IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

June 15, 2009

Complaint Intake: #22547-C
#22485-C

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 #22547-C & #22485-C
II. Immediate Sanction - Conditional Operation
III. Civil Penalty
IV. Hearings and Appeals
V. Conclusion

Dear Ms. Sandell:

I. Final Complaint Investigation Report #22547-C & #22485-C – Arlington Place Assisted Living of Oelwein, Oelwein, IA

Enclosed is the **Final Complaint Investigation Report #22547-C & #22485-C** completed by the Department of Inspections and Appeals (DIA) in accordance with Iowa Code section 231C.7 (2009) 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: Evaluation of Tenants, Service Plans, Medications, Nurse Review, Staffing, Managed Risk and Other (tenant autonomy).

DIA is denying your Request for Reconsideration in the area of Medications as you based your Request for Reconsideration on the fact that DIA did not allow you time to initiate the Plan of Correction (POC) from the January 28, 2009 visit. The March 31, April 1 & 2, 2009 visit was related to new complaints and issues and did not reference the previous report. Six new tenants were cited under the medication sections that were not cited previously.

DIA is denying your Request for Reconsideration in the area of Other as the issues that were cited were tenants not being allowed to self-direct their care by having a choice about when they would bathe and about the concerns of the cleanliness of the whirlpool tub.

You are not able to request a reconsideration of a Conditional Certificate or of a civil penalty. If you desire, you may appeal the Conditional Certificate and civil penalty upon receiving the final letter and report.

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

II. Immediate Sanction – Conditional Operation

As reflected in the Preliminary Report, the program failed to comprehensively follow the regulations in 321 IAC Chapter 25. Due to the program's noncompliance, current Regulatory Insufficiencies and the findings of the on-site monitoring visit of March 31 & April 1 & 2, 2009, Arlington Place of Oelwein is being issued a Conditional Certificate effective May 8, 2009.

The sanction includes the program submitting to DIA, on a monthly basis, comprehensive Nurse Reviews including, medication and health status reviews. The sanction is effective immediately based on the Department's determination pursuant to 231C.11 that a danger exists for the tenants. While effective immediately, the program may appeal these sanctions by filing an appeal within 30 days of issuance of the Final Report.

III. 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 four thousand five hundred dollars ($4,500.00), is required.

IV. 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.

V. Conclusion

Arlington Place Assisted Living of Oelwein's Request for Reconsideration in the areas of Medications and Other is denied as noted in section one. Arlington Place Assisted Living of Oelwein's Plan of Correction is accepted. A civil penalty of $4,500.00 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:

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

Complaint Intake #: 22547-C
22485-C

Date of Investigation:

March 31, 2009
April 1 & 2, 2009

Monitor(s):

Vickie Clingan, RN MA
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 of Oelwein on March 31, 2009 and April 1 & 2, 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:	23
Current number of tenants with cognitive disorder:	2
Total Population:	25

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. Occupancy Agreement – The program shall enter into an occupancy agreement with the tenant or tenant's legal representative, if applicable, prior to the tenant's taking occupancy that clearly describes the rights and responsibilities of the tenant and of the program, and shall sign a managed risk policy disclosure statement. [321 IAC 25.22]

Complaint Allegation #22547-C: It was alleged staff were instructed to not do vital signs, Cardio Pulmonary Resuscitation (CPR) or Heimlich when incidents occurred.

Monitoring Observation: According to staff interviews with Staff #2, #3 and #6 vital signs were completed when responding to incidents. The nurse indicated staff always did vital signs, filled out incident reports and called family.

Two tenants were interviewed regarding CPR and the Heimlich maneuver. One tenant was under the impression staff did CPR and the Heimlich at the program. Another tenant was not aware staff did not administer CPR or the Heimlich.

The nurse stated a few of the staff had training regarding CPR and the Heimlich; however not all staff had the training. The nurse stated she felt it was good training for everyone to have.

Staff #6 stated staff were told not to do CPR and they did not have to do the Heimlich. Staff #6 stated she took vitals, moved limbs, called 911 if the tenants were hurt and did not call the nurse.

Staff #2 stated, regarding incidents, she took vitals and called 911 automatically. Staff #2 stated they used to call the nurse in the past; however, now staff were supposed to handle it. Staff can call the nurse, however, it is an on-call nurse, not necessarily the program nurse. Staff #2 stated they did not want staff to call because it cost money.

