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

Assisted Living Program:

Complaint Intake #: 16751
16631

Jen Smith, Director
Garnett Place
202 35th Street Dr SE
Cedar Rapids, IA 52403-1353

Date of Investigation:

March 26, 2008

Monitor(s):

Stephanie Cummins, SW MA

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 Garnett Place on March 26, 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:	21
Current number of tenants with cognitive disorder:	3
Total Population:	24

Dementia Specific Program (DSP)* – Not applicable.

***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 Regulatory Insufficiencies this certification period in the area of Medications.

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

A. 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]

Complaint Allegation #16631: It is alleged Tenant #1, was a two person transfer at all times. Staff #1 attempted to transfer the tenant with one person. It was alleged the tenant was dropped during the transfer and the tenant's head, hands and knees were on the floor and the tenant had rug burns on his/her head. Staff #1 did not sit the tenant up after he/she was on the floor and another staff assisted Staff #1 with the tenant. It was alleged the tenant was assisted to the toilet and Staff #1 left to pass medications and left another staff to take care of the tenant. It was alleged the incident was reported to the former nurse and nothing was done.

Monitoring Observation: Tenant #1, resided in the Independent Living Building and was discharged on 7-3-07. According to the nurse, Staff #1 only worked in the Independent Living Building. Staff #1's separation date was listed as 2-18-08. The Independent Living Building is not certified by the Department of Inspections and Appeals (DIA). Interviews with Staff #2, #3, #4 and #5 indicated none of the current tenants exceeded the appropriate level of care.

- Regulatory Insufficiency: None noted.

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]

Complaint Allegation #16631: It is alleged there were medication errors.

Monitoring Observation: The program reported one medication error for the last three months. Review of the March 2008 Medication Administration Records (MARs) and Treatment sheets for Tenants #3, #4 and #5 indicated the following medication errors had occurred.

Tenant #3	Pulse	3-19-08; 3-22-08	Not recorded
Tenant #4	Citrucel Powder, one tablespoon in 8 oz water by mouth, twice daily	3-21-08	Refused and no explanation given
Tenant #5	Ferrous Sulfate, 325 mg, one tablet by mouth, twice daily	3-24-08	Not recorded
Tenant #5	Vitamin C, 500 mg tablet, one tablet by mouth, twice daily	3-24-08	Not recorded
Tenant #5	Blood Sugars four times daily	3-18-08, 3-19-08, 3-20-08, 3-21-08, 3-22-08, 3-23-08, 3-24-08 3-26-08	Not recorded

Complaint Allegation #16571: It was alleged the nurse made a medication error with Coumadin on or around 2-29-08. Staff became aware of the situation and an emergency meeting was held on that date. The nurse did not fill out an incident report but made Staff #2 fill out a report as she found the error and reported this to the Director.

Monitoring Observation: The nurse stated a medication planner, which was set up by the nurse, did not have the correct dose of Coumadin. According to the nurse, Staff #2 corrected the error and the correct dose was administered to the tenant; however, the nurse was not notified when it was discovered. Copies of the medication planner were put in the Director and Assistant Director's mailbox without a tenant's name or apartment number. The nurse did not receive a copy of the medication planners in her mailbox. A mandatory meeting was held on 2-29-08, which clarified the expectation of the nurse and the issue of the nurse not being notified of the incorrect dose in the medication in the planner. According to the nurse, all staff were notified to call the nurse with any medication discrepancies. The program provided one medication error report for the last three months, which did not pertain to this medication issue and was not signed by Staff #2.

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

Monitoring Observation: A medication pass was observed. Staff #4 assisted Tenant #13 with medications. The tenant's bubblepack was punctured on the 28th dose. The pill was in the bubblepack; however, the pill was exposed. Staff #4 touched the pill with bare hands to secure the pill in the bubblepack. Staff #4 assisted Tenant #6 with a medication reminder. Staff did not document the medication reminder on the MAR. Staff #4 assisted Tenant #5 with blood sugar checks and recorded the 12:00 p.m. check in the 8:00 a.m. box. The 8:00 a.m. time was not initialed at the time of the 12:00 p.m. check.

