IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

March 18, 2009

Complaint #21685-C

Lyla Erwin, Manager
Windsor Manor - Grinnell
229 Pearl Street
Grinnell, IA 50112-2593

RE: Complaint Investigation Report, Windsor Manor - Grinnell, Grinnell, IA

Dear Ms. Erwin:

The Department of Inspections and Appeals (DIA) has reviewed the Plan of Correction (POC) in response to the Complaint Investigation Report dated January 26, 2009. 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 515-281-5003.

Sincerely,

Connie Schaffer

Connie Schaffer
Certification Coordinator – Central Iowa
Health Facilities Division
Adult Services Bureau
Connie.Schaffer@dia.iowa.gov

Enclosure

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

Assisted Living Program: **Complaint Intake #: 21685-C**

Lyla Erwin, Manager
Windsor Manor Grinnell
229 Pearl Street
Grinnell, IA 50112-2593

Date of Investigation:

January 26, 2009

Monitor(s):

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 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 Grinnell on January 26, 2009. 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:	26
Current number of tenants with cognitive disorder:	1
Total Population of GPP:	27

Dementia Specific Program (DSP)* – A program that is dementia specific and provides specialized care in a dedicated setting.

Total Population of DSP:	10

Total Census of ALP: 37

***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 have been substantiated Regulatory Insufficiencies in the areas of: Occupancy Agreement, Evaluation of Tenants, Tenant Documents, Service Plan, Medications, Nurse Review, Staffing, Food Service, Structural Requirements and Other.

The complaint history during this certification period includes the complaint investigations of: October 15, 2007 for Recertification and the first revisit to Complaint #12393 with Regulatory Insufficiencies in the areas of: Occupancy Agreement, Evaluation of Tenant, Tenant Documents, Service Plan, Medications, Nurse Review, Food Service, Staffing and Other, which resulted in a fine of $4,500.00 and was issued a Conditional Certificate and the Program Administrator and Registered Nurse are required to attend assisted living program management training.

January 2 &3, 2008 for Complaint #15352, the first revisit of the Recertification and second revisit for Complaint #12393, with Regulatory Insufficiencies in the areas of: Medications, Nurse Review, Food Service, Staffing and Other, which resulted in a fine of $8,000.00 and will remain under the Conditional Certificate. The Program Administrator and Registered Nurse are required to attend assisted living program management training. The program will be allowed no new admissions, submit weekly nurse reviews of medications, a policy and procedure to control accurate count of narcotics and nurse delegation training related to narcotics.

May 5, 2008 for the first revisit of Complaint 15352, second revisit of the Recertification and third revisit of Complaint #12393, with Regulatory Insufficiencies in the area of Structural Requirements, the program will remain under the Conditional Certificate. The program will be able to admit new tenants and all other sanctions are no longer required.

August 5, 2008 for the second revisit to Complaint 15352, second revisit to the Recertification and the fourth revisit to Complaint 12393, there were no Regulatory Insufficiencies and the program was issued their Standard Certificate effective December 7, 2007 through December 6, 2009. The program's sanctions are discontinued.

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 was alleged a tenant was hospitalized and physician orders upon discharge were not followed. It was alleged a tenant's medications were not administered as ordered.

- Monitoring Observation: Three tenant files were reviewed. The tenants were all hospitalized in the past three months.

  Tenant #1, a 71 year old, was admitted on 8-28-08 and diagnoses include: Left Cerebral Vascular Accident (CVA) with Right Hemiparesis, Postural Hypotension, Iron Deficiency Anemia, Humeral Fracture, Chronic Obstructive Pulmonary Disease (COPD), Gastroesophageal Reflux Disease (GERD), Diabetes Mellitus, Anxiety, Hypokalemia, Hypertension (HTN), Insomnia, Restless Leg Syndrome and Deep Vain Thrombosis (DVT).

  According to the tenant's January 2009 Medication Administration Record (MAR), Diovan 320 mg tablet take one tablet by mouth every day, hold unless Systolic Blood Pressure (B/P) is greater than 140 was ordered. On 1-7-09, 1-8-09, 1-12-09, 1-13-09 and 1-17-09 through 1-20-09 the tenant's Systolic B/P was less than 140 and Diovan was administered. Diovan was not administered according to order.

  Tenant #1 was hospitalized from 1-13-09 to 1-16-09 with Dysphasia and Acute Renal Failure, according to Nurse's Notes. According to the Medication Reconciliation Report dated 1-16-09, Lasix 80 mg by mouth daily was continued, until a physician's order on January 22 discontinued the Lasix.

