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Iowa Department of Inspections and Appeals
Assisted Living Program
Complaint Investigation Report

Assisted Living Program: **Complaint Intake #: 12162**

Ms. Amy Edmondson
Glenwood Place
2907 S. 6th Street
Marshalltown, IA 50158

Date of Investigation:

March 31, 2005

Monitor(s):

Hal L. Chase, RN, BSN, MPH

Definitions:

The following definitions are relevant:

Regulatory Insufficiency - A violation of a statutory or rule provision within the Iowa Code or Iowa Administrative Code (IAC) governing assisted living programs. A regulatory insufficiency requires a plan of correction to be presented to, and approved by, the Department of Inspections and Appeals (DIA).

Plan of Correction - A written response to one or more regulatory insufficiencies that are rule violations [321 IAC 26.2(5)(a)]. The plan should identify how, and by a specific date, an insufficiency will be corrected. The plan is due to DIA within ten (10) working days of the program's receipt of a Complaint Investigation Report. Depending on the circumstances, DIA may re-visit the assisted living program to confirm progress in fulfilling a plan's corrective measures.

Dementia-specific assisted living program - An assisted living program certified under 321 IAC - chapter 25 that either serves five or more tenants with dementia or cognitive disorder staged between 4 and 7 on the Global Deterioration Scale or holds itself out as providing special care for persons with cognitive disorder or dementia, such as Alzheimer's disease, in a dedicated setting.

Overview:

A complaint investigation on-site visit was conducted at Glenwood Place on March 31, 2005. In preparing this report, the following information was considered:

Current Program Census:

General Population Program (GPP) **– A program that is not a Dementia Specific program, but may have tenants with cognitive disorder.**

Current number of tenants without cognitive disorder:	18
Current number of tenants with cognitive disorder:	4
Total Population:	22

Dementia Specific Program (DSP) – Not applicable

Accreditation Status – Not applicable

Complaint History – There were substantiated complaints in the areas of Evaluation of Tenant and Service during this certification period.

Complaint Investigation – The complaint investigator(s) made the observations detailed in the following areas.

A. Medications – Program has a comprehensive written medication policy that allows tenant self-administration, but accommodates the need for tenant medication assistance via nurse delegation. The medication assistance is appropriately supervised and administered. Medications are appropriately stored. [321 IAC 25.29(1) and/or (2)]

- Monitoring Observation: During the course of the investigation it was found the program did not record medication administered to tenants correctly on the Medication Administration Record (MAR). The program did not use the signature key, which is located on each MAR and identifies the staff person, and the initials used by each staff person who administers medications to tenants. The program nurse acknowledges medication errors have been made but did not identify any steps to correct the errors made.

- Regulatory Insufficiency: The program did not accurately record medications administered by program staff.

B. Food Service – Program shall provide or coordinate with other community providers to provide hot or other appropriate meal(s) at least once a day or make arrangements for the availability of meals. Menus shall be appropriately planned. If applicable, therapeutic diets shall meet all requirements. Food preparation personnel shall meet all requirements. [321 IAC 25.32]

Complaint Allegation: It is alleged the food is terrible in the evenings. The program prepares butter sandwiches for tenants, in order for the food to go down easier. The cook burned pancakes, which required a certified nursing assistant to prepare scrambled eggs to replace the pancakes.

- Monitoring Observation: Tenants reported the food could be of better quality but the food was okay. Tenants reported the hot foods are hot, cold foods are cold, there are choices in their entrees, and staff are courteous and helpful during meals. Tenants were asked if pancakes were ever burnt and scrambled eggs were made as a substitution? Tenant #2 reported on one occasion pancakes were burnt and scrambled eggs were substituted.

  The monitor reviewed the menus that were offered in January, February and March of 2005 and found a licensed dietician had approved the menus used by the program.

- Regulatory Insufficiency: None noted.

C. Staffing - The provisions of this section address the program's staffing and training practices and associated documentation in responding to the identified needs of the tenant. [321 IAC 25.33]

Complaint Allegation: It is alleged the program was using direct and non-direct care staff to administer medication without having completed a medication manager's course at the local community college, and the program nurse had not trained staff, through nurse delegation medication administration training.

