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
	S0390	A. BUILDING: _____ B. WING _____	C 08/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE HILLS RETIREMENT COMMUNITY Al	604 EAST HILLCREST AVENUE INDIANOLA, IA 50125

(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: 31 Number of tenants with cognitive impairment: 0 Total census: 31 No regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification rules for an Assisted Living Program or the investigation of Incident #121807-I, Complaint #122900-C, Complaint #119754-C or Complaint #117754-C. The following regulatory insufficiencies were cited during the investigation of Complaint #121622-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 ensure medications were administered as prescribed for 1 of 1 former	A 285	The 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 285	Continued From page 1	A 285		

tenants reviewed (Tenant C1). Findings include:

1. On 8/27/24, a review of Tenant C1's March, April and May 2024 medication administration records (MARs) and physician orders revealed the following changes in her medication regime:

Escitalopram Oxalate oral tablet 20 mg to be taken once daily was discontinued on the MAR on 3/16/24. Tenant C1 had no order within her record that supported this discontinuation. The Escitalopram was not given until 4/1/24 at which time administration began again and continued through 4/30/24. Tenant C1 had no order within her record to restart Escitalopram on 4/1/24. Tenant C1's record revealed an order on 4/22/24 that discontinued Escitalopram even though it continued to be administered through 4/30/24.

Tenant C1's physician orders revealed an order dated 3/18/24 that discontinued the usage of Clonazepam oral tablet 0.5 mg which was administered twice daily. The medication was stopped until 4/11/24. On 4/11/24 the administration of Clonazepam was restarted due to a clarification order dated 4/3/24 from the physician which stated the medication should have continued. The Clonazepam was administered through 5/4/24 and then discontinued on the MAR. Tenant C1 had no order on file that discontinued the Clonazepam on 5/5/24.

Tenant C1's physician's orders revealed an order dated 3/18/24 for Lorazepam 0.5 mg tablet to be given twice daily. The Lorazepam was administered through 4/11/24 but was discontinued on the MARs and not administered through 5/2/24. Tenant C1 had no order on file that discontinued the Lorazepam on 4/11/24.

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A 285	Continued From page 2 Tenant C1's physician's orders revealed an order dated 4/22/24 to continue Lorazepam. 2. On 8/27/24 at 1:45 pm, the Healthcare Coordinator confirmed there were no orders on file that discontinued Escitalopram on 3/16/24 and no order that restarted Escitalopram on 4/1/24. The Healthcare Coordinator was not certain why the Escitalopram had continued to be administered after the discontinuation order for it on 4/22/24. The Healthcare Coordinator confirmed there was no order on file for the discontinuation of Clonazepam on 5/4/24. Finally, the Healthcare Coordinator confirmed there was no order on file to discontinue Lorazepam on 4/11/24. 3. On 8/29/24 at 1:15 pm, the Community Director and the Healthcare Coordinator confirmed the above findings.	A 285		
A 395	481-69.26(4)a Service Plans 69.26(4) The service plan shall be individualized and shall indicate, at a minimum: a. The tenant's identified needs and preferences for assistance This REQUIREMENT is not met as evidenced by: Based on interview and record review, the Program failed to include all tenant preferences in the service plan for 1 of 2 former tenants reviewed (Tenant C1). Findings include: 1. On 8/27/24, a review of Tenant C1's June 2024	A 395		

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A 395	Continued From page 3	A 395		

medication administration record (MAR) revealed Lacosamide 200 mg to be taken twice daily for seizures was discontinued on 6/6/24 by the On-Call Registered Nurse. A review of physician's orders revealed a cancel order for the Lacosamide dated 6/5/24. Further review revealed an incident report dated 6/11/24 that revealed Tenant C1 was discovered sitting on the floor outside of her apartment looking confused. She was taken to the emergency room by family for assessment. A review of hospital records dated 6/11/24 through 6/14/24 revealed Tenant C1 received a small bifrontal traumatic subarachnoid hemorrhage from the incident which was a possible fall/seizure. On 6/14/24, the Program received an order for Tenant C1 to restart the Lacosamide 200 mg twice daily. Tenant C1 did not return from the hospital as she moved to a different assisted living arrangement.

2. On 8/27/24 at 1:45 pm, the Healthcare Coordinator stated Tenant C1's family took her to all of her appointments. The Healthcare Coordinator stated the family insisted on being called prior to any medication changes for Tenant C1 and the tenant. The tenant preferred her family be notified as well. The Healthcare Coordinator stated the On-Call Registered Nurse who covered for her on 6/6/24 while she was on vacation received an order to stop Tenant C1's Lacosamide. The On-Call Registered Nurse had not called the family about the stop order as she was unaware family was to be notifid of all medication changes.

3. On 8/29/24 at 12:30 pm, the On-Call Registered Nurse stated she worked when the cancel order was faxed to the Program for the discontinuance of Tenant C1's Lacosamide on 6/6/24. The On-Call Nurse stated she received

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A 395	Continued From page 4 no further instructions or faxes that day. 4. Tenant C1's service plan dated 7/12/23 lacked any information or guidance for nursing staff to contact Tenant C1's family prior to any medication changes. 5. On 8/29/24 at 1:15 pm, the Community Director and the Healthcare Coordinator confirmed Tenant C1's service plan had not included the tenant and her family's preferences regarding notifications of med changes on the service plan.	A 395		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	PROVIDER/SUPPLIER/CLIA INDENTIFICATION NUMBER: S0390	DATE SURVEY COMPLETED: **8/29/2024**

Tag #	SUMMARY STATEMENT OF DEFICIENTCIES (EACH DEFICIENCY SHOULD BE PRECEDE BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERRED TO THE APPROPRIATE DEFICIENCY	Identify what changes to the provider's systems and practices were made to ensure compliance with the specific statute(s). Include information about how the provider will maintain compliance in the future.	COMPLETION DATE
Tag #1	**Regulation and Reg Number** 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 prescribed for 1 of 1 former tenants reviewed (Tenant C1).	**Tag # A 285**	**What initial correction was made?** An Initial Audit of all Med Managed resident's medications will be completed by the Nurse by 10/04/2024.	**How will we ensure and maintain compliance going forward?** An Ongoing audit of medications of med managed residents will be completed by the end of the last working day of each month and as needed to ensure medications are administered as prescribed by the Director, Nurse, or Designee.	**Implementation Date:** 9/27/2024 **Completion Date:** Ongoing **Responsible Party:** Director, Nurse, or Designee
Tag #2	**Regulation and Reg Number**	**Tag # A 395**	**What initial correction was made?**	**How will we ensure and maintain compliance going forward?**	**Implementation Date:** 9/27/2024

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 regulatory insufficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of state law.

	481-69.26(4)a Service Plans 69.26(4) The service plan shall be individualized and shall indicate, at a minimum: a. The tenant's identified needs and preferences for assistance This REQUIREMENT is not met as evidenced by: Based on interview and record review, the Program failed to include all tenant preferences in the service plan for 1 of 2 former tenants reviewed (Tenant C1).		An Initial Review of resident's service plans will be completed by the Director/Nurse by 10/18/2024.	An Ongoing audit of resident's service plans to ensure that identified needs and preferences are addressed will be completed by the end of the last working day of each Month, Quarter, or as needed as determined by the Director or Designee.	**Completion Date:** Ongoing **Responsible Party:** Director, Nurse, or Designee

Compliance Date: 10/27/2024

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