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
	S0383	A. BUILDING: _____ B. WING _____	C 04/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAND LIVING AT BRIDGEWATER ALP	3 RUSSELL SLADE BLVD CORALVILLE, IA 52241

(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 impairment: 105 Number of tenants with cognitive impairment: 2 Total census: 107 The following regulatory insufficiencies were cited during the investigation of Complaint #116017-C:	A 000		
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 administer medications and treatments as prescribed. This pertained to 3 of 3 current tenants reviewed (Tenants #1, #2 and #3) and 3 of 3 discharged tenants reviewed (Tenants C1, C2 and C3). Findings follow: 1. Review of Tenant #1's file on 4/11/24 revealed staff administered Tenant #1's medications. The February and March 2024 medication	A 285	The Plan of Correction is attached.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0383	A. BUILDING: _____ B. WING _____	C 04/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAND LIVING AT BRIDGEWATER ALP	3 RUSSELL SLADE BLVD CORALVILLE, IA 52241

(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 285	Continued From page 1	A 285		

administration records (MARs) reflected the following:
a. Estradiol cream 0.01%, insert 1 gram (GM) vaginally at bedtime for 14 days then twice weekly thereafter. It was documented as not available to administer from pharmacy on 2/10/24, 2/11/24, 2/12/24 and 2/14/24.
b. Gemtesa tablet 75 milligram (mg), take one tablet by mouth daily. It was documented as not available to administer from pharmacy on 2/24/24.
c. Fosformycin powder 3 GM, mix 1 packet in 3-4 oz water and drink, take every 7 days for 5 doses. It was documented as not available to administer from pharmacy on 2/13/24, 2/20/24 and 2/27/24.
d. Glipizide ER tablet 2.5 mg, take 1 tablet by mouth daily with food. It was documented as not available to administer from pharmacy on 3/18/24.
e. Tramadol HCL 50 mg tablet take one tablet by mouth four times daily. It was documented as not available to administer from pharmacy on 3/18/24 at 9:00 p.m. and 3/20/24 at 1:00 p.m.

2. Review of Tenant #2's file on 4/11/24 revealed staff administered Tenant #2's medications. The January 2024 MAR reflected Atorvastatin tablet 80 mg, take one tablet by mouth daily was not available to administer from pharmacy on 1/13/24, 1/14/24 and 1/15/23.

Continued record review revealed the February, March and April 2024 MARs reflected the following:
a. Systane gel drops 0.4-0.3%, instill one drop into both eyes twice daily was not available to administer from pharmacy on 2/6/24 at 8:00 p.m. and 2/7/24 at 8:00 a.m.
b. Lumigan solution 0.01%, instill one drop into

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0383	A. BUILDING: _____ B. WING _____	C 04/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAND LIVING AT BRIDGEWATER ALP	3 RUSSELL SLADE BLVD CORALVILLE, IA 52241

(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 285	Continued From page 2	A 285		

both eyes at bedtime was not available to administer from pharmacy on 2/16/23, 2/18/24 and 2/19/24 to 2/29/24.

c. Lumigan solution 0.01%, instill one drop into both eyes at bedtime was not available to administer from pharmacy from 3/1/24 to 3/5/24. It was documented as administered on 3/6/24 and not available to administer from 3/7/24 to 3/12/24. It was documented as administered on 3/13/24 and not available to administer from 3/14/24 to 3/16/24. On 3/17/24 it was not documented as given; however, no reason was documented. The medication was documented as not available to administer from pharmacy from 3/18/24 to 3/26/24. It was documented as given on 3/27/24.

d. Ferrous sulfate tablet 325 mg EC, take one tablet by mouth daily was not available from pharmacy to administer on 3/14/24 and 3/15/24.

e. Lumigan solution 0.01%, instill one drop into both eyes at bedtime was not available to administer from pharmacy from 4/3/24 to 4/9/24.

3. Review of Tenant #3's file on 4/11/24 revealed staff administered Tenant #3's medications. The February 2023 MAR reflected the following:

a. Aspirin 81 mg, give one tablet by mouth daily was not documented as given on 2/23/23 at 2:00 p.m.

b. Duloxetine HCL 60 mg, give one capsule by mouth daily was not documented as given on 2/23/23 at 2:00 p.m.

c. Irbesartan 300 mg tablet, take one tablet by mouth every day was documented as given on 2/23/23 at 2:00 p.m.

