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
	S0480	A. BUILDING: _____ B. WING _____	05/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BIRKWOOD VILLAGE OF FORT MADISON	1702 41ST STREET FORT MADISON, IA 52627

(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: 18 Number of tenants with cognitive impairment: 1 Total census: 19 The following regulatory insufficiencies were cited during the initial certification visit conducted to determine compliance with certification rules for an Assisted Living Program.	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 observation, interview and record review, the program failed to administer prescribed treatments and medications to 4 of 6 tenants reviewed (Tenant #1, Tenant #2, Tenant #3 and Tenant #5). Findings follow:	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		

1) Observation of the medication administration process on 5/8/24 at 7:25 AM, Staff A administered the medications buspar, pantoprazol and folic acid to Tenant #5. Staff A reported Tenant #5 had other medication listed on the May Medication Administration Record (MAR), but they had not arrived from the pharmacy yet. Staff A believed Tenant #5 moved to the program the previous week. A tenant list provided by the program identified Tenant #5 moved in on 4/29/24.

A review of physician's orders for Tenant #5, dated 4/30/24, revealed she was prescribed the following scheduled medication: Escitalopram once daily for depression
Montelukast Sodium once daily for allergies
Trazodone once daily for insomnia
Buspirone twice daily for depression and anxiety
Chlorhexidine twice a day for tooth pain
Miralax twice a day for constipation
Senna twice a day for constipation
Aspirin once a day for heart health
Cholecalciferol once a day as a supplement
Loratidine once a day for allergies
Folate once daily for diverticulitis
Pantoprazole Sodium once a day for Gastro-esophageal reflux disease

The April MAR for Tenant #5 revealed she received her first doses of medication the evening of 4/30/24 (Escitalopram, Montelukast Sodium, Trazodone and Buspirone). As of 5/8/24, Tenant #5 was not administered Aspirin, Cholecalciferol, Miralax or Senna. Tenant #5's Chlorhexidine was discontinued on 5/3/24, but was never administered by staff.

On 5/8/24 at 7:30 AM, the Registered Nurse (RN)

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A 285	Continued From page 2	A 285		

said the missing medications were all over the counter medication. When Tenant #5 moved to the program from a skilled nursing facility, the doctor didn't send orders to the pharmacy for the over the counter medication. The RN found out on 5/7/24 the medication did not arrive with Tenant #5. The RN contacted Tenant #5's primary care provider (PCP) for the prescriptions on 5/7/24.

2) The RN completed a change of condition assessment on 4/23/24 for Tenant #3 after she experienced a change in her care level due to increased weakness from a recent fall and wrist fracture.

Tenant #3 had written instructions from the hospital emergency room dated 4/23/24 noting staff were to wash her skin tear with soapy water and apply telfa or a nonstick bandage.

A review of Tenant #3's April and May MAR revealed beginning on 4/24/24, staff were to wash Tenant #3's skin tear with soap and water and apply telfa or a non-stick bandage daily until healed. Staff did not document any treatment to Tenant #3's arm.

3) Tenant #2 had a change of condition assessment completed on 4/30/24 following her return from a hospitalization. The RN identified Tenant #2 had edema to her bilateral lower extremities. Tenant #2 also had a skin tear to the front of her left lower leg.

The April and May MAR for Tenant #2 identified staff were to apply mupirocin ointment to Tenant #2's left leg ulcerations every two days and cover

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with a foam border. Staff documented Tenant #2 refused the treatment from 4/30/24 - 5/6/24.

The Registered Nurse completed a nurse review on 5/6/24 indicating the ulcer to Tenant #2's left shin was healed.

4) The program received new orders for Tenant #1 on 4/26/24 after he returned from a stay at a nursing facility. Tenant #1 was to receive weekly weights every shift every 7th days until 5/13/24.

A review of the program's weights report for Tenant #1 revealed he was weighed on 4/26/24. The program did not weigh Tenant #1 after that date.

On 5/8/24 at 3:15 PM, Tenant #2 reported staff did not look at her wound. She did not want staff to touch it.

On 5/9/24 at 9:30 AM the RN reported she did not assess Tenant #3's skin tear on her arm from the fall on 4/22. It is healed now. She went to staff on 5/8 and they said the wound was healed. The RN was not aware why staff did not document on the MAR. She did not know if staff provided this treatment to Tenant #3.

When the RN assessed Tenant #2 on 4/30/24, she only saw a scab on the tenant's leg. When she realized Tenant #2 was refusing her treatment, the RN got an order for staff to discontinue the treatment. The RN was not sure if staff provided any treatments to Tenant #2's leg and did not see it after 4/30/24.

The RN reported staff did not weigh Tenant #1 as ordered.

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A 285	Continued From page 4 The RN confirmed staff should provide medication and treatments to tenants which were listed on the MAR. The RN had previously let staff know to inform her if there was a change or concern related to medication or treatments.	A 285		

Department of Inspections and Appeals
Attn: Catie Campbell
6200 Park Avenue Suite 100
Des Moines, Iowa 50321

Dear Ms. Campbell:

On behalf of Birkwood Village of Fort Madison Assisted Living, Iowa, I respectfully submit our Plan of Correction for your approval. This response is specific to the Initial Certification Visit, for the onsite visit 5/07/2024-5/09/2024. 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.

Medication 67.5 (2) F (4) Medications. Medications and treatments shall be administered as prescribed by the tenant's physician, advanced registered nurse practitioner or physician assistant.

1. Elements detailing how the Program will correct each regulatory insufficiency
    - Tenant's receiving medication/treatments assistance shall be administered as prescribed by the tenant's physician, advanced registered nurse practitioner or physician assistant.
2. Measures taken to ensure the problem does not recur
    - The Director of Nursing was re-educated on medication and treatment monitoring.
    - The program staff were re-educated, regarding medications and treatments administration.
3. How the Program plans to monitor performance to ensure compliance
    - The Director of Nursing and/or Designee will complete ongoing audits to ensure medications are being administered as ordered by the physician, advanced registered nurse practitioner or physician assistant.
4. The date by which the regulatory insufficiency will be corrected
    - The regulatory insufficiency will be corrected on or before September 1, 2024.

If you have any questions regarding this plan of correction, please contact me at (319) 372-8021.

Respectfully submitted,

Brenda Graham