IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

May 14, 2009

CERTIFIED

Janet Sandell, Interim Housing Director
Arlington Place Assisted Living of Oelwein
1101 3rd St SW
Oelwein, IA 50662-2001

RE: I. Final Complaint Investigation Report #21356-C
II. Civil Penalty
III. Hearings/Appeals
IV. Conclusion

Dear Ms. Sandell:

I. Final Complaint Investigation Report #21356-C – Arlington Place Assisted Living of Oelwein, Oelwein, IA

Enclosed is the **Final Complaint Investigation Report #21356-C** completed by the Department of Inspections and Appeals (DIA) in accordance with Iowa Code section 231C.7 (2007) and Iowa Administrative Code, chapters 321—25, pertaining to assisted living programs and 321—26, pertaining to monitoring, civil penalties and complaints regarding assisted living programs. The Final Report notes **Regulatory Insufficiencies,** in the areas of: Medications, Nurse Review and Staffing.

DIA is accepting the program's Plan of Correction (POC).

II. Civil Penalty

If no appeal is requested within 30 days of receipt of this Final Complaint Investigation Report the civil penalty obligation, in the amount of two thousand five hundred dollars ($2,500.00), is required.

III. Hearings/Appeals

The Program may appeal the DIA decision in accordance with 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 the program appeals, the civil penalty will be suspended, pending appeal. If the program does not appeal, the fine is due within 30 days of notice.

IV. Conclusion

Arlington Place Assisted Living of Oelwein's Plan of Correction is accepted. A civil penalty of $2,500.00 is assessed.

DIA may revisit the program to confirm compliance in fulfilling the POC's corrective measures. If the program wishes to appeal or request a hearing on the final findings, the program may do so within 30 days of this letter.

If you have any questions in regard to these matters, please contact me at (515) 281-5077.

Sincerely,

Ann Martin

Ann Martin, Bureau Chief
Adult Services Bureau

Enclosure

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

Assisted Living Program: **Complaint Intake #: 21356-C**

Janet Sandell, Interim Housing Director
Arlington Place Assisted Living of Oelwein
1101 3rd Street SW
Oelwein, IA 50662

Date of Investigation:

January 28, 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 Arlington Place Assisted Living of Oelwein on January 28, 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:	24
Current number of tenants with cognitive disorder:	0
Total Population:	24

Dementia Specific Program (DSP)* – Not applicable.

***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 this certification period in the areas of: Evaluation of Tenants, Service Plans, Nurse Review, Staffing and Other.

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 did not receive all morning medications as ordered.

Monitoring Observation: Three tenant files were reviewed. The tenants received staff assistance with medication administration.

Tenant #1, an 83 year old, was admitted on 11-18-05 and diagnoses include: Diabetes, Hypertension (HTN) Atrial Fibrillation, Chronic Kidney Disease, Severe Obesity and Coronary Artery Bypass Graft (CABG).

There was an order on 11-25-08 for Bumex, 1 mg daily for one week to be administered and that it may increase to twice daily if edema is noted. There were no initials on the MAR indicating the medication was given, as ordered, between 11-25-08 and 11-30-08.

The nurse sets up the medications in a medication planner and staff administer the medications from the medication planner. On the Medication Administration Record (MAR) the number of pills in the medication planner and the prescribed times are listed and staff sign the number of pills administered and their initials. A review of the December 2008 MARs indicated that from 12-4-08 through 12-13-08, at 8:00 a.m., staff administered 16 pills, from 12-15-08 through 12-21-08, staff administered 15 pills, from 12-23-08 through 12-25-08, staff administered 16 pills, from 12-26-08 through 12-28-08 staff administered 15 pills, 14 pills were administered on 12-29-08 and on 12-30-08 and 12-31-08 15 pills were administered. The number of pills to be administered at 8:00 a.m. as indicated on the MAR was 16. A review of the file indicated there were no medication changes or orders from 12-5-08 through 12-31-08; despite the number of pills administered to the tenant changing throughout that time period. A review of the January 2009 MARs indicated on 1-1-09 at 8:00 a.m., 15 pills were administered to the tenant when the MAR indicated 16 pills were to be administered at 8:00 a.m. A review of the file indicated there were no medication changes or order changes for 1-1-09; despite the number of pills administered to the tenant being different from the number indicated on the MAR. A review of the tenant's medication planner at the time of the complaint investigation indicated medications were set up per physician's orders.

Tenant #2, an 85 year old was admitted on 11-1-08 and had diagnoses of Diabetes Mellitus Type II and Arthritis. The nurse sets Tenant #2's medications in a medication planner and staff administer the medications from the medication planner. On the MAR the number of pills in the medication planner and the prescribed times are listed and staff sign the number of pills administered and their initials. A review of the January 2009 MARs indicated on 1-17-09 and 1-18-09 and from 1-20-09 through 1-28-09 six pills were administered to the tenant at 8:00 a.m.; however, on 1-19-09 seven pills were administered to the tenant at 8:00 a.m. A review of the tenant's file indicated there were no orders or medication changes on 1-19-09; despite the number of pills administered to

the tenant being different from the number indicated on the MAR. A review of the tenant's medication planner at the time of complaint investigation indicated medications were set up per physician's orders.

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

Two tenants were interviewed and indicated they were receiving medications and were receiving them at the appropriate times.

The nurse indicated staff have been instructed to report to the nurse any discrepancy with the medication pass sheet and the pill planners. The nurse indicated staff were not to give the medication until the discrepancies were clarified.

- 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).

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]

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

Monitoring Observation: Tenant #2 had an order dated 11-20-08 for Immodium, 1 or 2 tablets by mouth, twice daily, as needed, for loose stools. This order was not on the November 2008, December 2008 or January 2009 MARs. The tenant had an order dated 11-24-08, for Aleve, as needed, for pain. This order was not on the November 2008, December 2008 or January 2009 MARs.

- 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]

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

Monitoring Observation: Four staff files were reviewed regarding nurse delegation of medication administration. The current nurse stated she started at the program on 11-1-08. Staff #1, #2 and #4 had medication administration delegation by the previous nurse. Staff #3 did not have delegation regarding medication administration or Insulin. The nurse indicated she observed Staff #3 use the Insulin pen, administer Insulin and administer medications; however, the documentation was not currently updated. The current nurse did not have documented delegation training regarding medication

administration for Staff #1, #2, #3 and #4. The nurse indicated she has observed all CNA's, at some time, administering medications. The current nurse delegated the administration of Insulin and the pre-filled Insulin pen; however, the delegations did not include observation of the delegated tasks. The nurse indicated medications were currently set up by the nurse; however, Staff #5, a CMA, made changes, as needed, in the absence of the nurse. This delegated task for Staff #5 was not documented. The nurse indicated she had started using a training system which will include medication pass training.

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

Dated this 14th day of May, 2009.