4. Review of Tenant C1's file on 4/10/24 and 4/11/24 revealed the tenant's August 2023 MAR reflected Prevagen capsule 10 mg, daily was not available to administer from the pharmacy from

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0383	A. BUILDING: _____ B. WING _____	C 04/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAND LIVING AT BRIDGEWATER ALP	3 RUSSELL SLADE BLVD CORALVILLE, IA 52241

(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 285	Continued From page 3	A 285		

8/17/23 to 8/27/23. It was documented as administered on 8/28/23. It was documented as unavailable to administer from pharmacy from 8/29/23 to 8/31/23.

The September 2023 MAR reflected the following:
a. Prevagen capsule 10 mg was documented as not available to administer from pharmacy on 9/1/23, 9/5/23, 9/7/23, 9/8/23, 9/9/23, 9/10/23, 9/12/23, 9/13/23 and 9/14/23.
b. Escitalpram tablet 10 mg, was documented as not available to administer from pharmacy on 9/1/24.

5. Review of Tenant C2's file on 4/10/24 and 4/11/24 revealed staff administered Tenant C2's medications. The August 2023 MAR reflected Lantanoprost solution 0.005%, eyedrops was documented as not available to administer from the pharmacy on 8/28/23.

6. Review of Tenant C3's file on 4/11/24 revealed staff administered Tenant C3's medications. The MAR from 10/27/23 to 11/12/23 revealed the following:
a. Fluticasone spray 50 microgram, use two sprays in each nostril was documented as not available to administer from pharmacy on 10/28/23.
b. Allopurinol tablet 300 mg, take one tablet by mouth daily was documented as not available to administer from pharmacy on 11/4/23.
c. Amlodipine tablet 5 mg, take one tablet by mouth daily was documented as not available to administer from pharmacy on 11/4/23.
d. Aspirin (low) 81 mg EC, take one tablet by mouth daily was documented as not available to administer from pharmacy on 11/4/23.
e. Lorsartan potassium tablet 50 mg, take one

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0383	A. BUILDING: _____ B. WING _____	C 04/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAND LIVING AT BRIDGEWATER ALP	3 RUSSELL SLADE BLVD CORALVILLE, IA 52241

(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 285	Continued From page 4 tablet by mouth daily was documented as not available from pharmacy to administer on 11/4/23. f. Multivitamin tablet was documented as not available from pharmacy to administer on 11/4/23. g. Omerprazole capsule 40 mg take one capsule by mouth daily was documented as not available from pharmacy to administer on 11/4/23. 7. When interviewed on 4/11/24 at 3:56 p.m. and 4/16/24 at 11:26 a.m. the Director of Health and Wellness said medications were administered as ordered if the program had the medications. There was a disconnect at times between the electronic system and the pharmacy.	A 285		
A 430	481-69.27(1)c Nurse Review 69.27(1) If a tenant does not receive personal or health-related care, but an observed significant change in the tenant's condition occurs, a nurse review shall be conducted. If a tenant receives personal or health-related care, the program shall provide for a registered nurse: c. To assess and document the health status of each tenant, to make recommendations and referrals as appropriate, and to monitor progress relating to previous recommendations at least every 90 days and whenever there are changes in the tenant's health status; This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to complete nurse reviews as needed with a change in health status. This	A 430		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0383	A. BUILDING: _____ B. WING _____	C 04/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAND LIVING AT BRIDGEWATER ALP	3 RUSSELL SLADE BLVD CORALVILLE, IA 52241

(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 430	Continued From page 5	A 430		

pertained to 1 of 3 current tenants reviewed (Tenant #1) and 3 of 3 discharged tenants reviewed (Tenants C1, C2 and C3). Findings follow:

1. Review of Tenant #1's file on 4/11/24 revealed the following progress notes::

a. On 3/7/24 a follow up was completed related to Tenant #1's fall last evening. Another tenant went to hug Tenant #1, lost his/her balance and fell on top of her. On 3/7/24 she reported complaints of pain to her right ribs that went to her back. Tenant #1 agreed to go to the emergency department (ED) to be evaluated. Tenant #1 returned without discharge instructions. A call was placed to pharmacy and an order was received for hydrocodone 5/325 milligram (mg), one tablet every 8 hours as needed for pain.

b. On 3/8/24 it was noted Tenant #1's family did not feel comfortable with her taking hydrocodone. A verbal order was received to discontinue the hydrocodone and increase Tramadol to 50 mg, four times per day for 10 days.

c. On 3/9/24 Tenant #1's family reported to the primary care provider (PCP) that the PRN (as needed) Tramadol was not helping with Tenant #1's pain. A verbal order was received to change the Tramadol to scheduled four times daily.

d. On 3/14/24 Tenant #1 fell and hit her head the previous evening.

e. On 3/22/24 Tenant #1 completed her 10 days of Tramadol four times daily on 3/20/24. A clarification was requested to determine if the Tenant #1 continued with Tramadol or if it shoould be discontinued. The PCP indicated to discontinue the medication and see how she did.

f. On 3/29/24 a new order was received for Tramadol 50 mg every six hours PRN for pain.

