

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>165033</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/08/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>MANORCARE HEALTH SERVICES</b>		STREET ADDRESS, CITY, STATE, ZIP <b>815 EAST LOCUST STREET DAVENPORT, IA 52803</b>	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG <b>F 0658</b>	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<p><b>Level of harm - Minimal harm or potential for actual harm</b></p> <p><b>Residents Affected - Few</b></p>	<p><b>Ensure services provided by the nursing facility meet professional standards of quality.</b> **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on clinical record review, the facility investigation and staff interviews the facility failed to meet professional standards of quality services for two of three residents reviewed involving medication management and administration. (Residents #3, #4). The facility reported a census of 69 residents. Findings include: 1. According to the Minimum Data Set ((MDS) dated [DATE], Resident #3 had moderate cognitive impairment and [DIAGNOSES REDACTED]. The physician's orders [REDACTED]. The Controlled Substances Proof of Use revealed the facility received 15 tablets of [MEDICATION NAME] on 3/14/2020 and staff removed 15 tablets from 3/14/2020 through 4/2/2020 for Resident #3. The March Medication Administration Record (MAR) revealed staff administered [MEDICATION NAME] 8 times to Resident #3 from 3/18/2020 - 3/28/2020. Staff failed to document 6 doses on the March MAR and failed to document assessment of the resident's pain and need for the medication and the effectiveness when compared to the Controlled Substances Proof of Use form. 2. According to the MDS (Minimum Data Set) dated 2/10/2020, Resident #4 had no cognitive impairment and [DIAGNOSES REDACTED]. The Progress Notes revealed the resident received a physician's orders [REDACTED]. Staff A, Licensed Practical Nurse (LPN) received the order and documented it in the progress notes at 4:30 P.M. The Controlled Drug Receipt Record/Disposition Form for Resident #4 revealed staff dispensed the narcotic pain medication [MEDICATION NAME] to the Resident 17 times beginning on February through February 25, 2020. The Controlled Drug Receipt Record/Disposition Form for Resident #4 revealed staff dispensed [MEDICATION NAME], anti-anxiety medication to the Resident 6 times from February 19 through February 25, 2020. The MAR failed to reflect all of the doses signed out on the Disposition forms. According to the February MAR, staff administered [MEDICATION NAME] 8 times from February 16 through [DATE]. Staff failed to document the remaining 9 doses as being administered along with the pain assessment and effectiveness. The February MAR revealed staff administered two doses of [MEDICATION NAME] on February 20 and February 21, 2020. Staff failed to document the remaining four doses and failed to document assessment and effectiveness of those doses. During an interview on 7/8/2020 at 11:00 a.m., the Director of Nursing (DON) reported he/she educated all staff regarding issues with documentation of narcotics. The DON indicated the facility conducted a full house audit on 7/6/2020 and found issues with documentation of narcotics which the DON addressed in the education. The DON submitted copies of the education provided regarding Medication and Treatment Administration Guidelines that included medication and treatments administered are documented immediately following administration per state specific standards; administration of PRN medications include the specific reason for the medication, any non-pharmacological interventions utilized, and the medication effectiveness.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE	

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.