- Monitoring Observation: A review of staff files indicated three staff members #1, #2, and #3 had completed the medication managers course and were administering

medications to tenants; however, they had not completed the training by the program nurse as required through nurse delegation. It is the discretion of the program nurse to determine if staff needs to attend a medication manager course. A random review of tenant MARs identified the same three staff members administering medications to tenants.

Staff interviews and tenant MARs that were reviewed, did not support the allegation made by the complainant the activities director and program administrator were administering medications to tenants.

- Regulatory Insufficiency: The program did not complete medication administration training via the program nurse as required through nurse delegation.

D. Record Checks – The program conducts applicable employee record checks. [Iowa Code section 135C.33(5)]

Complaint Allegation: It is alleged that the program had employed a direct care staff that had been found guilty of drug possession and child endangerment.

- Monitoring Observation: The monitor contacted the Marshall County Attorneys Office to determine if the staff person identified by the complainant was found guilty of the alleged crimes. The Marshall County Attorney stated the person identified had been charged with drug possession and child endangerment; however, the court hearing had not been set. A review of staff files indicated criminal background and dependent adult abuse checks had been completed and the program was in compliance of regulation.

- Regulatory Insufficiency: None noted.

E. Assisted Living Definition – Program encourages family involvement, tenant self-direction, and tenant participation in decisions that emphasize choice, dignity, privacy, individuality, shared risk, and independence. [Iowa Code section 231C.2]

Complaint Allegation: It is alleged a program staff member had threatened tenants if they complained to anyone about their care.

- Monitoring Observation: Tenant #1, identified by the complainant, Tenant #2, and Tenant #3 were interviewed privately. Tenant's stated they are happy living at the program, they feel safe, and they decided what they want to do. Tenants interviewed stated at no time were they threatened or intimidated by program staff.

- Regulatory Insufficiency: None noted.

F. Records Access – Program provides access to all records and areas of the program deemed necessary to determine compliance. [321 IAC 26.1(2)]

Complaint Allegation: It is alleged that documents pertaining to incidents and accidents encountered by tenants were shredded or destroyed by the program nurse.

Glenwood Place
RETIREMENT COMMUNITY

4-11-05

HEALTH FACILITIES
APR 19 2005

Connie Schaffer
IA Dept of Inspections & Appeals
Lucas State Office Bldg
321 East 12th St.
Des Moines, IA 50319-0083

Dear Connie:

Enclosed is the Plan of Correction for the complaint investigation completed, at Glenwood Place in Marshalltown, on March 31, 2005.

Regulatory Insufficiency: The program did not accurately record medications administered by program staff.

Medication policy was reviewed with all home health care staff at the in-service on 4-7-05. See Attachment A. Policy was give to each staff person and reviewed. Staff then wrote out the policy in their own words and understanding. The nurse then reviewed each one and signed and dated that each staff person understands the policy as demonstrated in their own words.

Regulatory Insufficiency: The program did not complete medication administration training via the program nurse as required through nurse delegation.

Nurse orientation and review completed with RN on 4/5/05 – 4/6/05. See Attachment B. Nurse delegations reviewed and updated with each staff providing services, by the RN. Ongoing review and updates will continue, as needed.

Sincerely,

Amy Edmonson

Amy Edmonson
Glenwood Place, Manager

2907 South 6th Street Marshalltown, Iowa 50158 (641) 752-8410 Fax (641) 752-8515

Attachment A

Staff Meeting 04/07/05
Inservice Nursing Department

1. RN will go over med policy an med recording
2. All staff will describe med policy in their own words (written)
3. Med error forms will be used
4. Narcotic keys and counting
5. Blood Pressures
6. Med orders
7. When resident low on meds, what to do
8. If need meds reordered or refilled, Nurse must do it
9. All communications will be in resident communication book
10. Omissions of meds and errors will be written up as med errors
11. Signatures and initials on MARS

Attachment B.

