IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

DEAN A. LERNER, DIRECTOR

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

November 18, 2008

Incident #18826- I

Courtney Rochette, Administrator
Parkview Assisted Living
114 Forest St.
Fairbank, IA 50629-7713

RE: Incident Investigation Report, Parkview Assisted Living, Fairbank, IA

Dear Ms. Rochette:

The Department of Inspections and Appeals (DIA) has reviewed the Plan of Correction (POC) in response to the Incident Investigation Report dated August 18 & 19, 2008. Based on the information provided, DIA accepts the POC. No further action on the part of the program is necessary.

We appreciate your prompt action in correcting the Regulatory Insufficiencies. If you have questions, please contact me at 515-281-4116.

Sincerely,

Chris Nothaft
Certification Coordinator – Eastern Iowa
Adult Services Bureau

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

Assisted Living Program: **Incident Intake #:**18826 - I

Courtney Rochette, Administrator
Parkview Assisted Living
114 Forest St.
Fairbank, IA 50629-7713

Date of Incident Investigation:

August 18 and 19, 2008

Monitor(s):

Lincoln Newsom, RN
Stephanie Cummins, 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 an Incident 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:

An on-site visit was conducted at Parkview Assisted Living on August 18 & 19, 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:	17
Current number of tenants with cognitive disorder:	0
Total Population:	17

***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 no substantiated Regulatory Insufficiencies this certification period.

Incident Investigation – The 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]

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

Monitoring Observation: Tenant #1, an 84 year old, was admitted on 12-1-04, with diagnoses of: Seizures, Hypertension and Depression. The tenant fell on 5-20-08 and was treated at a local hospital Emergency Room (ER). The tenant was discharged from the Emergency Room with physician orders related to wound care and was to return to the ER in seven days for suture removal. The program did not update the tenant's service plan with a change in condition.

Tenant #2, an 86 year old, was admitted on 9-24-06 with diagnoses of: Macular Degeneration, Non-Insulin Dependent Diabetes, Hypothyroidism, Gastroesophageal Reflux Disease (GERD), Transient Ischemic Attack (TIA), Deep Vein Thrombosis (DVT) and Spinal Stenosis. Nurse's notes of 7-7-08 indicated the tenant returned to the program from a nursing facility. A new service plan was developed on 7-9-08, but did not include the tenant's signature or the appropriate number of staff signatures. The service plan was up-dated on 8-18-08 to indicate the tenants need for assistance with mobility as needed. The service plan up-date did not have the signature of the tenant or required staff.

- 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. All persons who develop the plan and the tenant or the tenant's legal representative shall sign the plan (25.28(2))

- Regulatory Insufficiency: When a tenant needs personal care or health–related care, the service plan shall be updated within 30 days of occupancy and as needed, but not less than annually, by a multidisciplinary team that consists of no fewer than three individuals, including a health care professional and other staff appropriate to meet the needs of the tenant, 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(3))

B. 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]

Incident Allegation #18826: The program reported the Licensed Practical Nurse (LPN) asked a tenant, who is cognitively intact, to borrow two Hydrocodone tablets.

Monitoring Observation: Tenant #1, from January to August 16, 2008, had orders for 1000 tablets of Hydrocodone according to the program's Licensed Practical Nurse (LPN). In an interview with the tenant, it was noted that the tenant had not been taking Hydrocodone during this time.

Tenant #2's narcotic count sheet indicated the tenant had 30 tablets of Hydrocodone available. Upon counting the tablets, there were only 27 on hand. When the LPN was questioned, she was not able to give an explanation to the count being off.

Tenant #3, a 68 year old, was admitted on 12-15-07 with diagnoses of: Diabetes, Cerebrovascular Accident (CVA), Arthritis, and Depression. Tenant #3 indicated the LPN had approached him/her and requested to borrow two Hydrocodone tablets in either May or June of this year. The tenant gave the medications to the LPN. The LPN told the tenant she would replace them next time she worked and LPN did return two tablets within a two day period.

The Registered Nurse (RN) indicated that she was unaware of these occurrences. The RN did not provide appropriate oversight in relation to the supervision of the LPN.

- Regulatory Insufficiency: The program did not provide nursing services in accordance with Iowa Code chapter 152 and 655—Chapter 6. The registered nurse shall recognize and understand the legal implications of accountability. Accountability includes but need not be limited to supervising, among other things, which includes any or all of the following: Delegation of nursing tasks while retaining accountability.
  (6.2(5)(d)(3)) (25.33(6))

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

Dated this 18th day of November, 2008.