IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

April 9, 2009

Complaint: #22067-C

Diane Sarich, Administrator
Village at Legacy Pointe
1654 SE Holiday Crest Circle
Waukee, IA 50263-8685

RE: Complaint Investigation Report, Village at Legacy Pointe, Waukee, IA

Dear Ms. Sarich:

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 March 17, 2009. 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 #: 22067-C**

Diane Sarich, Administrator
Village at Legacy Pointe
1654 SE Holiday Crest Circle
Waukee, IA 50263-8685

Date of Investigation:

March 17, 2009

Monitor(s):

Vickie Clingan, RN, 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 Village at Legacy Pointe on March 17, 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·	42
Current number of tenants with cognitive disorder:	2
Total Population:	42

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

Program History – There have been no substantiated Regulatory Insufficiencies during this certification period.

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. It is alleged a tenant intentionally overdosed on medication.

- Monitoring Observation. Two staff were interviewed. Staff #1 stated she was unaware of any tenant overdosing on medication. Staff #2 stated she did not know of any tenant who overdosed on their medication.

  Three tenant files were reviewed. The service notes for all three tenants lacked evidence of suicidal behavior or any intentional overdose of medication. Incident records were also reviewed and there was no evidence of any tenant intentionally overdosing on medication.

- Regulatory Insufficiency: None noted.

B. 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 evaluation, the following information was obtained.

- Monitoring Observation: Tenant #2, an 88 year old, was admitted on 12-30-08 and has diagnoses of: Arthritis, Curvature of the Spine, Hiatal Hernia, Incontinence, Anxiety, and Depression. The tenant was staged at a 3 on the Global Deterioration Scale (GDS), which indicates mild cognitive decline. The tenant's initial service plan of 12-30-08 was completed; however, the program did not complete a service plan within 30 days of occupancy.

  Tenant #3, an 82 year old, was admitted on 11-8-08 and has diagnoses of: Hypertension (HTN), Weight Loss, Insomnia, and Dementia. On 2-27-09 the tenant was staged at a 4 on the GDS, which indicates moderate cognitive decline. The program completed the day service plan, and it was signed by one staff and the tenant; however, the service plan requires signatures of three staff and the tenant.

- Regulatory Insufficiency: The program did not consistently complete a service plan within 30 days of occupancy 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))

C. 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]

During the course of this investigation, the following information was obtained:

- Monitoring Observation: Tenant #1, an 81 year old, was admitted on 8/12/08 and had diagnoses of: History of Bladder Cancer, Chronic Osteomylitis of the Right Tibia, Depression, HTN, limited use of the right hand and arm after falling, Coronary Artery Disease-Myocardial Infarction (CAD-MI), Hyperlipidemia, Joint Pain, and a History of MRSA. The staff left a medication gap on the Medication Administration Record (MAR) on October 24, 2008 for the afternoon dose of Methadone (for pain) 5mg three times daily. The MAR lacked explanation regarding why the medication was not initialed as given.

  Tenant #2's March 2009 MAR contained gaps on March 8 and 12 for Tramadol HCL (for pain) 50mg one time daily at bed time. The MAR lacked explanation regarding why the medication was not initialed as given.

- 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).

Dated this 9th day of April, 2009