IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

August 11, 2009

Complaint #23368-C

Ms. Cindy Callahan, Administrator
River Bend Assisted Living
813 Tyler St NE
Cascade, IA 52033-7501

RE: Complaint Investigation Report, River Bend Assisted Living, Cascade, IA

Dear Ms. Callahan:

The Department of Inspections and Appeals (DIA) has reviewed the Plan of Correction (POC) and the Request for Reconsideration in response to the complaint investigation Report dated May 18, 2009. Based on the information provided, DIA denies the Request for Reconsideration as it relates to Evaluation of Tenants as there was not a full evaluation completed following the diagnosis of MRSA. DIA denies the Request for Reconsideration as it relates to Service Plans as interventions were needed in regard to high blood sugars and they were not included in the Service Plan. DIA denies the Request for Reconsideration in regard to Medications as staff did not follow the nurse's direction. The Plan of Correction is accepted.

We appreciate your prompt action in correcting the Regulatory Insufficiencies. If you have questions, please contact me at 515-281-4116.

Sincerely,

Chris Nothaft
Certification Coordinator – Eastern Iowa
Adult Services Bureau

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

Assisted Living Program:

Complaint Intake #: 23368-C

Ms. Cindy Callahan, Administrator
River Bend Assisted Living
813 Tyler St NE
Cascade, IA 52033-7501

Date of Investigation:

May 18, 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 River Bend Assisted Living on May 18, 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:	20
Current number of tenants with cognitive disorder:	4
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: Medications, Staffing, Managed Risk and Transportation.

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)]

Complaint Allegation: It is alleged Tenant #1 fell in March and sustained a knee wound. Subsequently, the tenant was seen by a physician and was diagnosed with Methicillin-Resistant Staphylococcus Aureus (MRSA).

Monitoring Observation: Tenant #1, an 87 year old, was admitted on 11-7-06 and has diagnoses of: History of Cleft Lip/Palate, History of Hysterectomy, History of Bilateral Knee Replacements, Diabetes, Hypertension (HTN), Congestive Heart Failure (CHF), History of Kidney Problems, History of Bilateral Cataract Surgery, Recurrent Sinus Infections and MRSA. An incident report dated 3-8-09 indicated the tenant "apparently" fell when getting up from the toilet. The tenant sustained bruising on the arm. The tenant's blood sugar was checked and read 371ml/dl. Nurse's notes dated 3-9-09 indicated the tenant was transported to an emergency room at a local hospital, was evaluated and returned to the program later that evening. Nurse's notes of the same entry indicated staff reported, before the tenant was transported to the emergency room, the tenant had a large bruised area on the inner aspect of the lower right arm and down to the right thumb. The tenant's file indicated the program completed functional, cognitive and health evaluations on 3-9-09. Nurse's notes dated 3-11-09 indicated the tenant had a bruise that was fading on the right lower arm and one that remained dark purple on the right knee and left leg from the knee to the foot. Nurse's notes dated 3-13-09 indicated staff reported the tenant's blister on the left knee broke open. The tenant reported to staff, "it was bloody drainage that came out." Staff covered the area with a four by four bandage. The registered nurse (RN) indicated the left knee was red, raw looking with an approximately three by four centimeter wound that continued to ooze. The RN notified the tenant's physician, with the physician ordering triple antibiotic ointment, twice daily until healed. Nurse's notes dated 4-3-09 indicated the tenant was seen by an Advanced Registered Nurse Practitioner (ARNP), who consulted with the tenant's physician and it was decided the tenant was to be seen at a local wound clinic. Nurse's notes dated 4-6-09 indicated the tenant was seen at the local wound clinic and was referred to another physician. Nurse's notes dated 4-7-09 indicated the tenant was seen by a physician, was treated and new orders for care of the wound were written. The tenant was to return to the physician's office on 4-9-09. Nurse's notes dated 4-10-09 indicated the tenant had been diagnosed with MRSA and the physician ordered isolation precautions and antibiotic treatment. The program contacted the tenant's physician for clarification of isolation precautions; the physician ordered the tenant to stay in his/her room and not go into public areas. Nurse's notes dated 4-13-09 indicated the tenant's physician indicated the MRSA was sensitive to Levaquin and Tetracycline and he also indicated the tenant sustained a hematoma secondary to infection with MRSA, had extensive changes to the left leg with venous stasis and possible Cellulitis. Nurse's notes dated 4-16-09 indicated the tenant's physician requested the tenant be kept in isolation for another week. The tenant requested home health care for daily wound care and started home health care on 4-17-09.