- Regulatory Insufficiency: The administration of medications shall be provided by an Iowa-licensed registered nurse or advanced registered nurse practitioner registered in Iowa or the authorized agent in accordance with 655—subrule 6.2(5) and 655—subrule 6.3(1) and Iowa Code chapter 155A and in executing the medical regimen as prescribed by the physician, the registered nurse shall exercise professional judgment in accordance with minimum standards of nursing practice as defined in these rules. (25.29(2)a) (655-6.2(5)e(152))

Complaint Allegation #16571: It is alleged the nurse makes numerous medication errors but does not fill out incident reports. The nurse corrects the medication issues when told of her errors.

Monitoring Observation: The nurse indicated there were a couple of times when a pill was not in planner when she set them up; however, staff called prior to administration. The nurse stated the errors with medication set up occurred less than one time per month. Staff #2, #3 and #4 indicated there were not frequent or routine medication errors that occurred with medication set up. The nurse indicated medication error reports were not filed because the issues were corrected prior to administration.

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]

Complaint Allegation # 16751: It is alleged the nurse gave instructions to uncertified staff to fill medication planners. Staff #3 completed this to the best of her ability but made numerous mistakes. The tenants did not receive the wrong medication as staff passing medications caught the errors. The nurse did not fulfill her obligation on how to teach the staff member how to complete the task assigned to her.

Monitoring Observation: The nurse indicated she set up medications weekly and monthly in medication planners for tenants. The nurse indicated Staff #3 and Staff #6, set up medications in planners; however, this was infrequent. The nurse indicated there were no errors by direct care staff in regard to medication set up. The nurse stated she had not provided training for this task. Review of nurse delegation documents indicated Staff #3 and Staff #6 did not have documented training on medication set up. Staff #3 indicated she had set up medications previously; however, the nurse set up medications the majority of the time. Staff #3 stated she felt comfortable and had no medication errors regarding medication set up.

Complaint Allegation #16631: It is alleged staff were trained by people that were not doing their job right and a new staff ended up training them, including passing medications.

Monitoring Observation: Review of training documents for Staff #2, #3 and #4 indicated the nurse provided training regarding applicable tasks including: medications, treatments and Activities of Daily Living (ADLs). Staff #3 and #4 stated new staff were trained with the nurse first. Staff #4 stated there was no training from other direct care staff. The nurse indicated she had not observed every staff that passed medications, she had not observed every staff that assisted with blood sugar checks and she had not observed every staff that assisted with breathing treatments.

- Regulatory Insufficiency: The program did not consistently provide sufficient trained staff available at all times to fully meet the tenants' identified needs. (25.33(1))

Complaint Allegation #16631: It is alleged the nurse had so much paperwork to do she hardly spent any time with the tenants. The nurse was always locked in the office trying to get her work done.

Monitoring Observation: Staff #2, #3, #4 and #5 did not have concerns with nurse involvement with the tenants. The nurse stated two thirds of her time is spent with paperwork, appointments and orders and one third is spent "out and about."

- Regulatory Insufficiency: None noted.

Complaint Allegation #16631: It is alleged Staff #1 was caught falsifying the MAR. Staff #1 filled out the MAR a few hours before the medication pass and then when there were pulses or blood pressure to be taken the staff would just put in a number. The tenants were asked if there blood pressure or pulse was taken and they said no. One tenant was out for a few days and Staff #1 filled out the MAR and signed off medications

and recorded a blood pressure. The staff then realized the tenant was not there and crossed it off the MAR like nothing happened.

Monitoring Observation: Staff #1 worked in the Independent Living Building. Staff #1's separation date was listed as 2-18-08. Staff #1's Counseling/Warning Report stated the staff falsified medical information and was dismissed.

