IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

December 10, 2008

Complaint: #20566-I

K'lee Lathum, Administrator
Shores At Pleasant Hill Assisted Living
1500 Edgewater Drive
Pleasant Hill, IA 50327-0921

RE: Complaint Investigation Report, Shores at Pleasant Hill Assisted Living, Pleasant Hill, IA

Dear Ms. Lathum:

The Department of Inspections and Appeals (DIA) has completed the review of your Plan of Correction (POC) in response to the Complaint Investigation conducted on October 29, 2008. DIA has reviewed the complaint, the investigation report, and the POC. The documentation was in order and the POC is accepted. No further action on part of the program is necessary

The Department's findings must be based on the current situation, including but not limited to: staff interviews, documentation, monitor observation and tenant interviews.

We thank you and your staff for your cooperation in the investigation of this Complaint. If you have any questions, please contact me at 515-281-5003

Sincerely,

Connie Schaffer

Connie Schaffer
Certification Coordinator – Central Iowa
Health Facilities Division
Adult Services Bureau

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

Assisted Living Program: **Complaint Intake #: 20566-I**

K'Lee Lathum, Administrator
Shores at Pleasant Hill Assisted Living
1500 Edgewater Drive
Pleasant Hill, IA 50327

Date of Investigation:

October 29, 2008

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 Shores at Pleasant Hill Assisted Living on October 29, 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:	19
Current number of tenants with cognitive disorder:	0
Total Population:	19

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:	13
Current number of tenants without cognitive disorder:	0
Total Population:	13

***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: Medications during this certification period.

The complaint history during this certification period includes the complaint investigations of: September 24 and 25, 2008 for Complaint investigation of #19359-C, 19544-C and 19778-I with a Regulatory Insufficiency in the area of Medications, which resulted in a $500 00 fine.

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 Tenant #1 was administered the wrong kind of insulin, causing the tenant's blood sugar to drop to 50mg/dl. It is alleged staff did not receive appropriate training for administering scheduled and sliding scale insulin.

- Monitoring Observation: Tenant #1, a 69 year old, was admitted on 3-8-07 and has diagnoses of: Diabetes Mellitus II, Hypertension, Coronary Artery Disease, Arachnoiditis and Chronic Back Pain. Physician's order of 10-21-08 indicated blood sugar check to be checked before meals and at bedtime, Novolin Regular Insulin 100 units/ml 7units/ml before meals, to give Lantus 100 units/ml 40 units at bed time and Novolin Regular 100units/ml Sliding Scale when blood sugar was within the following ranges: 121mg/dl – 150mg/dl – 2 units, 151mg/dl-200mg/dl – 5 units, 201mg/dl – 250mg/dl – 8 units, 251mg/dl – 300mg/dl – 10 units, 301mg/dl – 350mg/dl – 15units, 351mg/dl – 400mg.dl – 20units and to call the tenant's physician if blood sugars are greater than 400mg/dl. Physician's order of 10-23-08 discontinued sliding scale insulin, on 10-27-08 sliding scale was reinstituted and on 10-28-08 was discontinued.

  A medication incident report of 10-22-08 indicated staff administered seven units of Regular Insulin when the tenant's blood sugar was 48mg/dl and the Insulin given was not scheduled to be given at that time. Nurse's notes of 10-22-08 indicated staff notified a Registered Nurse (RN) that the tenant's blood sugar at 9:19 pm was 48mg/dl and seven units of Regular Insulin was given in error. The RN gave instructions to staff to give juice, a peanut butter sandwich and recheck the blood sugar in ten minutes. Blood sugar was rechecked at 9:36 pm and was 60mg/dl and the RN was notified. The RN instructed staff to stay with the tenant an additional 30 minutes. Blood sugar was rechecked at 10:36 pm and was 156mg/dl. The RN notified the tenant's on call Nurse Practioner. The RN instructed staff to call the RN if the tenant's blood sugar was low or high prior to administering sliding scale Insulin.

- 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 63 1 and Iowa Code chapter 155A 25 29 2 a

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]

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

Monitoring Observation: Staff #1, #2 and #3 training files indicated staff received training on blood glucose monitoring but did not include documentation of nurse delegated training and return demonstration of scheduled Insulin and Sliding Scale

Insulin. Staff #4's file indicated documentation for injection technique of Insulin injections but this documentation was not signed by the RN and staff.

The RN stated she provided a reminder sheet for staff to complete blood sugars for Tenant #1, Diabetes Information sheet and procedures for monitoring a tenant's blood sugar. Communication records of 10-20-08 included instructions for staff to review the protocol on Diabetes Mellitus. Communication records of 10-21-08 included instructions on Insulin and blood sugar checks for Tenant #1 and communication records of 10-22-08 included instructions on giving Lantus Insulin for Tenant #1. The RN stated she discussed with staff the process for completing blood sugar checks and giving scheduled Insulin and Sliding Scale Insulin but did not demonstrate the procedure to of administering blood sugar checks and giving scheduled Insulin and Sliding Scale Insulin.

Staff #1 stated she had not been trained on giving sliding scale insulin, was told how and when to give sliding scale insulin but the RN did not demonstrate the procedure of giving regular and sliding scale insulin.

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

Dated this 10th day of December, 2008