IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

Complaint: #22721-C

June 1, 2009

Ronald Osby, Administrator
Arbor Heights at University Assisted Living
233 University Ave.
Des Moines, IA 50314-3124

RE: Complaint Investigation Report, Arbor Heights at University Assisted Living, Des Moines, IA

Dear Mr Osby·

The Department of Inspections and Appeals (DIA) has reviewed your Request for Reconsideration in response to the **Complaint Investigation Report** and denies the Request for Reconsideration as it relates to Nurse Review Physician Orders are timed, dated and signed, 25.30(4). Tenant #2, orders for 11-4-08 and 2-24-09; Tenant #3, orders for 3-2-09 and 3-9-09 were not timed. Tenant #4 will be removed from the report, as there were no new orders. The Plan of Correction is accepted.

The program displayed prompt action to correct the identified Regulatory Insufficiency. 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

Enclosure

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

Assisted Living Program: **Complaint Intake #: 22721-C**

Ronald Osby, Administrator
Arbor Heights at University Assisted Living
233 University Ave.
Des Moines, IA 50314-3124

Date of Investigation:

May 5, 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 Arbor Heights at University Assisted Living on May 5, 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	21
Current number of tenants with cognitive disorder	0
Total Population:	21

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 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. 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 medications from tenants discharged from the program and medications discontinued from current tenants were used for other tenants. It is alleged medications are not reordered timely and as a result, tenants go without their medications; especially tenants receiving medications from the Veterans Administration. It is alleged staff frequently forget to sign the Medication Administration Record (MARS) and go back days or weeks later and fill in the gaps. They forget to reorder medications.

- Monitoring Observation: The medication cart was checked and discontinued medications from tenants residing at the program were found. Medications for tenants identified in the complaint were not found in the medication cart. Discontinued medications were marked as discontinued on each container. These medications were cross referenced with physician orders which indicated the medications had been discontinued. All MARS for May 2009 were reviewed and indicated tenants were not prescribed medication that was discontinued and found in the medication cart.

  MARS for April and May 2009 indicated medications were available for tenants and were charted as given. The program nurse stated tenants receiving medications from the Veterans Administration were backed up by the pharmacy the program uses or by a pharmacy of the tenant's choosing. The program nurse stated medications are not borrowed from one tenant and given to another. Staff #1 stated medication that had expired or discontinued were not used for others tenants residing at the program. Staff #1 stated MARS are usually initialed by staff after giving medications. MAR's are usually initialed by staff who give the medications.

- 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]

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

- Monitoring Observation: Tenants #1, #2 and #3's files indicated the nurse did not consistently sign, date and time physician orders.

- Regulatory Insufficiency: The program did not consistently provide written documentation showing the time, date and signature. (25.30 (4))

C. Food Service – Program shall provide or coordinate with other community providers to provide hot or other appropriate meal(s) at least once a day or make arrangements for the availability of meals. Menus shall be appropriately planned. If applicable, therapeutic diets shall meet all requirements. Food preparation personnel shall meet all requirements. [321 IAC 25.32]

Complaint Allegation: It is alleged tenants have been served soup for lunch for the past four to six months. It is alleged a tenant who was ill and did not want to come to the dining room for a meal was treated rudely and was told he/she couldn't eat.

- Monitoring Observation: Tenants #1, #4 and #5 stated the program provides two choices of soup and two choices of sandwiches and salad and dessert are offered Monday through Thursday Two hot entrees, vegetables and dessert are offered for lunch Friday through Sunday Tenants stated they can have lunch at the program or they can go downstairs to the dining room and have a larger selection of food buffet style. Tenants stated when they were ill staff brought them their meals in their room and staff were okay with this. Files indicated menus are provided to tenants weekly and the program has a five week rotation of meals approved by a licensed dietician.

- Regulatory Insufficiency: None noted.

Dated this 1st day of June, 2009.