Nurse Orientation

Chapter 25

Definitions	Initials of Nurse		Initials of Nurse
- Assistance		- Instrumental act of daily living	
- Assisted Living		- Activities of daily living	
- Dementia specific ALP		- Nurse delegated assistance	
- Health Care		- Part-time intermittent care	
- Health Care professional		- Personal care	
- Routine		- Service plan	
- Self Administration		- Supervision of self-administration	
- Tenant advocate		- Unmanageable incontinence	
- Wandering behavior			

Regs	Initials of Nurse
- 321-25.23 Occupancy in and transfer from a program	
- 321-25.24 Waiver of occupancy and retention criteria	
- 321-25.25 Criteria for granting occupancy and retention waivers	
- 321-25.26 Involuntary transfer	
- 321-25.27 Resident documents	
- 321-25.28 Service plan	
- 321-25.29 Medications as written in 9/29/04 rego.	
- 321-25.30 Nurse review	
- 321-25.31 Nursing assistant work credit	
- 321-25.33 Staffing	
- 321-25.34 Dementia-specific education for staff	
- 321-25.36 Managed Risk	
- 321-25.37(2) Operating alarm system	

Community and Nursing policies

Have copy of the Nurse Practice Act			
Copy of Pharmacy code chapter 6			
Nurse Delegation		Noting Dr. orders	
Negotiated Risk		Physician assessment process	
ISP		hourly checks	
Comprehensive Assessment		Vital sign clinic	
Documentation		Incident reports	
- Policies and Procedures		Hiring appropriate staff	
- Rules and Regulations		Discipline for staff	
- EE Handbook		DNR process	
Emergency packets		A la carte sheets	
Medication policy, errors, training		- Communication log	
Respite care			

Judy Sprague RN
Signature of Health Care Coordinator

4-6-05
Date

Ellen Herman
Signature of Trainer

4-6-05
Date

HEALTH FACILITIES
APR 19 2005

NURSE DELEGATION FOR
Medication Management

Equipment: MAR, medication box, medication box key, and cardex (if applicable.)

Employee_____

___ 1. Knock on door.

___ 2. Let resident know it's time for medication.

___ 3. Wash your hands.

___ 4. Go to locked medication box (Typically located above refrigerator, in kitchen cupboard, or under bathroom sink).

___ 5. Open planner or locked box.

___ 6. Verify right date, right time, right route, right resident, right medication, right dose, and right documentation, if using a med. planner or bubble pack.

___ 7. Dispense pills in a med. cup.

___ 8. Administer the medication with water and watch the resident take the medication, if applicable.

___ 9. Initial on MAR (Medication Administration Record) that the resident received medications.

___ 10. If a resident refuses, chart the incident. Complete an incident report. Notify the nurse.

___ 11. Wash your hands.

The Iowa Nurse Practice Act permits delegation of specific nursing tasks to unlicensed assistive personnel. By signing below, it is agreed that I, the employee, have received delegation from the nurse to perform the task outlined above. I accept accountability for performing the task, having the appropriate education, skills, and experience to perform this task. I have demonstrated competency of this task, and accept on-going evaluation and supervision by the nurse related to the above nursing task. If, at anytime, I desire additional training, I understand it is my responsibility to request the training.

_____ _____
Employee Signature Date

_____ _____
Nurse Signature Date

NURSE DELEGATION FOR
Hand Washing Technique

Equipment needed: Soap, sink, running water, paper towels, and wastebasket.

Employee _____

___ 1. Assemble equipment.

___ 2. Wet hands completely.

___ 3. Apply soap.

___ 4. Hold hands lower than elbows.

___ 5. Work up a good lather.

___ 6. Clean your nails.

___ 7. Wash hands by using a rotating motion, rubbing palms and between fingers 10-15 seconds.

___ 8. Wash at least two inches above wrist.

___ 9. Rinse well, all areas washed.

___ 10. Hands and clothing did not touch the sink.

___ 11. Dry washed areas thoroughly with paper towel and discard.

___ 12. Take dry paper towel and turn off faucet.

___ 13. Discard paper towel in wastebasket.

The Iowa Nurse Practice Act permits delegation of specific nursing tasks to unlicensed assistive personnel. By signing below, it is agreed that I, the employee, have received delegation from the nurse to perform the task outlined above. I accept accountability for performing this task. I have demonstrated competency of this task and accept on-going evaluation and supervision by the nurse related to the above nursing task. If, at anytime I desire additional training, I understand it is my responsibility to request the training.

_____ _____
Employee Signature Date

_____ _____
Nurse Signature Date