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
	S0371	A. BUILDING: _____ B. WING _____	C 10/29/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNINGSTAR AT JORDAN CREEK ALP/D	525 SOUTH 60TH STREET WEST DES MOINES, IA 50266

(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 for People with Dementia are defined by the population served. The census numbers were provided by the Program at the time of the on-site. Number of tenants without cognitive disorder: 0 Number of tenants with cognitive disorder: 21 Total census: 21 A recertification visit was conducted to determine compliance with certification for an ALP/D Program. Complaint #89770-C was also investigated. The following regulatory insufficiencies were identified related to Complaint #89770-C and the recertification visit. No regulatory insufficiencies were cited during the onsite infecxtion control survey.	A 000	1/6/21	
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: Based on interviews and record review the Program failed to consistently administer medications as prescribed for 1 of 3 tenants reviewed (Tenant #3). Finding follows:	A 147	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 147	Continued From page 1 Record review on 10/28/20 revealed Tenant #3 had a PCP (Primary Care Provider) order dated 8/22/19 for an Exelon transdermal patch to be replaced on a daily basis, and an order dated 10/14/19 to receive Ibuprofen 400mg every 6 hours. Review of Tenant #3's November 2019 MAR (Medication Administration Record) revealed the Exelon patch was not replaced on 11/1/20, 11/3/20, 11/4/20, 11/5/20 and 11/6/20. In addition, the tenant did not receive Ibuprofen on the following dates and times: a. 11/10/19 at 6:00 a.m., 12:00 p.m. and 6:00 p.m. b. 11/11/19 at 12:00 a.m., 6:00 a.m., 12:00 p.m. and 6:00 p.m. c. 11/12/19 at 12:00 a.m. and 6:00 p.m. d. 11/13/19 at 12:00 a.m. Further review revealed the phrase "not delivered from the pharmacy" notated for all of these missed treatments and medications under the Exceptions section on the MAR. When the notation was pointed out the Wellness Director stated medications should be administered to tenants as prescribed.	A 147		
A 086	481-69.26(3)a Service Plans 481-69.26(231C) Service plans. 69.26(3) When a tenant needs personal care or health-related care, the service plan shall be updated within 30 days of the tenant's occupancy and as needed with significant change, but not less than annually. a. If a significant change triggers the review and	A 086		

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A 086	Continued From page 2 update of the service plan, the updated service plan shall be signed and dated by all parties. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure service plans were signed and dated by all parties for 3 of 3 tenants reviewed (Tenants #1, #2, #3). Findings follow: 1. Record review on 10/12/20 revealed Tenant #1's updated service plan (9/15/20) was not signed or dated by all parties. 2. Record review on 10/12/20 revealed Tenant #2's updated service plan (9/2/20) was not signed or dated by all parties. 3. Record review on 10/20/20 revealed Tenant #3's service plan (1/7/20) was not signed or dated by all parties. When interviewed on 10/19/20 at 1:30 p.m. the Wellness Director confirmed the Program failed to obtain signatures of all parties on updated plans.	A 086		

Jordan Creek September 2020 Plan of Correction for ALPD recertification and complaint.

A147:

1. The facility Wellness Director or designee will pull medication exception reports from all medication passes and review with Executive Director daily during clinical meetings. We will review any missed medications immediately.
2. Wellness Director or designee will perform a medication cart audit weekly to check for medications in need of reorder, expired, discontinued or missing.
3. Pharmacy is sending 3 reports daily to ED and WD:
    a. Refill reminders.
    b. New scripts needed for refills.
    c. New scripts needed for controlled drug refills.
        i. If pharmacy is having difficulty reaching the physicians' offices after we are alerted.

A086:

1. The Resident Care Coordinator will have all parties sign the service plans and document the service plan meeting date and attendees in electronic health record.
2. All service plan meetings done remotely will have plans sent to sign by email or by regular mail and all attempts to get signatures will be documented in the electronic health record.

For the Administrator, the Plan of Correction
date was 10/29/20

11/10/21

12/31/20