The Housing Manager was interviewed and stated staff were instructed to call 911. The Housing Manager indicated she gave the tenants the Do Not Resuscitate (DNR) form and if they want CPR staff calls 911 and it is 911 that does the CPR. This is told to tenants upon admission when they are given the DNR form.

Upon review of the Guide Lines for Life Sustaining Treatment form, it stated CPR would be initiated and the program would call 911.

During the review of the Monthly Fee and Occupancy Agreement no disclosure of the CPR and Heimlich protocol was found.

- Regulatory Insufficiency: None Noted.

B. 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)]

Complaint Allegation #22547-C: It was alleged a tenant had behaviors and staff gave the tenant a cognitive exam and the tenant passed; however, the test was "bogus." It was

alleged evaluations were not completed prior to tenants returning from the hospital to determine whether the tenants were appropriate for assisted living.

Monitoring Observation: Five tenant files were reviewed.

Tenant #2, 88 years old, was admitted 5-23-08 and diagnoses include: Hypertension (HTN), Coronary Artery Disease (CAD), Depression and Rheumatoid Arthritis. The nurse stated Tenant #2 had a hospital admission due to an alcohol related incident on 2-7-09. According to the nurse, a bottle of alcohol was found in the tenant's closet in March. According to the nurse, on 3-30-09 Staff #3 found a water bottle with alcohol in it in Tenant #2's refrigerator. The nurse stated they were not sure if Tenant #2 was drinking it. According to hospital records dated 12-10-08 the tenant was admitted on an involuntary hospitalization and committal and had suicidal thoughts and a depressed mood. It was reported he/she planned to either shut the garage and start the car or go outside and lie in the snow and freeze to death. The tenant was found lying in the snow outside with very little clothing and no shoes. Hospital records indicated the tenant had been feeling depressed, had been having vivid dreams and did not feel the anti-depressant medication had been working well. According to Staff #2, Tenant #2 was found outside at 2:45 p.m. and had no shoes or socks on and was wearing a tank top. According to Staff #2, the tenant stated he/she wanted to make a snow angel and wanted to die. Staff #2 indicated the tenant was intoxicated. Tenant #2 was interviewed and reported life at the program was boring and he/she suffered from Chronic Depression. The tenant stated the anti-depressant medications were not working. Several years ago was the last time the tenant felt like himself/herself. Evaluations were not completed, as needed.

Tenant #5, 93 year old, was admitted 11-4-08 and diagnoses include: Transient Ischemic Attacks (TIAs), Restless Leg Syndrome, HTN and Hyperlipidemia. According to Resident Notes dated 2-1-09 (actual date 2-11-09), the tenant was very shaky, had complaints of not feeling right and stated his/her left arm was numb. The tenant felt like he/she was having a stroke. The notes indicated the tenant complained of both feet being numb also. The tenant was hospitalized and had discharge diagnoses of Left Arm Numbness and a TIA. The subsequent entry in the Resident Notes was dated 3-2-09. Evaluations were not completed, as needed.

- Regulatory Insufficiency: The program did not consistently evaluate tenants' cognitive and functional abilities and health status, as needed. (25.23(2))

C. 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 #22547-C: It was alleged a tenant had behaviors and was not appropriate for the program.

Monitoring Observation: A review of five tenant files and interviews with Staff #1, #2, #3 and #6 did not identify any tenants that currently exceed the appropriate level of care. Four tenants were interviewed regarding inappropriate tenant behaviors and none of the tenants reported any inappropriate behavior. The nurse stated Tenant #1 was court ordered to psychiatric treatment. A review of the tenant's file indicated the tenant was court ordered to receive treatment on an out-patient basis and the program was required

to submit to the Court the terms and conditions, on or before 4-25-09. A letter from the program to the tenant dated 3-31-09, indicated that the tenant must schedule and keep an appointment for patient psychiatric care, prior to April 25, 2009 or the tenant will no longer be able to reside at the program.

- Regulatory Insufficiency: None noted.

D. Service Plan – Program has an individualized service plan developed and updated for each tenant as required. [321 IAC 25.28]

During the course of investigation the following information was obtained.

Monitoring Observation: Five tenant files were reviewed.

