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

Assisted Living Program: **Complaint Intake #: 11477**

Gayla Gilliland, Administrator
Windsor Manor Assisted Living
608 S 15Th St
Indianola, IA 50125-2981

Date of Investigation:

April 30, 2007

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 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 Assisted Living on 4-30-07. 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:	29

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:	11
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 this certification period in the areas of Evaluation of Tenant, Criteria for Exclusion of Tenant, Service Plan, Medications, Staffing, Tenant Documents, Nurse Review and Dementia-specific Education for Program Personnel.

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

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

Complaint Allegation: It is alleged the program does not provide personal cares, including showers and change of clothing for Tenant #1.

- Monitoring Observation: Tenant #1, a 90 year old, was admitted 6-30-05 and has diagnosis of Osteoporosis, Glaucoma, Hypothyroidism, Alzheimer's Type Dementia, Vitamin D Deficiency being Underweight. A cognitive evaluation was completed on 3-5-07 staging the tenant at six on the Global Deterioration Scale (GDS) indicating severe cognitive decline. Functional and health evaluations were completed on 3-5-07 indicating assistance was needed with bathing. The service plan of 3-5-07 indicates the tenant is to shower twice weekly. Resident Flow Sheets which records cares completed by tenant, indicated the tenant showered/bathed on three separate occasions from 2-17-07 through 4-30-07. The tenant's file did not contain a Resident Flow Sheet for the first two weeks in February. Resident Flow Sheets indicated the tenant had refused to bathe on occasion and other times nothing was recorded. Despite having a service plan which directed staff to assist the tenant with bathing twice weekly, there were no interventions to direct staff when the tenant refused to bathe.

- Regulatory Insufficiency: The program did not develop a service plan to meet the specific service needs of the tenant.

B. 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]

It is alleged medication administration "errors occur and cannot be proven."

- Monitoring Observation: A review of Medication Administration Records (MARs) used by the program between 4-1-07 and 4-30-07 indicates staff does not document medications given to tenants. A review of program files indicates the program did not correct medication errors during this period. Medication errors include:

TENANT #	MEDICATIONS/TREATMENTS NOT DOCUMENTED AS GIVEN
2	Simvastatin 4-6-07 – initialed and circled without an explanation given 4-26-07 – 4-27-07 – circled without an explanation given Senna – 4-24-07 – not recorded as given
3	Glucometer check – 4-29-07 – not recorded as completed Colchicine – 4-23-07 – 4-24-07 – not recorded as given Ted Hose – 4-25-07 4-27-07 – circled without an explanation given
4	Lipitor – 4-29-07 – not recorded as given Baby Aspirin – 4-29-07 – not recorded as given
5	Namenda – 4-20-07 – not recorded as given Aggrenox – 4-20-07 – not recorded as given Ensure – 4-15-07 – not recorded as given 4-21-07 – circled without an explanation

6	Plavix – 4-24-07 – not recorded as given
7	Ted Hose – 4-1-07 – not recorded as given. Aquaphillic Cream – 4-1-07 – not recorded as given.
8	Xalatan – 4-9-07, 4-15-07 – 4-17-07 – circled without an explanation given. 4-22-07 – 4-27-07 – not recorded as given Ensure – 4-1-07 – 4-4-07 & 4-29-07– not recorded as given

- Regulatory Insufficiency: The program did not consistently document medications given by the program and did not give an explanation if medications were not administered.

- Regulatory Insufficiency: The program did not apply an acceptable standard of practice by not following physicians' instructions when administering medications.

C. 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 tenants in the memory care unit are not given a choice of what they want to eat, that staff decides what each tenant eats.

- Monitoring Observation: A review of program records indicate menus are placed in the Memory Care Unit, along with selection cards for tenants to choose what they would like to eat for each meal.

- Regulatory Insufficiency: None noted.

D. 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 employees are given a five-hour class to become medication managers. It is alleged tenants in the memory care unit do not have access 24-hour access to a Registered Nurse (RN). It is alleged staff to tenant ratio is unsafe in the memory care unit. It is alleged the program does not have sufficiently trained staff on the weekends. It is alleged tenant rooms are smelly and not cleaned.

- Monitoring Observation: Staff files indicate the program provides training of staff by the RN. Staff who administers medication demonstrates their competency of medication administration to the RN. A review of program records indicates a RN is employed by the program. Four of four staff interviewed stated the RN is on call if needed. A review of the program's work schedule indicates one staff is dedicated to the memory care unit for each of three shifts and one float staff available for each twelve-hour period for the general program and memory care unit. The monitor completed a tour of the memory care unit and did not note foul odor. Each tenant's room was clean and tidy.

- Regulatory Insufficiency: None noted.

E. Activities – The program provides appropriate programming for tenants based on individual interests. Programming shall support the service plans, be consistent with the program statement and occupancy policies, and available in writing as required. [321 IAC 25.39]

Complaint Allegation: It is alleged the program does not offer enough activities to tenants residing in the memory care unit.

- Monitoring Observation: An activity calendar was posted in the memory care unit indicating activities beginning at 9:30 a.m. until 6:30 p.m. Staff interviewed stated there were scheduled activities for each tenant in the memory care unit. During the on-site, the monitor observed tenants involved in activities.

- Regulatory Insufficiency: None noted.

Dated this 10th day of May, 2007.