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

Assisted Living Program: **Complaint Intake #: 10682**

Gayla Gilliland, Manager
Windsor Manor
608 South 15th
Indianola, Iowa 50125

Date of Investigation:

February 22, 2007

Monitor(s):

Mary Oliver, LISW

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 revisit 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 February 22, 2007. 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:	10
Current number of tenants without cognitive disorder:	30
Total Population:	40

***These are the census numbers represented by the program to be applicable at the time of the on-site.**

Accreditation Status – Not applicable.

Complaint History – There were substantiated complaints in the areas of Evaluation of Tenant, Tenant Documents, Service Plans, Medications, Nurse Review, Staffing and Dementia-Specific Education for Program Personnel 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. [231C.16A]

Complaint Allegation: It is alleged that 100 pills were found and were not being administered.

- Monitoring Observation: Review of Medication Administration Records (MAR) and an interview with the Registered Nurse (RN) indicated medications were all accounted for. The RN had been working in the program only three days prior to the investigation. Medication errors were noted by the past RN in January, which lead to the termination of one employee and the rescinding of medication manager certification for another employee. According to the RN, another medication manager had been restricted from passing medications until further training and testing was accomplished. The RN stated each person currently passing medications will be observed and tested by April 1, 2007. One medication manager was observed passing medications using appropriate procedures.

- Regulatory Insufficiency: None noted.

Dated this 15th day of March, 2007.