IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

April 23, 2009

Complaint Intake: #22368-C

Ms. Amy Crouse, Administrator
Prairie Hills Assisted Living
173 East Rochester Street
Ottumwa, IA 52501

RE: Final Complaint Investigation Report, Prairie Hills Assisted Living, Ottumwa, IA

Dear Ms. Crouse:

The Department of Inspections and Appeals (DIA) has completed the review of your Plan of Correction (POC) in response to the **Preliminary Complaint Investigation Report**. Based upon a complete review of the report and your actions to correct the identified Regulatory Insufficiencies,DIA accepts your POC. A copy of the Final report is enclosed.

The Program may appeal the DIA decision in accordance to 321 IAC 26.4, within 30 days of notice, by submitting a request for appeal to the DIA. Hearings will be held pursuant to 481 IAC Chapter 10.

If you have any questions regarding this certification, please contact me at 515-281-5721.

Sincerely,

Tamara Halvorson

Tamara Halvorson
ASB Lead Certification Coordinator
Adult Services Bureau

Enclosure

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

Assisted Living Program: **Complaint Intake #: 22368-C**

Ms. Amy Crouse, Administrator
Prairie Hills Assisted Living
173 East Rochester Street
Ottumwa, IA 52501

Date of Investigation:

March 24, 2009

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 Prairie Hills Assisted Living on March 24, 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:	31
Current number of tenants with cognitive disorder:	2
Total Population of GPP:	33

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

Total Population of DSP:	9
Total Census of ALP:	42

***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 in the areas of: Evaluation of Tenant, Service Plan, Medications, and Nurse Review during this certification period.

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

A. Evaluation of Tenant - The program evaluates each tenant's functional and cognitive abilities and health status and the determination of needed services as required. [321 IAC 25.23(1) and/or (2)]

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

- Monitoring Observation: Tenant #1, an 89 year old, was admitted on 6-8-08 and has diagnoses of: History of Falls, Unsteady Gait, Degenerative Dementia Alzheimer's type with Depression, Hypertension (HTN), Hypothyroidism, History of Hip Fracture and Degenerative Joint Disease. A cognitive evaluation of 1-2-09 indicated the tenant was staged at four on the GDS which indicated moderate cognitive decline. The tenant also resides in the dementia unit. Incident reports of 1-22-09 through 3-10-09 indicated at least six incidents of finding the tenant on the floor, including trying to get to the bathroom, trying to sit in a chair and missing, falling coming out of the bathroom, sliding out of a chair, and falling out of bed. The program did not complete functional, cognitive and health evaluations to determine any modifications to services needed.

  Tenant #2, a 79 year old, was admitted on 9-8-08 and has diagnoses of: Dementia, Coronary Artery Disease, Renal Insufficiency, HTN, Gastro Esophageal Reflux Disease, Depression and History of Stroke. Nurse's notes of 9-8-08 through 1-15-09 indicated the tenant repeatedly complained of lower back, arm and chest pain. The program completed a nurse review after each incident and indicated there was no change in the tenant's functional and health status. Incident reports of 2-6-09 through 2-21-09 indicated at least four incidents of pain, including complaining of arms, lower back and chest hurting, staff finding the tenant on the floor complaining of pain on the right hip and back of head, and bruising of the ribs after hitting a corner of a clothes dresser. The program did not complete functional, cognitive and health evaluations to determine any modifications to services needed.

- Regulatory Insufficiency: The program did not evaluate each tenant's functional, cognitive and health status as needed to determine the tenant's continued eligibility for the program and to determine any modifications to services needed. (25.23(2))

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 investigation, the following information was obtained:

- Monitoring Observation: Tenant #1's incident reports of 1-22-09 through 3-10-09 indicated at least six incidents of finding the tenant on the floor, including trying to get to the bathroom, trying to sit in a chair and missing, falling coming out of the bathroom, sliding out of a chair, and falling out of bed. Service plan update of 1-2-09 indicated the tenant may need periodic assistance with mobility and is unsteady at times. The tenant's service plan of 1-2-09 did not establish interventions related to the use of his/her pendant to call for assistance, to offer routine toileting assistance or for staff to assist the tenant when ambulating in the tenant's apartment.