- Regulatory Insufficiency: None noted.

D. Records Access – Program provides access to all records and areas of the program deemed necessary to determine compliance. [321 IAC 26.1(2)]

Complaint Allegation #16571: It is alleged at the last revisit at the program documents were taken to staffs' cars so the monitor would not look at those items. Staff was instructed by the program to take the documents home and to bring the documentation back after the monitor was gone.

Monitoring Observation: Interviews with Staff#2, #3, #4, and #5 indicated they were not instructed to remove documents from the building when DIA was in the building. The Director and the nurse stated in interviews and in written statements they had not asked staff to remove documents from the building due to DIA being in the building. The monitor had full access to all documents requested while on-site.

- Regulatory Insufficiency: None noted.

E . Other – The provisions of this section address the program's noncompliance with other applicable statutory and administrative rule requirements.

Complaint Allegation #16571and #16631: It is alleged staff could lose their job if they provided information to the monitor and staff were retaliated against by the Director regarding involvement with the Department of Inspections and Appeals.

Monitoring Observation: Staff #2, #3, #4 and #5 stated there was not any sense of retaliation by current leadership regarding involvement with DIA. The Director and the nurse were interviewed and indicated they had not retaliated against staff regarding DIA. The Director provided a signed statement that indicated she had not retaliated against any employee for any reason related to DIA entering the program.

- Regulatory Insufficiency: None noted.

Dated this 2nd day of May, 2008

April 28, 2008

Chris Nothaft, Certificate Coordinator- Eastern Iowa
Lucas State Office Building
321 East 12th Street
Des Moines, IA 50319-0083

Dear Ms. Chris Nothaft,

Enclosed is the Plan of Correction (POC) in response to the Preliminary Complaint Investigation conducted by monitor Stephanie Cummins, SW MA on March 26, 2008.

A. Regulatory Insufficiency: The administration of medications shall be provided by an Iowa-licensed registered nurse or advanced registered nurse practitioner registered in Iowa of the authorized agent in accordance with 655-subrule 6.2(5) and 655-subrule 6.3(1) and Iowa Code chapter 155A and in executing the medical regimen as prescribed by the physician, the registered nurse shall exercise professional judgment in accordance with minimum standards of nursing practice as defined in these rules.

Plan of Correction:

1. Universal worker in-service will be held on 5/1/08 for re-training and education on proper infection control procedures. Future staff will continue to receive training on infection control within 90 days of hire. Monitoring for compliance will be done through the monthly QA process by the Management Company.

2. MAR review will be done weekly by the RN or designee, checking for proper signatures and completion of tasks. Staff will be retrained on the importance of completing shift to shift report checking for signatures and task completion, as well as be re-educated and retrained on proper documentation of refusal of medications Ongoing compliance will be monitored through the monthly QA process by the Management Company.

3. Universal workers #3 and #6 will be re-educated and retrained to fill medication planners. A return demonstration, directly observed by the RN, will be accomplished and a new delegation will be signed for this task by 5-25-08.

B. Regulatory Insufficiency: The program did not consistently provide sufficient trained staff available at all times to fully meet the tenant's identified needs. (25.33(1))

Plan of Correction

1. All Home Health Aides will be retrained, re-educated and will perform return demonstrations regarding blood sugar checks and nebulizer treatments. Return demonstrations will be documented with date, time of demonstration, staff initials and RN's initials on each blood sugar and nebulizer delegations. This will be completed by 5-15-08. Compliance will be monitored on an ongoing basis by the Management company through the QA process.

These processes constitute our credible plan of correction and assurance of ongoing compliance with the above noted insufficiencies.

If you have any questions regarding this POC, please contact me at (319) 362-3630.

Sincerely;

Cindy Carpenter, RN

Cindy Carpenter, RN
Health Coordinator
Garnett Place Assisted Living
202 35th Street Drive Se
Cedar Rapids, Iowa
52403