  According to the Medication Reconciliation Report dated 1-16-09 Norvasc 5 mg by mouth daily was ordered. Review of the January 2009 MAR indicated Norvasc 10 mg by mouth (changed to Norvasc 5 mg on 1-21-09) was administered at 8:00 a.m. from 1-17-09 to 1-20-09. The medication was ordered at 5mg and not 10 mg, according to the Medication Reconciliation Report dated 1-16-09.

  The tenant received 10 mg of Norvasc and not Norvasc 5 mg that was ordered. The program had a Medication Error Report dated 1-21-09 which indicated Tenant #1 received Norvasc 10 mg, in error, in am, on 1-17-09, 1-18-09, 1-19-09 and 1-20-09. The report stated the tenant should have received Norvasc 5mg. The report stated the tenant's physician was made aware and CMP was tested and all parameters were "ok". The report stated family was also aware. The report indicated the order page with above orders was not attached to the other orders and it was found attached to a progress note on 1-21-09.

  A tenant was interviewed and indicated staff came into his/her apartment to administer medications and had the book with the MARs; however, did not open the book. The tenant stated he/she stopped the staff from giving incorrect medications at that time.

- Regulatory Insufficiency: The program did not consistently provide the administration of medications 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).

  Monitoring Observation: Review of Tenant #1's file indicated Celebrex 200 mg was ordered on 9-5-08. Celebrex 200 mg was discontinued on 10-2-08. The pharmacy was contacted and indicated 34 tablets of Celebrex 200 mg were filled. The Celebrex was canceled on 10-3-08, according to the pharmacy. The September 2008 MAR was reviewed indicated Celebrex 200 mg was administered appropriately. On 9-29-09, 9-30-08, 10-1-08 and 10-2-08 the tenant refused Celebrex.

  A medication pass was observed and appropriate medication protocol was observed.

  Regulatory Insufficiency: None noted.

B. Nurse Review - Program provides a registered nurse to ensure the appropriate administration and documentation of medications, ensure that physician orders are current, and assess and document the tenants' health related activities. [321 IAC 25.30]

Complaint Allegation: It was alleged a tenant was hospitalized and physician orders upon discharge were not followed.

Monitoring Observation: Tenant #1 was hospitalized from 1-13-09 to 1-16-09 with Dysphasia and Acute Renal Failure, according to Nurse's Notes. According to the Medication Reconciliation Report dated 1-16-09, Lasix 80 mg by mouth daily was continued, until a physician's order on January 22 discontinued the Lasix.

According to the Medication Reconciliation Report dated 1-16-09 Norvasc 5 mg by mouth daily was ordered. Review of the January 2009 MAR indicated Norvasc 10 mg by mouth (changed to Norvasc 5 mg on 1-21-09) was administered at 8:00 a.m. from 1-17-09 to 1-20-09.

The tenant received 10 mg of Norvasc and not Norvasc 5 mg that was ordered. The program had a Medication Error Report dated 1-21-09 which indicated Tenant #1 received Norvasc 10 mg, in error, in am, on 1/17/09, 1/18/09, 1/19/09 and 1/20. The report stated the tenant should have received Norvasc 5mg.

- Regulatory Insufficiency: The program did not consistently ensure that health care professionals' orders for tenants receiving health care professional-directed care from the program are current. (25.30(2))

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: It was alleged there were concerns about the competency of the staff administering medications and the accuracy of staff noting orders.

- Monitoring Observation: Six staff files were reviewed. Staff #1, #2, #3, #4, #5 and #6 had appropriate nurse delegation regarding medication administration. The nurse indicated all staff, who administer medications have been trained by the nurse. The nurse indicated she observed all staff administering medications. The nurse indicated she was the only staff who takes physician orders.

- Regulatory Insufficiency: None noted.

D. Transportation – When the program provides transportation services directly or under contract with the program, the services shall be provided as required. [321 IAC 25.38]

Complaint Allegation: It was alleged transportation was not consistently provided to medical appointments.

- Monitoring Observation: The Manager provided a statement regarding transportation. She stated transportation was provided to tenants to the Grinnell area physicians, Physical Therapy (PT), Occupation Therapy (OT), Hospital or medically related appointments. The Manager indicated arrangements could also be made for appointments out of the Grinnell area with at least a 24 hour notice (a 48 hour notice was preferable) so staffing arrangements could be made. The Manager indicated there was no charge for transportation. The nurse indicated transportation was provided and the majority of the time activity staff or direct care staff transport tenants. The nurse indicated she had not told tenants they could not be transported by the program. A tenant was interviewed and indicated he/she had no issues with transportation. The tenant stated he/she was told by the Manager transportation could be arranged for physician appointments. The tenant stated he/she was not told the program would not provide transportation. The program's transportation policy stated the vehicle being utilized shall be accessible for tenants using transportation.

- Regulatory Insufficiency: None noted.

Dated this 18th day of March, 2009.