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

Assisted Living Program: **Complaint Intake #: 12392**

Ms. Shelly Robbins, Administrator
Windsor Manor Assisted Living
608 S. 15th Street
Indianola, IA 50125

Date of Investigation:

August 12, 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 Windsor Manor on August 12, 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 holds itself out as providing specialized care in a dedicated setting:	7
Current number of tenants without cognitive disorder:	26
Total Population:	33

Accreditation Status – Not applicable.

Complaint History – There were no substantiated complaints during this certification period.

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

A. Evaluation of Tenant - The program evaluates each tenant's functional and cognitive abilities and health status and the determination of needed services as required. [321 IAC 25.23(1) and/or (2)]

During the course of the investigation, it was found the program did not consistently evaluate tenant's functional, cognitive, and health status.

- Monitoring Observation: Three of five tenant files reviewed indicated a substantial change in health status. Interviews with five direct care staff reported an increase in personal and health related cares of tenants that were not identified in each of the tenants' service plans. Beginning July 1, 2005 through August 12, 2005, the program did not have a registered nurse (RN) to conduct tenant evaluations. The program did hire an RN from a nursing agency; however, the RN only came to the program two of the five times contracted to come. Direct care staff reported the contracted RN "attempted to set up medications in weekly planners and update physician orders", but no other services were provided.

  Tenant #1 had noted changes in behavior and eloped on two separate occasions.

  Tenant #2 had a diagnosis of uncontrolled diabetes mellitus, and staff reported an increase in incontinence of urine.

  Tenant #3 sustained a hip fracture in July was hospitalized and returned to program; however, there is not a clear record on file exactly when the tenant returned. An evaluation was initiated by the administrator, but not completed.

  Tenant #4 had a significant change in health status evidenced by an increase in urine incontinence and is receiving ongoing nursing assessments and medication management from a local public health nurse, who is contracted to provide nursing assessments and medication set up of prescribed medication. A review of the tenant's file indicated the program did not have a care plan from the public health nurse identifying services performed.

  Tenant #5 was admitted on July 30, 2005, with a diagnosis of ischemic cardiomyopathy. An evaluation was started but not completed by the program administrator.

- Regulatory Insufficiency: The program did not evaluate each tenants' functional, cognitive and health status as needed to determine if any modifications in services were needed.

B. Criteria for exclusion of tenants - Program does not admit or retain tenants that require a higher level of care, unless a written exception has been applied for and approved. [321 IAC 25.23(3); 25.24]

During the course of the investigation, it was found the program did not initiate transfer of a tenant requiring a higher level of care than the program can provide under regulation.

- Monitoring Observation: Tenant #1 had a diagnosis of vascular dementia with a Global Deterioration Scale (GDS) score of 5, and secondary diagnosis of

hypertension, anxiety disorder and hyperlipidemia. A review of the Tenant's file indicated in progress notes between June 21 and July 28, 2005 the tenant was a danger to self and others with physical and verbal aggression to staff and tenants. On July 3 and July 13, 2005, the tenant eloped from the program. Though progress notes stop on July 28, 2005, two direct care staff reported the tenant continues to be verbally and physically aggressive to staff and other tenants and continues to try to elope from the program.

- Regulatory Insufficiency: The program did not initiate transfer for Tenant #1 who requires a higher level of care.

  In response to the preliminary identification of Tenant #1 exceeding the occupancy criteria, the program provided input, subsequent to the on-site, that the tenant's current function and health care needs are, at this time, within the parameters allowed in an assisted living program.

C. Service Plan – Program has an individualized service plan developed and updated for each tenant as required. [321 IAC 25.28]

During the course of the investigation, it was found the program did not update the service plans of tenants though a change in status occurred.

- Monitoring Observation: Five out of five tenant files reviewed indicated updates were not being done to service plans.
  Tenant #1 had noted changes in behavior and had eloped on July 3 and July 13, 2005. The tenants' last updated service plan was May 25, 2005 and was conducted with three program staff in consultation with the tenant.

  Tenant #2 had a diagnosis of uncontrolled diabetes mellitus, and staff reported an increase in incontinence of urine over the last few weeks, the tenants' last updated service plan was July 23, 2005.

  Tenant #3 sustained a hip fracture in July and was hospitalized and returned to the program, the tenants' last updated service plan was February 3, 2005.

  Tenant #4 had a change in health status due to an increase in urine incontinence. The tenant is receiving nursing services from a local public health nurse. The public health nurse was interviewed and reported not being sure if services given to the tenant are being done appropriately, as the program does not have a registered nurse. A review of the tenant's file indicated the program did not have a care plan from the public health nurse. The tenants' last updated service plan was on March 10, 2005.

  Tenant #5 was admitted on July 30, 2005 with a diagnosis of ischemic cardiomyopathy, at which time an evaluation was initiated, but not completed by the program administrator. The tenant's service plan states the program nurse will setup the tenant's med planner weekly. The program did hire an RN from a nursing agency; however, this nurse came to the program only two of the five times contracted to set up tenant's medications.

- Regulatory Insufficiency: The program did not update the service plan to reflect the needed services of tenants.

D. 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 have a registered nurse for the administration of medications, to answer questions related to incorrect medication setup, to correct incorrectly dispensed medications, and for missing medications in medication planners.

- Monitoring Observation: Four direct care staff were interviewed and all reported numerous errors in administration of medications. Staff reported being "upset and frustrated" with not having a registered nurse to oversee the administration of medications. Two of four direct care staff are medication managers and each reported medications were missing in tenants' medication planners. Two staff reported not giving tenants medications due to inconsistencies and errors in medication setup. Two staff reported, they were asked to chart medications were given, when they had not been, and refused. Staff reported there may be other staff-charted medications as given, but did not or could not administer. A review of all tenants' medication administration records for July and August 2005 indicated numerous errors were made in the setting up of and administration of medications to tenants. The program administrator reported a registered nurse from a nursing agency was hired to set up medications and correct the errors being made. The program administrator reported frustration with the agency nurse for not correctly setting up medications and for not showing up for work when requested. The program nurse resigned June 30, 2005 and at this time the program did not have an RN. Five tenants were interviewed in the course of this investigation, and all reported they were "upset and frustrated with not having a nurse available" to answer questions about their health status and medications.

- Regulatory Insufficiency: The program did not have a registered nurse for the administration of medications.

- Regulatory Insufficiency: The program did not accurately document the administration of medications.

- Regulatory Insufficiency: The program did not follow the program's written policy for medication administration.

E. 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]

During the course of the investigation, it was found the program did not ensure all personnel employed by the program received training appropriate to assigned tasks and

target population. The program did not have a registered nurse from July 1, 2005 through August 12, 2005.

Monitoring Observation: The program nurse resigned June 30, 2005 and at the time of the monitor visit the program did not have a program nurse available to train staff and to delegate health related and personal cares. The program administrator reported a universal worker was hired in July, and this staff person has not received any training for the health related and personal cares of tenants.

- Regulatory Insufficiency: The program did not ensure that all personnel employed by the program received training appropriate to assigned tasks and target population. The program did not ensure sufficient trained staff was available at all times to fully meet tenants' identified needs.

Dated this 23rd day of August 2005