

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>S0408</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/25/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>RIDGEVIEW ASSISTED LIVING - MARION</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>720 OAKBROOK DRIVE MARION, IA 52302</b>
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A 000	<p>Initial Comments</p> <p>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.</p> <p>Number of tenants without cognitive disorder: 30 Number of tenants with cognitive disorder: 4 Total census of Assisted Living Program: 34</p> <p>The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification for an Assisted Living Program:</p>	A 000		
A 150	<p>481-67.2(3) Program Policies and Procedures</p> <p>67.2(3) The program shall follow the policies and procedures established by the program.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to follow its policy and procedure related to Medication Administration for 2 of 4 tenants reviewed (Tenant #2, Tenant #3). Findings follow:</p> <p>1. The Medication Management/Treatments policy and procedure indicated it was to administer medications safely to tenants who delegated medication administration to the program. If medication reminders, supervision or administration was delegated a MAR or treatment administration record (TAR) would be used to document medications or treatments. The service plan would include the tenant's choice for storage. Medications would be administered as</p>	A 150	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 150	<p>Continued From page 1</p> <p>prescribed by the tenant's provider.</p> <p>2. Review of Tenant #2's file on 4-19-22 and 4-20-22 revealed diagnoses included major depressive disorder. Tenant #2 was staged at a three on the GDS, which indicated mild cognitive decline. A Health and Functional Assessment dated 3-30-22 indicated the reason for the evaluation was a significant change including medication reminders. The service plan dated 3-31-22 indicated Tenant #2 was independent with medication administration with reminders from staff. It also reflected medications were stored in the apartment at her discretion.</p> <p>Continued record review revealed a fax to the primary care provider (PCP) indicated Tenant #2 said she had not received or been taking her anti-depressant medications. Staff did not administer her medications but were going to start medication reminders. Tenant #2 reported she had not been taking her medications regularly.</p> <p>The tenant's April 2022 medication administration records (MARs) did not reflect the documentation of routine medication reminders provided by staff. Staff were to provide routine medication reminders as indicated on her evaluations and service plan.</p> <p>3. Review of Tenant #3's file on 4-19-22 and 4-20-22 revealed diagnoses included type 2 diabetes mellitus with diabetic neuropathy and idiopathic progressive neuropathy. Tenant #3 was staged at four on the GDS, which indicated moderate cognitive decline.</p> <p>An After Visit Summary documented dated 3-12-22 indicated Tenant #3 was seen for foot</p>	A 150		

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A 150	<p>Continued From page 2</p> <p>pain and diagnoses included an open wound of the right foot, an open wound on the left foot and hyperglycemia. The instructions indicated to take the antibiotics as prescribed and to take the Mepilex dressing off at and night replace in the morning (until seen by family doctor). A New Prescription Summary included an order for cephalexin 500 milligram (mg), one capsule four times per day for seven days (28 capsules). The order was noted on 3-14-22.</p> <p>Tenant #3's March 2022 MARs reflected cephalexin 500 mg, three times per day for 20 administrations with a start date of 3-12-22 and a discontinued date of 3-18-22. The March 2022 MARs also reflected cephalexin 500 mg, one capsule four times per day with a start date of 3-18-22 and a discontinued date of 3-19-22. There were 20 entries completed for the administration of the medication between the two orders on the March 2022 MARs. There were 28 capsules ordered. The remaining 8 doses were not documented as administered.</p> <p>Further record review revealed a incident report was completed for a medication error. It indicated on 3-18-22 a nurse entered an order incorrectly for Tenant #3. The medication (not identified in the report) was entered incorrectly as three times per day and not four times per day. The medication packs were checked and confirmed staff had administered the med four times per day. The order was started on 3-12-22 the correction occurred on 3-18-22 to reflect the remaining doses, four times per day.</p> <p>Tenant #3, who was diabetic, had sores on her bilateral feet and was prescribed antibiotics. The order was transcribed as three times per day (20 doses) when it was prescribed as four times per</p>	A 150		

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A 150	Continued From page 3  day (28 doses). The MARs reflected a correction in the order on 3-18-22 (order was started on 3-12-22); however, only 20 of the 28 doses were documented as administered.  4. When interviewed on 4-20-22 at 2:12 p.m. the Director of Nursing said staff reminded Tenant #2 to take her medications once per day in the morning and it should be documented on the MAR. She said Tenant #3's antibiotic was administered; however, there the documentation did not reflect all 28 doses given.	A 150		
A 350	481-69.26(1) Service Plans  69.26(1) A service plan shall be developed for each tenant based on the evaluations conducted in accordance with subrules 69.22(1) and 69.22(2) and shall be designed to meet the specific service needs of the individual tenant. The service plan shall subsequently be updated at least annually and whenever changes are needed.  This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to update service plans as needed for 1 of 3 tenants reviewed (Tenant #3). Findings follow:  1. Review of Tenant #3's file on 4-19-22 and 4-20-22 revealed diagnoses included type 2 diabetes mellitus with diabetic neuropathy and idiopathic progressive neuropathy.  Continued review revealed Progress Notes indicated the following: - On 2-24-22 a fax was sent out to the primary	A 350		