Tenant #1, a 79 year old, was admitted 2-6-09 and diagnoses include: Anxiety, Depression, Cardiac Catheter, Forgetfulness, Constipation, Lumber Spinal Surgery (three times), History of Hypertension, Osteoarthritis and History of Dementia. The tenant's 30 day service plan was signed only by the tenant. The tenant's service plan was not signed by the tenant, a health professional and two staff. Staff interviews indicated Tenant #1 had behavior issues. Staff #1 indicated she had problems with Tenant #1 in the beginning and the tenant was very demanding of his/her spouse. Staff #2 stated when Tenant #1 gets mad he/she blows up. Staff #6 stated Tenant #1 was verbally abusive, controlling of his/her spouse and has been in the dining room swearing. The nurse reported that the tenant's spouse was afraid of the tenant a couple of times; however, did not elaborate. Review of the Tenant #1's file indicated the tenant was court ordered to receive treatment on an out-patient basis. A letter from the program to the tenant dated 3-31-09 indicated that the tenant must schedule and keep an appointment for psychiatric care prior to April 25, 2009 or the tenant will no longer be able to reside at the program. According to a PRN Medication Action Sheet the tenant received two, Tylenol Extra Strength, each day and at times, several times per day, for the entire month of March, 2009 for pain. The tenant was interviewed and indicated he/she had back pain and he/she had many back surgeries and back pain from sitting. The tenant's service plan did not reflect the tenant's behavior, daily pain, identified needs and requests for assistance.

Tenant #2, had a hospital admission due to an alcohol related incident on 2-7-09. According to the nurse, a bottle of alcohol was found in the tenant's closet in March and on 3-30-09 Staff #3 found a water bottle with alcohol in it in Tenant #2's refrigerator. The nurse stated they were not sure if Tenant #2 was drinking it. The tenant's service plan was not updated, as needed. According to hospital records dated 12-10-08 the tenant was admitted on an involuntary hospitalization and committal and had suicidal thoughts and a depressed mood. It was reported he/she planned to either shut the garage and start the car or go outside and lie in the snow and freeze to death. The tenant was found lying in the snow outside with very little clothing and no shoes. Hospital records indicated the tenant had been feeling depressed, had been having vivid dreams and did not feel the anti-depressant medication had been working well. According to Staff #2, Tenant #2 was found outside at 2:45 p.m. and had no shoes or socks on and was wearing a tank top. According to Staff #2, the tenant stated he/she wanted to make a snow angel and wanted to die. Staff #2 indicated the tenant was intoxicated. Tenant #2 was interviewed and reported life at the program was boring and he/she suffered from Chronic Depression. The tenant stated the anti-depressant medications were not working. Several years ago

was the last time the tenant felt like himself/herself. The tenant had several hospitalizations; however, did not want to discuss the hospitalizations. The tenant stated "I'm bored, I'm not being creative and it is telling on me." The tenant's service plan did not address any specific interventions regarding the tenant's behaviors and did not include the recent history of suicidal ideations. The tenant's service plan did not reflect the tenant's identified needs and requests for assistance.

Tenant #5 was very shaky, had complaints of not feeling right and stated his/her left arm was numb, according to Resident Notes dated 2-1-09 (actual date of 2-11-09). The tenant stated he/she felt like he/she was having a stroke. The notes indicated the tenant also complained of both feet being numb. The tenant was hospitalized and had discharge diagnoses of Left Arm Numbness and TIA. The subsequent entry in Resident Notes was dated 3-2-09. The service plan was not updated, as needed.

- Regulatory Insufficiency: The program did not consistently update service plans for tenants, as needed, when a tenant needs personal care or health-related care, by a multidisciplinary team that consists of no fewer than three individuals, including a health professional and other staff appropriate to meet the needs of the tenant, in consultation with the tenant, and, if applicable, with the tenant's legal representative. (25.28(3))

- Regulatory Insufficiency: The program did not consistently provide individualized service plans that indicated at a minimum the tenants identified needs and the tenant's requests for assistance and expected outcomes. (25.28(4)(a)

E. 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 #22485-C: It was alleged the nurse sets up medications for all three shifts in the morning, the medications were set up incorrectly and there was no system to double check the accuracy of the medications. It was alleged staff were only required to count the number of pills they pass and this was documented in the tenants charts. It was alleged medication mistakes were reported and nothing was done to correct them.

