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

Assisted Living Program: **Complaint Intake #: 15454**
16104

Rachel Smith, RN
Glenwood Place Assisted Living
2907 S 6th St
Marshalltown, IA 50158-4687

Date of Investigation:

March 3, 3008

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 Glenwood Place Assisted Living on March 3, 2008. 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:	41

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
Total Population:	51

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

Accreditation Status – Not applicable.

Program History – There were substantiated complaints in the areas of: Occupancy Agreement, Evaluation of Tenant, Service Plan, Medications, Staffing and Exit Alarm Door during this certification period.

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 #15454 It is alleged tenants "hygiene is lacking," tenants are incontinent, "some" of the tenants are not changed "all day," have no undergarments on when staff came to work on the evening shift and their clothes are wet. Tenants are not being toileted or offered to be taken to the toilet.

- Monitoring Observation: Staff #1 through #5 did not identify tenants who had unmanageable incontinence of bowel or bladder. The tenants wore undergarments and were not soiled when they came to work. The tenants who are incontinent are toileted every two hours. Staff #1 through #4 stated they work both days and evenings and Staff #5 works evenings.

Complaint Allegation #15454: It is alleged Tenant #2 has a sore under the arm from chaffing and lack of hygiene.

- Monitoring Observation: Tenant #2, a 97 year old, was admitted on 8-23-04 and had diagnoses of: History of Prostate Cancer, Coronary Artery Disease, Depression, Hypertension, Renal Insufficiency and Diabetes Mellitus. The tenant was admitted to Hospice on 2-15-08. A cognitive evaluation was completed on 2-15-08 staging the tenant at a six on the Global Deterioration Scale, indicating severe cognitive decline. Functional and health evaluations of 1-12-08 and 2-15-08 did not identify a sore under the tenant's arm or lack of personal hygiene. A hospice evaluation of 2-15-08 did not identify a sore under the tenant's arm or lack of personal hygiene. Nurse's care notes of 11-26-07 through 2-15-08 did not identify a sore under the tenant's arm or lack of personal hygiene.

- Regulatory Insufficiency: None noted.

During the course of the investigation, the following information was obtained.

- Monitoring Observation: Tenant #1, a 91 year old, was admitted on 4-1-05 and has diagnoses of: Osteoporosis and Pacemaker. A physician's order of 2-4-08 indicated a physical therapy (PT) evaluation and treatment was ordered. The service plan of 2-4-08 did not identify a provider who was providing PT services.

  Tenant #2's service plan of 2-15-08 indicated the tenant's Power of Attorney signed the tenant's service plan and not the tenant or the tenant's Durable Power of Attorney.

  Tenant #3, an 80 year old, was admitted on 2-17-06 and had diagnoses of: Pelvic Fracture, Lewy Body Dementia, Parkinson's, Anxiety and Osteoporosis. The tenant's service plan was updated on 2-4-08 but was not signed by a multi-disciplinary team of three.

- Regulatory Insufficiency: The program did not develop services plan by a health care professional or human service professional in consultation with the tenant and, at the tenant's request, with other individuals identified by the tenant, and, if applicable, with the tenant's legal representative. (25.28(2))

- Regulatory Insufficiency: The program did not individualize the service plan and indicate, at a minimum, the service provider(s) if other than the program. (25.28)(4)(c))

G. 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 #15454 It is alleged tenants are not getting medications at prescribed times.

- Monitoring Observation: Staff #2, #4 and #5 administer medications and stated medications were administered appropriately and timely, within one hour before or after the medications were ordered. A review of medication incident reports indicated when medication errors occurred the program took appropriate corrective action.

- Regulatory Insufficiency: None noted.

Complaint Allegation #16104. It is alleged Tenant #1's bottle of Vicodin was left in the nurse's station in an unsecured area and could not be found a short time later.

- Monitoring Observation: The program self-reported a medication incident involving the disappearance of a bottle of "narcotics." According to a written statement by the registered nurse (RN) Vicodin 5mg/500mg, 50 tablets was delivered to the program between 10:00 a.m. and 10:30 a.m. on 2-4-08. Staff #6 person reported to the RN she had left the bottle of Vicodin on the counter in the nurse's station. When she returned, the bottle was missing. The program completed an incident report on 2-4-08 and notified DIA on 2-7-08.

