR.
   - The RN and LPN will be retrained on processes for administration of medications including documentation on the MAR.

3. How the Program plans to monitor performance to ensure compliance.
   - The RN Director or designee will audit MARs at least quarterly to ensure medications are administered as prescribed by the physician.

4. The date by which the regulatory insufficiency will be corrected.
   - Walden Point will be in compliance by June 30, 2016.

Please contact me at 515-288-9985 with any questions you have. Thank you.

Sincerely,

Kymberly Stevenson
Administrator