Monitoring Observation: A monitor observed two medication passes on 3-31-09. The pill count was verified and was accurate for the three tenants observed. Staff were counting pills and administering from medication planners set up by the nurse. The program was switching from a pill count system to administering directly from bubble packs on 4-1-09. The nurse indicated effective 4-1-09 staff would sign off each medication independently, whereas, with the current system staff sign for the pill count. Below is a table indicating medication errors. It represents medications/treatments either not administered/completed or not signed off as administered/completed.

Tenant #5	Requip, 1 mg, one tablet at 11:00 a.m.	3-19-09 and 3-25-09; not given or not documented as given.
Tenant #6	Bactrim DS, 1 tablet BID at	3-31-09 at 8:00 a.m;. not

	8:00 a.m. and 8:00 p.m.	given or not documented as given.
Tenant #6	Bactrim DS BID 8:00 a.m. and 8:00 p.m.	8:00 p.m. dose documented 8 doses instead of the 7 prescribed doses (initialed on MAR 3-24-09 to 3-31-09 at 8:00 p.m.)
Tenant #7	8:00 a.m. Medications-Paxil 10 mg one tablet daily and Relefan 500 mg one tablet BID. Relefan Discontinued on 3-11-09. Pill count on 3-1-09 to 3-10-09 pill count should have been 2 for pill count. 3-11-09 to 3-31-09 pill count should have been 1.	8:00 a.m. medications on March 2009 MAR reflected a pill count of 1 for the entire month. This should have been one of two 8 a.m. medications between 3-1-09 and 3-10-09.
Tenant #8	Novolog, 5 units, at 11:30 a.m.	3-25-09; not given or not documented as given.
Tenant #8	Accuchecks, 7:30 a.m. and 8:00 p.m.	3-25-09 at 7:00 a.m.; not completed or not documented as completed.
Tenant #8	Azop 1%, one drop in the right eye BID.	7:00 a.m. on 3-4-09, 3-5-09, 3-6-09, 3-9-09, 3-11-09, 3-13-09, 3-16-09, 3-18-09, 3-19-09, 3-20-09, 3-22-09, 3-23-09, 3-25-09, 3-27-09 and 3-30-09; not given or not documented as given.
Tenant #9	Blood sugar checks, BID.	6:30 a.m. on 3-22-09, 3-30, 3-31 not completed or not documented as completed.
Tenant #9	Trental, 400 mg, one tablet TID.	3-4, 3-25; not administered or not documented as administered.
Tenant #9	Metformin, 500 mg, one tablet daily.	3-4, 3-25; not administered or not documented as administered.
Tenant #10	Accucheck at 4:30 p.m.	3-31; not completed or not signed as completed.
Tenant #11	Accuchecks, BID.	3-18-09, 3-19-09 & 3-25-09 a.m.; not completed or not signed as completed.

- 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)

F. 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: Five tenant files were reviewed.

Tenant #1 had behaviors, according to staff interviews with Staff #1, #2 and #6. A review of the tenant's file indicated the tenant was court ordered to receive treatment on an out-patient basis. A letter from the program to the tenant dated 3-31-09 indicated that the tenant must schedule and keep an appointment for out-patient psychiatric care, prior to April 25, 2009, or the tenant will no longer be able to reside at the program. According to PRN Medication Action Sheets the tenant received two Tylenol Extra Strength each day, several times per day, for the entire month of March 2009, for pain. The tenant was interviewed and indicated he/she had back pain, many back surgeries and back pain from sitting. Nurse review was not completed, as needed.

Tenant #2 had behaviors; including, alcohol related incidents and depression with suicidal ideations. According to the nurse, a bottle of alcohol was found in the tenant's closet in March and on 3-30-09 Staff #3 found a water bottle with alcohol in it in Tenant #2's refrigerator. The nurse stated they were not sure if Tenant #2 was drinking it. Nurse review was not completed, as needed.

Tenant #5 was very shaky, had complaints of not feeling right and stated his/her left arm was numb, according to Resident Notes dated 2-1-09 (presumed actual date 2-11-09). The tenant stated he/she felt like he/she was having a stroke. According to the notes, the tenant complained of both feet being numb also. The tenant was hospitalized and had discharge diagnoses of Left Arm Numbness and a TIA. The subsequent entry in Resident Notes was dated 3-2-09. Nurse review was not completed, as needed.

