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
	S0419	A. BUILDING: _____ B. WING _____	C 05/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INDEPENDENCE VILLAGE OF ANKENY AL	1275 SW STATE STREET ANKENY, IA 50023

(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. General Population Program Number of tenants without cognitive disorder: 28 Number of tenants with cognitive disorder: 4 Total Population of Program at time of on-site: 32 TOTAL census of Assisted Living Program: 32 The following regulatory insufficiencies were cited during the investigation of Complaints #111619-C, #111678-C, and #111928-C.	A 000	See Attached POC 8/15/23	
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 established policy and procedure regarding monthly medication administration audits. This pertained to 3 of 3 tenants reviewed (Tenant #1, Tenant #2, and Tenant #3). Finding follows: Record review on 5/3/23 revealed the Program's Medication Administration Record (MAR) Policy WE036 revised 5/2/22, indicated the purpose of the policy was to establish a procedure for safe, consistent documentation and management of medication administration records. The Program's policy directed the Wellness Director	A 150		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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A 150	Continued From page 1 reviewed 5% of the MARs monthly and submitted completed reviews to the Regional Director. No monthly audits could be located. When interviewed on 5/10/23 at 9:26 a.m. the Regional Wellness Director confirmed these findings.	A 150		
A 160	481-67.3(2) Tenant Rights 481-67.3 Tenant rights. All tenants have the following rights: 67.3(2) To receive care, treatment and services which are adequate and appropriate. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to provide adequate and appropriate care, treatment, and services. This pertained to 2 of 3 current tenants (Tenant #1 and Tenant #2) and 1 of 2 discharged tenants reviewed (Tenant C1). Findings follow: Record review on 5/3/23 of tenant charts revealed the following: 1. Review of Tenant #1's Medication Administration Records (MARs) documented she required 10 milligrams (mg) of propranolol to be administered at 8:00 a.m. and 4:00 p.m. and to hold the medication if her systolic blood pressure (SBP) was below 100 or her diastolic blood pressure (DBP) was below 65.	A 160		

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A 160	Continued From page 2 Tenant #1's January MAR indicated staff failed to hold the medication 12 times when the documented blood pressure met the requirement to be held. Tenant #1's February MAR indicated staff failed to hold the medication 12 times when the documented blood pressure met the requirement to be held. Tenant #1's March MAR indicated staff failed to hold the medication ten times when the documented blood pressure met the requirement to be held. Tenant #1's April MAR indicated staff failed to hold the medication nine times when the documented blood pressure met the requirement to be held. 2. Review of Tenant #2's MAR revealed she required hydroco/APAP to be administered every six hours. The MAR noted administration times as 8:00 a.m., noon, 4:00 p.m., and 8:00 p.m. Administration times failed to be six hours apart as noted in the order. Continued review of Tenant #2's April MAR indicated the Program failed to administer ten doses of medication from noon on 4/22/23 to 4:00 p.m. on 4/24/23. Further review revealed Tenant #2's diagnosis of spinal stenosis. 3. Review of Tenant C1's February MAR noted she required 5-325 mg of hydroco/APAP to be administered four times a day for pain. Review of Tenant #2's February MAR indicated the Program failed to administer 31 doses of the medication from 2/18/23 at 8:00 p.m. to 2/26/23 at noon.	A 160		

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A 160	Continued From page 3 Further review of the MAR revealed a diagnosis of disc degeneration in the lumbar region and lower back pain. Review of Tenant C1's Service Plan updated 1/23/23, documented a referral to Occupational Therapy due to a decline in her ability to move without pain. On 5/8/23 at 2:09 p.m. Staff A stated she recalled Tenant C1 complaining of increased pain during the time she went several days without her pain medication. She reported Tenant #2 complained of pain almost daily and was not sure if the missed doses increased her pain level. Additional record review revealed the Program's Medication Administration Record (MAR) Policy WE036 revised 5/2/22, directed documentation of missed medications and audits of MARs to ensure no holes in documentation. When interviewed on 5/8/23 at 3:43 p.m. the Regional Wellness Director confirmed the importance of holding the propranolol for Tenant #1 because it could cause her blood pressure to drop to dangerous levels and affect her health and well being. She reported Tenant #2 and Tenant C1 had diagnoses that required scheduled pain medication to minimize pain and noted the previous nurse failed to ensure medications were filled timely.	A 160		
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:	A 285		