- Regulatory Insufficiency: The program did not consistently follow an acceptable medication protocol. (25.29(2), (IAC 655-Chapter 6)

H. 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 #15454. It is alleged call lights are not being answered in a timely manner

- Monitoring Observation: Staff #1 through #5 stated call lights are answered within two to nine minutes with a majority of staff reporting call lights answered within two to five minutes. A print out of call light response time from 1-7-08 at 1.24 p.m. through 1-8-08 at 23:55 p.m. indicated call lights were responded to within 15 minutes when the tenant pushed his/her pendant.

- Regulatory Insufficiency: None noted.

Dated this 19th day of March, 2008

Glenwood Place Assisted Living
2907 South 6th Street
Marshalltown, IA 50158-4687

Date: March 30, 2008

Complaint Intake #: 15454 & 16104

Plan of Correction (POC) [321 IAC 26.2(5)(a)] Submitted For:

- Investigation Dates: March 3, 2008
- Monitor – Hal Chase RN, BSN, MPH

POC:

A. Service Plan:

a. Regulatory Insufficiency: The program did not develop services plan by a health care professional or human service professional in consultation with the tenant and, at the tenant's request, with other individuals identifies by the tenant, and if applicable, with the tenant's legal representative. (25.28(2))

i. Program POC:

1. Elements detailing how insufficiency was corrected for residents:
   a. Tenant #1, 2, & 3 will have a comprehensive assessment & ISP developed by 4-10-08 to update and correct any concerns with lack of service plan development
2. Actions program taking to protect tenants in similar situations:
   a. Frequent RN monitoring of residents for change in condition, recommendations and/or needs. RN will develop ISP's appropriate to services being completed.
3. Measures taken to ensure problem does not recur
   a. Continued frequent RN monitoring of residents to evaluate need for update with comp assessment and ISP
4 Program plans to monitor performance to ensure compliance:
   a. Continued review of residents by RN
   b. Corporate Nurse Clinician to review charts & documentation monthly.

b. **Regulatory Insufficiency:** the program did not individualize the service plan and indicate, at a minimum, the service provider if other than the individual. (25.28(5)(c))

i. **Program POC:**

1. Elements detailing how insufficiency was corrected for residents:
   a. Tenant #1, 2, & 3 will have a comprehensive assessment & ISP with individualized service indicators established, will be developed by 4-10-08 to update and correct any concerns with lack of service plan development
2. Actions program taking to protect tenants in similar situations:
   a. Frequent RN monitoring of residents for change in condition, recommendations and/or needs. RN will develop ISP's appropriate to services being completed.
3 Measures taken to ensure problem does not recur
   a. Continued frequent RN monitoring of residents to evaluate need for update with comp assessment and ISP.
4. Program plans to monitor performance to ensure compliance:
   a. Continued review of residents by RN
   b. Corporate Nurse Clinician to review charts & documentation monthly.

B. **Medications:**

a. **Regulatory Insufficiency:** The program did not consistently follow an acceptable medication protocol. (25.29(2)), (IAC 655-ch 6).

i. **Program POC:**

1. Elements detailing how insufficiency was corrected for residents:
   a. Complete investigation of all medications, orders, and medication documentation completed by Corporate RN.
   b. Retraining of all staff regarding medication process & protocol by 4-15-08
   c. Staff #6 has been counseled, retrained, and observed by RN completing med passes, documentations and procedures.

d. Corporate RN completed discussion/training of appropriate medication management with staff

2. Actions program taking to protect tenants in similar situations:
    a. RN review of all Medication orders, MARs & POS completed monthly with medication turn around
    b. MD to review POSes bimonthly to confirm continued medications
    c. Consultant pharmacist chart review quarterly
    d. Re-training of current staff on 6 medication rights
    e. RN to review MARS and medications located in resident apartments frequently

3 Measures taken to ensure problem does not recur
    a. Frequent MAR, medication & documentation checks per RN
    b. Re-train staff on medication management process including 6 rights
    c. Institution of medication process policy
4. Program plans to monitor performance to ensure solutions are permanent
    a. Continued review of medication orders, MARs, & POS by RN, MD & consultant pharmacist
    b. Continued review of MAR documentation & resident medications through medication counts as deemed needed by RN
    c. Corporate Nurse Clinician to review charts, documentation, staff training & MARS monthly.