- Regulatory Insufficiency: The program did not consistently assess and document the health status of each tenant, making recommendations and referrals as appropriate and monitor progress on previous recommendations at least every 90 days or if there are changes in the health status. (25. 30(3))

G. 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 #22547-C : It was alleged the Kitchen Manager did not know how to cook and many tenants complained.

Monitoring Observation: Four tenant interviews indicated tenants did have complaints regarding food. The complaints included: the evening meal was sparse, toast was not always warm, there was a lack of variety of the food served, the meat was sometimes

burned and the casserole was soup like. The program had a current Food Service/Restaurant License. Staff #5, the Kitchen Manager, had a current Servsafe Certificate.

- Regulatory Insufficiency: None noted.

H. 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 #22485-C: It was alleged there were new staff that were not appropriately trained regarding medication administration.

Monitoring Observation: Three new staff files were reviewed. According to training records, Staff #7 had medication administration training on 4-2-09 and Staff #8 had medication administration training on 3-30-09. According to the nurse, Staff #7 began performing tasks on or around 3-24-09 and Staff #8 began performing tasks on or around 3-4-09. Staff #9 began performing tasks on or around 3-6-09 and a training record was not located.

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

Monitoring Observation: Staff #1 indicated she had problems with Tenant #1 in the beginning and the tenant was very demanding of his/her spouse. Staff #2 stated when Tenant #1 gets mad he/she blows up. Tenant #6 stated Tenant #1 was verbally abusive, controlling of the tenant's spouse and was swearing in the dining room. Staff #1 indicated she was not trained on how to approach Tenant #1. Staff #6 reported she did not have training from the nurse on how to manage Tenant #1's behavior. A review of Tenant #1's file indicated the tenant was court ordered to receive treatment on an out-patient basis. Staff were not appropriately trained regarding Tenant #1's behaviors.

Staff #2 stated when Tenant #2 gets mad he/she blows up. Staff #6 stated Tenant #2 was a drinker, ripped the phone off the wall and was belligerent to his/her spouse. According to the nurse, on 3-30-09, Staff #3 found a water bottle with alcohol in it in Tenant #2's refrigerator. The nurse stated they were not sure if Tenant #2 was drinking it. According to the nurse, a bottle of alcohol was found in the tenant's closet in March. The nurse stated Tenant #2 had hospital admissions due to alcohol related incidents on 12-10-08 and 2-7-09. Tenant #2 was court ordered to receive psychiatric care following the most recent hospital visit on 2-7-09. Staff were not appropriately trained regarding Tenant #2's behaviors.

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

I. Managed Risk Statement – Program has a managed risk statement which includes the tenant's or legal representative's signed acknowledgement of the shared responsibility for identifying and meeting needs and the process for managing risk and upholding tenant autonomy when tenant decision making may result in poor outcomes for the tenant or others. [321 IAC 25.36]

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

Monitoring Observation: The nurse stated Tenant #2 had hospital admissions due to alcohol related incidents on 12-10-08 and 2-7-09. Tenant #2 was court ordered to receive psychiatric services following the most recent hospital visit on 2-7-09. According to the nurse, a bottle of alcohol was found in the tenant's closet in March and on 3-30-09, Staff #3 found a water bottle with alcohol in it, in Tenant #2's refrigerator. The nurse stated they were not sure if Tenant #2 was drinking it. Staff #2 stated when Tenant #2 gets mad he/she blows up. Staff #6 stated Tenant #2 was a drinker, ripped the phone off the wall and was belligerent to his/her spouse. According to hospital records dated 12-10-08, Tenant #2 had an involuntary hospitalization and committal due to suicidal thoughts and a depressed mood. It was reported he/she planned to either shut the garage and start the car or go outside and lie in the snow and freeze to death. The tenant was found lying in the snow outside with very little clothing on and no shoes. The hospital records indicated the tenant had been feeling depressed, had been having vivid dreams and did not feel the anti-depressant medication had been working well. According to Staff #2, Tenant #2 was found outside at 2:45 p.m. and was wearing no shoes and socks and a tank top. According to Staff #2, the tenant stated he/she wanted to make a snow angel and wanted to die. Staff #2 indicated the tenant was intoxicated.
Tenant #2 was interviewed. The tenant reported life at the program was boring and he/she suffered from Chronic Depression. The tenant stated the anti-depressant medications were not working. Several years ago was the last time the tenant felt like himself/herself. The tenant had several hospitalizations; however, did not want to discuss the hospitalizations. The tenant stated "I'm bored, I'm not being creative and it is telling on me."