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A 285	Continued From page 4 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 (meds) according to physican's orders. This pertained to 2 of 3 current tenants (Tenant #1 and Tenant #2) and 1 of 2 discharged tenants reviewed (Tenant C1). Findings follow: Record review on 5/3/23 of tenant charts revealed the following: 1. Review of Tenant #1's Medication Administration Records (MARs) documented she required 10 milligrams (mg) of propranolol to be administered at 8:00 a.m. and 4:00 p.m. and to hold the medication if her systolic blood pressure (SBP) was below 100 or her diastolic blood pressure (DBP) was below 65. Tenant #1's January MAR indicated staff failed to hold the medication 12 times when the documented blood pressure met the requirement to be held. Tenant #1's February MAR indicated staff failed to hold the medication 12 times when the documented blood pressure met the requirement to be held. Tenant #1's March MAR indicated staff failed to hold the medication ten times when the	A 285		

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A 285	Continued From page 5	A 285		

documented blood pressure met the requirement to be held.

Tenant #1's April MAR indicated staff failed to hold the medication nine times when the documented blood pressure met the requirement to be held.

2. Review of Tenant #2's MAR revealed she required hydroco/APAP to be administered every six hours. The MAR noted administration times as 8:00 a.m., noon, 4:00 p.m., and 8:00 p.m. Administration times failed to be six hours apart as noted in the order. Continued review of Teanant #2's April MAR indicated the Program failed to administer ten doses of medication from noon on 4/22/23 to 4:00 p.m. on 4/24/23. Further review revealed Tenant #2's diagnosis of spinal stenosis.

3. Review of Tenant C1's February MAR noted she required 5-325 mg of hydroco/APAP to be administered four times a day for pain. Review of Tenant #2's February MAR indicated the Program failed to administer 31 doses of the medication from 2/18/23 at 8:00 p.m. to 2/26/23 at noon. Further review of the MAR revealed a diagnosis of disc degeneration in the lumbar region and lower back pain.

Review of Tenant C1's Service Plan updated 1/23/23, documented a referral to Occupational Therapy due to a decline in her ability to move without pain.

On 5/8/23 at 2:09 p.m. Staff A stated she recalled Tenant C1 complaining of increased pain during the time she went several days without her pain

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A 285	Continued From page 6	A 285		

medication. She reported Tenant #2 complained of pain almost daily and was not sure if the missed doses increased her pain level.

Record review on 5/3/23 revealed the Program's Medication Administration Record (MAR) Policy WE036 revised 5/2/22, indicated the purpose of the policy was to establish a procedure for safe, consistent documentation and management of medication administration records. The Program's policy directed the Wellness Director reviewed 5% of the MARs monthly and submitted completed reviews to the Regional Director.

No monthly audits could be located.

When interviewed on 5/8/23 at 2:09 p.m. Staff A stated she recalled Tenant C1 complained of increased pain during the time she went several days without her pain medication.

When interviewed on 5/4/23 at 2:10 p.m. the Regional Wellness Director confirmed these findings.