Review of January and February 2024 MARs

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0383	A. BUILDING: _____ B. WING _____	C 04/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAND LIVING AT BRIDGEWATER ALP	3 RUSSELL SLADE BLVD CORALVILLE, IA 52241

(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 430	Continued From page 6	A 430		

(medication administration records) revealed an order for Tramadol HCL 50 mg tablet, twice daily as needed. The medication was not documented as administered in January and was documented as administered twice in February. The April 2024 MAR (4/1/24 to 4/10/24) reflected the order for Tramadol was documented as administered 14 times for pain. It was administered daily from 4/1/24 to 4/9/24 with five days that reflected two doses administered.

A nurse review was not completed with the new order for Tramadol every six hours PRN for pain and the daily usage of the PRN medication from 4/1/24 to 4/9/24.

2. Review of Tenant C1's file on 4/10/24, 4/11/24 and 4/16/24 revealed the following progress notes::

a. On 9/25/23 (late entry for 9/23/23) the nurse assessed Tenant C1 after a fall last evening. Tenant C1 had mid-back pain as well as a bruise above her right eye from a previous fall. The fall was reported to her family and PCP.

b. On 9/28/23 (late entry for 9/27/23) staff reported Tenant C1 had not been feeling well since her fall on 9/24/23. A call was placed to family who reported Tenant C1 was going to see her PCP in the afternoon.

c. On 9/28/23 (late entry form 9/27/23) a fax was received from the PCP for a new order for a computed tomography (CT) to be completed on 9/28/23 related to her falls.

d. On 9/28/23Tenant C1's family returned with her from the CT appointment and asked about when her pain medication was to be given. The family was informed it was an as needed medication. Tenant C1's family member said he would call every eight hours for her to have it. It was suggested that Tenant C1's personal

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0383	A. BUILDING: _____ B. WING _____	C 04/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAND LIVING AT BRIDGEWATER ALP	3 RUSSELL SLADE BLVD CORALVILLE, IA 52241

(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 430	Continued From page 7	A 430		

caregiver use her pendant when Tenant C1 had pain. Family reported Tenant C1 had lost her pendant.

e. On 10/3/23 (late entry for 9/30/23) it was noted Tenant C1 had a fall that morning and screamed out in pain and thought her hip was broken. Tenant C1 was transported to the ED.

f. On 9/30/23 it was noted Tenant C1 was transferred to the ED post fall and was admitted with a right hip fracture. Tenant C1 was taken into surgery for repair.

Also located in Tenant C1's file was a primary care provider (PCP) Progress Notes document with an encounter date of 9/27/23 indicating Tenant C1 was seen for a follow up related to anxiety. The document stated Tenant C1 was seen in an emergency department (ED) on 9/22/23 due to a fall while in the shower. She had left posterior rib/mid-back pain and a hematoma on the left side of her head. The head computed tomography scan on 9/22/23 was negative for a skull fracture or acute intracranial process. Tenant C1 was discharged from the ED with a prescription for hydrocodone but was only given a two day supply. She fell again on 9/24/23 but did not go to the ED.

Located in the resident's record was an electronic prescription dated 9/22/23 for hydrocodone-acetaminophen 5/325 mg, 1 tablet every 6 hours as needed (PRN) for pain. The tenant's September MAR reflected it was administered three times from 9/24/23 to 9/28/23.

A nurse review was not completed as needed related to Tenant C1's falls, pain and new order for narcotic pain medication, hydrocodone-acetaminophen 5/325 mg, one tablet every six hours as needed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0383	A. BUILDING: _____ B. WING _____	C 04/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAND LIVING AT BRIDGEWATER ALP	3 RUSSELL SLADE BLVD CORALVILLE, IA 52241