A managed risk agreement was not initiated regarding the tenant's alleged alcohol use and depression.

- Regulatory Insufficiency: The program did not consistently provide a managed risk statement which includes the tenant's, or if applicable, the legal representative's signed acknowledgement of the shared responsibility for identifying and meeting the needs of the tenant and the process for managing risk and upholding tenant autonomy when tenant decision making may result in poor outcomes for the tenant or others. (321-25.36(231C)

J. Records Access – Program provides access to all records and areas of the program deemed necessary to determine compliance. [321 IAC 26.1(2)]

Complaint Allegation #22485-C: It was alleged that medication errors and problems were recorded in the communication book and the book was hidden when DIA entered the building. It was alleged the book was located in a locked drawer under the medication room refrigerator.

Monitoring Observation: A monitor arrived on 3-31-09 and requested the communication book. The communication book was located in a locked drawer in the medication room refrigerator and was given to the monitor upon request. The current communication book did not contain medication errors and the previous communication book was missing at the time of the on-site.

- Regulatory Insufficiency: None noted.

K. Other – The provisions of this section address the program's noncompliance with other applicable statutory and administrative rule requirements.

Complaint Allegation #22547-C: It was alleged that tenants were only receiving showers in the morning even though some tenants preferred an evening shower.

Monitoring Observation: Five tenants were interviewed. One tenant had a whirlpool bath that the doctor recommended for his/her back. The tenant stated previously, when getting the whirlpool in the evening, he/she was given 15-20 minutes. Currently the whirlpool bath is 5-10 minutes in the morning because several tenants receive whirlpools. The tenant preferred the whirlpool in the evening because it was relaxing and helped the tenant sleep easier. The tenant reported that due to health problems, it is difficult to dress and if the whirlpool is not in the evening, the tenant has to dress twice.

One tenant liked the bath at night; however, it was moved to the daytime and the tenant did not have a say.

One tenant preferred having a bath before breakfast. It was difficult to dress and he/she required assistance with dressing. If he/she did not receive the bath before breakfast he/she had to dress twice.

The shower/whirlpool schedule was reviewed and it indicated that 12 tenants were scheduled on various days for bathing. The nurse indicated all bathing listed on the schedule was completed in the mornings.

Two tenants reported concerns with the cleanliness of the whirlpool. One tenant stated approximately two weeks ago, there was a brown substance that the tenant reported as fecal material, on the bottom of the whirlpool. The tenant reported getting in, the staff cupped her hands and removed the substance. The tenant reported feeling dirtier, than when he/she got into the whirlpool. Another tenant stated staff could not clean the whirlpool thoroughly because of the number of baths scheduled between 5:00 a.m. and 7:00 a.m. as the staff was rushed for time.

The Housing Manager stated that on 3-18-09 a staff was assisting a tenant with a whirlpool and the tenant thought fecal matter was in the water. Staff stated it was rust and hard water.

- Regulatory Insufficiency: The program did not consistently encourage family involvement, tenant self direction and tenant participation in decisions that emphasize choice, dignity, privacy, individuality, shared risk and independence. (231C.2)

Complaint Allegation #22547-C: It was alleged administrative staff leave cupboards unlocked allowing unauthorized people access to records and money.

Monitoring Observation: According to an interview with the Housing Director, there were no cupboards that contained tenant money and the program did not manage tenant funds. The Housing Director stated no unauthorized persons had access to tenant records.

- Regulatory Insufficiency: None noted.

Complaint Allegation #22547-C: It was alleged one tenant on the Elderly Waiver program is gone one week a month but the program is still paid by the waiver program for the tenant that is gone.

Monitoring Observation: A review of the program's Monthly Fee and Occupancy Agreement indicated the rate may change if the tenant was absent from the program and this would be determined by the tenant's Case Manager. The information was referred to the Medicaid Fraud Complaint Unit (MFCU). IAC Chapter 25 for assisted living programs does not have regulations pertaining to this allegation.

- Regulatory Insufficiency: None noted.

Dated this 16th day of June, 2009.