VIOLATION	HOW COMPLIANCE WILL BE ACHIEVED, MEASURE(S) TO ENSURE THE PROBLEM DOES NOT RECUR, AND PLAN TO MONITOR PERFORMANCE. OUTLINE WHO IS RESPONSIBLE FOR EACH MEASURE.	TIMELINE
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. Regarding incident reports, medication errors, and staff presence.	**Achieve Compliance:** All incident reports and medication errors will be documented on appropriate forms and filed in designated binders within the Wellness office. On-Call Wellness Staff in place 24/7, between on site presence and triage call number to ensure proper handling of above stated occurences. Shift task sheets implemented to ensure staff presence for all shifts. **Prevent Recurrence:** Review of all incident reports and medication error forms, to ensure proper use and documentation to be completed no less than once weekly by lead care staff or RCS/WTS. Shift task sheets turned in to RCS/WTS daily for review. **Monitor:** Wellness Administrator or other staff nurse to complete monthly review of incident report, medication error binders, and communicate with RCS/WTS in regards to shift staffing to ensure compliance.	24/7 Nurse Triage implemented and ongoing since 9/1/22. Updated medication error form and binder were re-implemented 3/1/23. Incident report form usage is ongoing- binder put together and re-implemented 12/1/22. Shift task sheets were re-implemented 3/21/23.

A 160 481-67.3 and 67.3(2) TENANT RIGHTS 481 67.3 Tenant Rights. All tenants have the following rights: 67.3(2) To receive care, treatment and services which are adequate and appropriate. Regarding MAR, narcotic administration, order confirmation, notification of families, and safety checks.	**Achieve Compliance:** Additional training regarding eMAR usage and narcotic administration will be provided to all staff administering medications. Dual sign off with individualized signatures for all medication managers will be required in eMAR, as well as, original paper narcotic logs in the med cart binders. Wellness Administrator and staff nurses to receive additional training in regards to order confirmation and verification of pharmacy initiated orders. Procedure and document for completing safety checks implented for when emergency pendant system is not working trained to community staff. **Prevent Recurrence:** eMAR and narcotic adminstration audits will be completed weekly by lead care staff or RCS/WTS. Coaching and additional eMAR training provided to medication managers as needed to maintain compliance. In the event that emergency pendants are not working, safety checks will be implemented within 1 hour of notification of system failure and repeated hourly until system is in working order. Documentation of said safety checks will be submitted to RCS/WTS and/or Wellness Administrator or staff nurse daily. **Monitor:** Wellness Administrator or staff nurse to ensure weekly reviews of eMAR and narcotic administration are completed by care staff or RCS/WTS. Wellness Administrator or staff nurse to complete monthly review of all dual signatures paper and eMAR for discrepancies. In the event of of emergency pendant system not working Wellness Adminstrator or staff nurse to review safety check documentation daily.	Current staff training and delegations- with specific focus on narcotics completed prior to 8/15/23. New hire training and delegations are ongoing. PCC eMAR training made available via Relias and Smartsheet webite as well. Monthly reviews of dual signatures and narcotic binders implemented 3/1/23.

A 285 481-67.5(2)f(4) MEDICATION 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.	**Achieve Compliance:** Additional training regarding eMAR usage and narcotic administration will be provided to all staff administering medications. Dual sign off with individualized signatures for all medication managers will be required in eMAR, as well as, original paper narcotic logs in the med cart binders. Wellness Administrator and staff nurses to receive additional training in regards to order confirmation and verification of pharmacy initiated orders. Review of all current employee medication manager certificates and delegations. New Hire Orientation schedule implemented to ensure all new staff have completed med manager certification and delegations prior to working independently on med administration. **Prevent Recurrence:** eMAR and narcotic adminstration audits will be completed weekly by lead care staff or RCS/WTS. Coaching and additional eMAR training provided to medication managers as needed to maintain compliance. RCS/WTS/ Wellness Administrator review of new employee status prior to orientation completion and being scheduled to work independently within the community. **Monitor:** Wellness Administrator or staff nurse to ensure weekly reviews of eMAR and narcotic administration are completed by care staff or RCS/WTS. Wellness Administrator or staff nurse to complete monthly review of all dual signatures paper and eMAR for discrepancies. Wellness Administrator or staff nurse to review and update employee certification information quarterly to maintain compliance.	Dual sign in PCC eMAR implemented 12/1/22. Review of eMAR and med cart binders implemented 3/1/23. Additional training and delegations for current staff completed prior to 12/1/22. Current staff documentation/certificate audit completed in May, 2023. New Hire training schedule and reviews implemented for all new hires after 1/1/23.