Tenant #2's nurse's notes of 9-8-08 through 1-15-09 indicated the tenant repeatedly complained of lower back, arm and chest pain. The program completed a nurse review after each incident and indicated there was no change in the tenant's functional, cognitive and health status. Incident reports of 2-6-09 through 2-21-09 indicated at least four incidents of lower back pain, complaining of arms and chest hurting, staff finding the tenant on the floor complaining of pain on the right hip and back of head, and bruising of the ribs after hitting a corner of a clothes dresser. The tenant's service plan of 1-8-09 did not establish interventions related to assessing for pain and pain management.

- Regulatory Insufficiency: The program did not consistently update each tenant's service plan as needed when a tenant needs personal or health related care. (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]

Complaint Allegation: It is alleged staff neglected to take off a medication patch from a tenant's body before applying a new medication patch.

- Monitoring Observation: Tenant #1's physician order of 10-28-08 indicated Excelon patch 9.5mg, one patch daily. Staff #1 and #2 stated there were two occurrences, December 2008 and in February 2009, where an Exelon patch was not removed from the tenant's body before another Exelon patch was placed. A review of program files indicated a medication incident report of 2-28-09 indicated an Exelon patch was applied without taking off the old patch. The RN stated she did not know about the first incident in December 2008 but was aware of the second incident and had taken corrective action by reviewing the tenant's physician order with staff and giving instructions to remove the old Exelon patch before placing a new patch. The RN stated she implemented a form for staff to complete daily entitled "medication patch application/removal treatment sheet".

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

- Monitoring Observation: The monitor observed Staff #3 administer medications to four tenants in the general population unit. Staff #3 was not consistent in washing her hands before and after administering medications to tenants. Staff #3 administered medications to Tenant #3 by removing each pill by hand from the medication cup and placing it in the tenant's hand. The program did not administer medications appropriately with applied standards of medication administration.

- 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 medication 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(a), 655-6.2(5)(e)(152)

D. 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]

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

- Monitoring Observation: Tenant #1's incident reports of 1-22-09 through 3-10-09 indicated at least six incidents of finding the tenant on the floor including: trying to get to the bathroom, trying to sit in a chair and missing, falling coming out of the bathroom, sliding out of a chair, and falling out of bed. The program did not complete a nurse review to determine if there were changes in health status. A review of physician orders indicated the program did not sign, date and time orders.

- Tenant #2's nurse's notes of 9-8-08 through 1-15-09 indicated the tenant repeatedly complained of lower back, arm and chest pain. The program completed a nurse review after each incident and indicated there was no change in the tenant's functional, cognitive and health status. Incident reports of 2-6-09 through 2-21-09 indicated at least four incidents of pain, including complaining of arms, lower back and chest hurting, staff finding the tenant on the floor complaining of pain on the right hip and back of head, and bruising of the ribs after hitting a corner of a clothes dresser. The program did not complete a nurse review to determine if there were changes in health status. A review of physician orders indicated the program RN did not sign, date and time physician orders.

- Regulatory Insufficiency: The program did not assess and document the health status of each tenant, make recommendations and referrals as appropriate, and monitor progress on previous recommendations if there are changes in health status. (25.30(3))

- Regulatory Insufficiency: The program RN did not consistently sign, date and time physician orders. (25.30(4))

E. 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 is alleged staff may lack training in medication administration.

- Monitoring Observation: Three of nine staff files reviewed indicated Staff #3, #5 and #8 who administer medications to tenants had not completed medication administration training from the RN and returned demonstration of appropriately administering medications to tenants.

Complaint Allegation: It is alleged staff have only received three days of training in the dementia unit.

- Monitoring Observation: Eight staff and the Administrator's training files were reviewed. Seven staff had completed six hours of dementia training within the last 12 months. Staff #10 was hired on 1-21-09 and has 90 days to complete dementia

training. The Administrator's file indicated her date of hire was 8-20-08 and indicated she had not completed six hours of dementia training and dependent adult abuse training while employed at the program. The Administrator stated she had completed the training within the last five years from her previous employment but stated the program did not have the appropriate documentation showing she had completed the training.

Staff #5's training file indicated she did not demonstrate competence in completing personal and health related cares to tenants. The RN stated she had trained Staff #5 but did not maintain the training documentation received by staff.

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

- Regulatory Insufficiency: The program did not maintain training documentation of training received by program personnel. (25.33(7))

Dated this 3rd day of April 2009.