DEPARTMENT OF INSPECTIONS AND APPEALS ok

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0401	A. BUILDING: _____ B. WING _____	C 05/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAND LIVING AT INDIAN CREEK MC	325 COLLINS ROAD SE CEDAR RAPIDS, IA 52403

(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: 6 Number of tenants with cognitive disorder: 15 TOTAL census of Assisted Living Program: 21 Investigations #112468-A and 110791-C were completed during the the recertification visit conducted to determine compliance with certification for an Assisted Living Program for People with Dementia. The following regulatory insufficiency was cited as a result.	A 000	See Attached POC 11/30/23	
A 150	481-67.2(3) Program Policies and Procedures 67.2(3) The program shall follow the policies and procedures established by the program. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to follow the policies and procedures set up by the program affecting 1 of 2 discharged tenants reviewed (Tenant C1). Findings follow: Record review on 5/3/23 revealed Tenant C1 had an April, 2023 Medication Administration Record (MAR) which revealed she was administered Morphine Sulphate Sol. 100/5ML (take 0.25 ML by mouth every four hours) from 4/7/23 until she died on 4/20/23. According DEA.gov, Morphine is a Scheduled II narcotic under the Controlled	A 150		

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A 150	Continued From page 1 Substances Act. The program had a Medication Tech/Aide/Manager Competency Check Off. The check off noted staff were to compare the number of narcotics in the bottle and the number on the narcotic count sheet (or controlled substance disposition record), to ensure there were no discrepancies in the number and they both matched. Staff were to sign out the narcotic on the controlled substance shift count/usage record. If there was a discrepancy in the count, they were to make a note on the count sheet and call the nurse immediately. A review of the controlled substance shift count record revealed Morphine was not signed out for Tenant C1 on 4/8/23 or 4/9/23. 7 doses of Morphine were noted as administed on the April MAR during those two days, for a total of 1.75 mL. The morphine bottle was counted at 25.25 units of Morphine on 4/7/23 at 10:00 PM and at 25.00 units of Morphine after 0.25 mL was administered on 4/10/23 at 8:30 AM. On 5/3/23 at 4:00 PM, the Director of Health and Wellness confirmed staff did not follow the medication administration policies of the program.	A 150		

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Regulatory Insufficiency Number	Corrective Action Taken for the Identified RI	System Measures Taken to Prevent a recurrence of the insufficiency	Monitoring Compliance	Date of Compliance
A150-Program Policies and Procedures	Upon discovery of narcotic discrepancy, the Med Manager that had not administered narcotic was taken off Medication Administration Duties. Said Med Manager worked as a caregiver. Attempts to re-educate narcotic administration, with caregiver. Med Manager declined and decided to pursue career elsewhere.	Medication Managers will be re-educated by MyALF training on administration of Narcotics. Med Managers will receive further education/review on Grand Living at Indian Creek Policy and Protocols of administering Narcotics at next staff meeting.	Weekly Audits will be performed on all scheduled narcotic counts by Nurses. This will ensure counts are correct and monitor that residents are getting scheduled narcotics.	11/30/2023