(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 430	Continued From page 8 3. Review of Tenant C2's file on 4/10/24 and 4/11/24 revealed the following progress notes: a. On 10/16/23 Tenant C2 was not feeling well and staff helped with putting on his socks and shoes. Tenant C2 had been in bed all morning. b. On 10/18/23 staff reported Tenant C2 had loose stools and also complained of nausea. Tenant C2 was encouraged to push fluids. c. On 10/18/23 Tenant C2 had a change in mobility and he needed assistance getting in and out of his wheelchair. He normally did that himself. d. On 10/21/23 Tenant C2 had tiredness and weakness. He still sounded "wheezy." e. On 10/22/23 Tenant C2 had tiredness and weakness. He did not go to breakfast, was very weak and ordered a room tray for breakfast. Vital signs were as follows: temperature was 97.5 degrees, oxygen saturation was 93%, his pulse was 72 and blood pressure was 87/39. g. On 10/22/23 it was noted he would be monitored to see if he had a gastrointestinal illness that other tenants had. h. On 10/22/23 the nurse assessed Tenant C2 and he had complaints of weakness and pain all over. His lung sounds had scattered wheezes. He agreed to be seen at the ED and was transported to the hospital via ambulance. A nurse review was not completed when staff reported changes in Tenant C2's health status including not feeling well, increased assistance with mobility, staying in bed, requesting a room tray, loose stools and nausea. Tenant C2 also had vitals signs that included a blood pressure of 87/39 and an oxygen saturation of 93%. 4. Review of Tenant C3's file on 4/11/24 revealed a Progress Note dated 11/7/23 (late entry) for	A 430		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0383	A. BUILDING: _____ B. WING _____	C 04/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAND LIVING AT BRIDGEWATER ALP	3 RUSSELL SLADE BLVD CORALVILLE, IA 52241

(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 430	Continued From page 9 11/4/23 indicated staff reported they heard Tenant C3 yelling at his spouse in the apartment. Tenant C3's spouse reported he had unpluggied everything in the apartment and tried to the leave the building for a second time. Tenant C3's spouse said she had to physically restrain him both times. Tenant C3's MARs from 10/27/23 to 11/12/23 indicated he was out of the building in the hospital from 11/6/23 until 11/12/23. Tenant C3 was discharged on 11/13/23 and transferred to memory care. Further record review revealed a nurse review was not completed related to Tenant C3's attempts to leave the building, behavior towards his spouse and hospitalization on 11/6/23. 5. When interviewed on 4/11/24 at 2:40 p.m. the Assistant Director of Health and Wellness said a change of condition assessment was completed with a new diagnosis or new medication changes. 6. When interviewed on 4/11/24 at 3:56 p.m. the Director of Health and Wellness said she tried to look daily at the use of as needed (PRN) medications. The standard of practice related to when nurse reviews should be completed was within the initiation of medication and new issues.	A 430		

ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETE DATE
A 285	481-67.5(2) f(4) Medications 67.5(2) Each program will follow it's 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 1. Tenant #1's meds have all been received from the pharmacy and will be given as ordered Tenant #2's meds have all been received from the pharmacy and will be given as ordered Tenant #3's meds will be be given as ordered Tenant C1 has been discharged Tenant C2 has been discharged Tenant C3 has been discharged 2. Staff responsible for passing medications were re-educated on 4/24/24 and will all be re-educated again by 8/28/24 to notify nurse immediately if a medication is not available to give. 3. Staff responsible for passing medications will be educated by 8/28/24 on proper documentation of all meds not given. 4. Program nurses have been educated to contact pharmacy immediately and ask for emergency delivery of any medications not available as needed. 5. Program nurses have been educated on and will audit dashboards daily when in building for missed meds and follow up with staff as needed for missing/improper documentation.	8/28/2024
A 430	481-69.27(1)c Nurse Review 69.27(1) If a tenant does not receive personal care or health-related care, but an observed significant change in the tenant's condition occurs, a nurse review shall be conducted. If a tenant receives personal or health-related care, the program shall provide for a registered nurse: c. To assess and document the health status of each tenant, to make recommendations and referrals as appropriate, and to monitor progress related to previous recommendations at least every 90 days and whenever there are changes in the tenant's health status; 1. Tenant # 1 was reassessed on 5/20/24. Pain and treatment were addressed at that time and are included on the Service Plan.	8/28/2024

	Tenant C1 has been discharged from program Tenant C2 has been discharged from the program Tenant C3 has been discharged from the program 2. Program nurses have been reeducated on the need for nurse reviews on all potential changes in the tenant's health status such as change in medications, change in service needs, dr appt, falls, ER visits and readmit from hospital/rehab. 3. DOHW or designee will audit notes on all residents with changes in health status such as changes in medication, changes in service needs, dr appts falls, ER visits and readmit from hospital/rehab at a minimum of weekly for the next 90 days.	