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

Assisted Living Program: **Complaint Intake #: 12240**

Mr. Gary Shebeck, Administrator
Newton Village Inc.
122 N. 5th Avenue
Newton, IA 50208

Date of Investigation:

May 17, 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 Newton Village Inc. on May 17, 2005. In preparing this report, the following information was considered:

Current Program Census:

General Population Program (GPP) – Not applicable.

Dementia Specific Program (DSP) – A program that is a Dementia Specific Program by definition or holds itself out as providing specialized care in a dedicated setting but may have tenants without cognitive disorder.

Current number of tenants in a DSP that serves 5 or more tenants with dementia or cognitive disorder staged between 4 and 7 on the Global Deterioration Scale (GDS):	5
Current number of tenants without cognitive disorder:	24
Total Population:	29

Accreditation Status – Not applicable.

Complaint History – There was a substantiated complaint in the area of Service Plan 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)]

Complaint Allegation: It is alleged the program did not administer medications per physician's orders causing multiple medication errors.

- Monitoring Observation: Four of four tenant files reviewed indicated multiple omissions of staff initials on the tenant's resident service delivery daily record. Staff were instructed by the program nurse to initial when medications are given; however, they failed to do so on a regular basis. The program nurse did not transcribe medication orders to Medication Administration Records (MAR's), but listed the times medications were to be given. Staff did not know what medications were being given, the number of medications given to each tenant was correct and how to note on the medication record a medication missed or refused by tenant. The nurse stated the medication sheet is located in each tenant's room and staff could look at the sheet if necessary. A staff person was observed during a medication pass, the medication sheet was not reviewed, and hands were not washed before and after each administration of medications to tenant

- Regulatory Insufficiency: The program did not accurately administer, record, allow for reporting of missed or refused medications, and did not accurately transcribe physician ordered medications to a MAR.

B. Nurse Review - Program provides a registered nurse to ensure the appropriate administration and documentation of medications, ensure that physician orders are current, and assess and document the tenants' health related activities. [321 IAC 25.30]

- Monitoring Observation: Four of four tenant files indicated a 90-day nurse review was done, but did not have a review of new medications ordered by the tenant's physician or have appropriate administration and documentation of new medications and adverse effects.

- Regulatory Insufficiency: The program did not complete an accurate nurse review of each tenant's administration, documentation of medications and assess for adverse effects of these medications.

J. 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 program allowed a seven to eight year old child to be in the kitchen while food was being prepared without any hair covering. It is also alleged food stored in the refrigerator was not properly dated.

- Monitoring Observation: An interview with the food service director was conducted to determine if the allegation was true. The food service director said her daughter

has been in the kitchen but has always worn a hair net. Items stored in the refrigerator were checked and all were clearly dated.

- 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]

- Monitoring Observation: During the course of the investigation two staff members who administer medications were interviewed and both reported being trained by another staff person; however, they did not demonstrate back to the program nurse administration of medications.

- Regulatory Insufficiency: The program staff were not trained appropriately by the nurse consultant and to demonstrate proficiency of medication administration to the program nurse.

Dated this 23rd day of May, 2005.

June 6, 2005

Ms. Schaffer
Iowa Dept of Inspections and Appeals
Attention: Connie Schaffer
Certification Coordinator Central Iowa
Adult Services Bureau

RE: Compliant Investigation Report# 12240, Newton Village Assisted Living, May 24th 2005

Dear Ms. Schaffer,

This Letter is to address the Regulatory Insufficiency dated May 17th 2005. The following Plan of Correction addresses those issues.

PLAN OF CORRECTION

Medications – Staff will be in serviced on June 2nd and June 9th and the information to be included in the training will be:

1. Training will be on routes and types of medications, along with review of the procedure for med reminders.

2. Staff will be instructed on procedures to follow of documenting a missed or refused medication.

3. Staff will be instructed to check the medication list each time they provide a med service and to sign off on the delivery record at the time of the service.

4. Nurse will review service delivery records weekly to check for omissions and to assure the meds are being given and signed off correctly.

5. A med list with all of the routine and prn meds will be kept in the folder in the locked med drawer. Any med that will be only given for a limited period of time will be written on the service delivery record.

6. By June 30th, the RN coordinator or designee will observe each care attendant providing med reminders to at least three tenants and will document their competency in doing so.

Nurse Review

1. All tenants who are having the facility provide reminders will have an RN review by June 30th. To the included in the review will be any new medications ordered and any adverse effects.

2. QA chart audits will be done quarterly to be sure that nurse reviews are completed on each individual who requires program monitored meds and that the new meds and side effects are addressed.

Staffing

1. By June 30th all of the staff responsible for medication reminders will be in serviced and the RN coordinator will observe each care attendant in reminding three tenants and document their competency.

Sincerely,

Gary Shebeck
Housing Administrator