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A 350	<p>Continued From page 4</p> <p>care provider (PCP) requesting an order for physical therapy (PT) and occupational therapy (OT).</p> <ul style="list-style-type: none"> <li>- On 2-25-22 a fax was sent to the PCP to discontinue PT and continue with OT.</li> <li>- On 3-18-22 a request was made for wound clinic orders regarding bilateral foot wounds, home health care to treat and follow the wounds and a proper diabetic shoe fitting.</li> <li>- On 3-28-22 Tenant #3 returned from her appointment with a podiatrist. The following was noted: a wound clinic was not needed, there was no dressing for the wounds at that time as they were almost healed, there was no need for home health and they would work on the prescription for diabetic shoes.</li> <li>- On 3-31-22 an order was received for diabetic shoes.</li> <li>- On 4-8-22 family provided a letter to the program stating they would take care of obtaining the diabetic shoes.</li> </ul> <p>Further record review revealed a therapy document indicated OT was discontinued on 4-14-22 and the last treatment date was 4-20-22.</p> <p>Tenant #3's service plan dated 3-14-22 included outside providers of the wound clinic, home health and a medical appliance store. The service plan was not updated to reflect the changes in Tenant #3's service plan including, not receiving home health, not utilizing a medical appliance store for new diabetic shoes and not using the wound clinic. The service plan also did not reflect OT services that were initiated and discontinued.</p> <p>2. When interviewed on 4-20-22 at 2:12 p.m. the Director of Nursing said she needed to completed a discretionary change to remove the items from</p>	A 350		

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A 350	Continued From page 5 Tenant #3's service plan.	A 350		

Department of Inspections and Appeals  
Attn: Deb Dixon  
Lucas State Office Building  
321 East 12<sup>th</sup> Street  
Des Moines, Iowa 50319

Dear Ms. Dixon:

On behalf of Ridgeview Assisted Living in Marion, Iowa, I respectfully submit our Plan of Correction for your approval. This response is specific to the recertification report for the onsite visit between 04/18/2022-04/25/2022.

Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider of the truth of the alleged facts or conclusions set forth in the statement of insufficiencies. The Plan of Correction is executed solely because it is required by the provisions of Iowa Law.

#### **Program Policies and Procedures**

1. Elements detailing how the program will correct each regulatory insufficiency
  - Tenant #2 will be provided Medication Reminders and staff will document completion of the reminders on the MAR per Medication Management Policy.
  - Tenant #3 will be administered medications per physician orders.
2. Measures taken to ensure the problem does not recur
  - The Director of Nursing and Nurse Designee will be re-educated on the Policy regarding Medication Management and the process of entering orders in the electronic Medication Administration Record and/or Treatment Administration record as applicable.
  - The medication manager staff will be re-educated on Medication Administration per physician orders and proper documentation as indicated on the MAR and/or TAR.
3. How the Program Plans to monitor performance to ensure compliance
  - The Director of Nursing and/or Nurse Designee will review orders for accuracy of documentation in the MAR/TAR upon noting the order.
  - The Director of Nursing and/or Nurse Designee will review physician orders for tenants who have delegated management and/or administration and/or reminders to the program at least quarterly.
4. The date the regulatory insufficiency will be corrected
  - The regulatory insufficiency will be corrected on or before June 15, 2022.

ok 5/20/22

**Service Plans**

1. Elements detailing how the program will correct each regulatory insufficiency
  - The service plan for Tenant #3 will be updated to accurately reflect their preference for Outside Service Providers.
2. Measures taken to ensure the problem does not recur
  - The DON and Nurse Designee will be re-educated regarding Service Plans and the regulatory requirements contained in Chapter 69.26.
  - Service plans will be developed for each tenant and will be based on the evaluation, individualized for each tenant, updated whenever changes are needed and at least annually in accordance with regulation.
3. How the Program Plans to monitor performance to ensure compliance
  - The Director of Nursing and/or Nurse Designee will review the service plans for all tenants receiving personal or health-related cares at least quarterly and when changes are needed.
  - The Director of Nursing and/or Nurse Designee will review the service plans of all tenants at least annually and when changes are needed.
4. The date by which the regulatory insufficiency will be corrected
  - The regulatory insufficiency will be corrected on or before June 15, 2022.

If you have any questions regarding this plan of correction, please contact me at 319-390-8439.

Respectfully submitted,



Morgan Brunscheen  
Executive Director