The program completed functional, cognitive and health evaluations on 3-9-09 after the tenant sustained a fall on 3-8-09 and completed the evaluations again on 4-7-09 when wound care was ordered for the tenant's left knee. The program did not complete a

functional, cognitive and health evaluation with a change in health status related to isolation precautions for MRSA and antibiotic therapy ordered on 4-10-09 and possible left leg venous stasis and possible Cellulitis. The program did not complete functional, cognitive and health evaluations when the tenant was admitted to home health care for daily dressing changes on 4-16-09.

- Regulatory Insufficiency: The program did not consistently 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. 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 Tenant #1 is medically unstable and exceeded rules and regulations that govern assisted living programs and the living criteria at the program. The tenant was given a 30-day written notice to terminate occupancy at the program.

Monitoring Observation: Tenant #1's file indicated the program gave a written 30-day notice to terminate the occupancy agreement effective 5-31-09. The notice indicated the tenant exceeded "rules and regulations that govern assisted living facilities in Iowa" and the living criteria of the program as the tenant was medically unstable related to fluctuating appetite, blood sugars, confusion, slurred speech, inability to use the call pendant when needing assistance and required a special diet. The tenant's physician indicated on 5-5-09 the tenant's leg is healing "nicely" and the tenant is doing "quite well and ... seems as good to me as ... has been." A review of the tenant's file indicated the tenant did not exceed occupancy and retention criteria.

- Regulatory Insufficiency: None noted.

C. 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: Nurse's notes dated 4-10-09 for Tenant #1 indicated the tenant had been diagnosed with MRSA. A physician's order dated 4-10-09 ordered isolation precautions and antibiotic treatment. Nurse's notes dated 4-10-09 indicated the tenant had been diagnosed with MRSA and the physician ordered isolation precautions and antibiotic treatment. The program contacted the tenant's physician for clarification of isolation precautions; the physician ordered the tenant to stay in his/her room and not go into public areas. Nurse's notes dated 4-13-09 indicated the tenant's physician indicated the MRSA was sensitive to Levaquin and Tetracycline and he also indicated the tenant sustained a hematoma secondary to infection with MRSA, had extensive changes to the left leg with venous stasis and possible Cellulitis. The tenant's service plan was updated on 4-13-09 to reflect isolation precautions related to MRSA but was not based upon a functional, cognitive and health evaluation. The service plan was updated on 4-17-09 to

reflect home health care and daily dressing changes to the left knee but was not based upon a functional, cognitive and health evaluation.

Medication Administration Records (MARs) of March, April and May 2009 dated 2-27-09 through 5-17-09 indicated incidents of blood sugars being less than 60ml/dl and greater than 160ml/dl. The service plans of 3-9-09, 4-13-09, 4-17-09 and 4-28-09 established interventions related to hypoglycemia but did not establish interventions for staff to follow related to high blood sugars.

- Regulatory Insufficiency: The program did not consistently develop a service plan based on the evaluations conducted in accordance with 25.23(1) and 25.23(2), and shall be designed to meet the specific service needs of the individual tenant. (25.28(1))

- Regulatory Insufficiency: The program did not consistently individualize the service plan to meet the tenant's identified needs and the tenant's requests for assistance and expected outcomes. (25.28(4))

D. 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 Tenant #1's medications were administered late and consequently the tenant would be late for meals.

Monitoring Observation: A review of MARs for April and May, 2009 indicated Tenant #1's medications were administered appropriately and on-time. Staff #1 and #2 stated medications were administered on-time. The program nurse stated staff can administer medications one hour before and one hour after the time in which they are ordered to be given.

- Regulatory Insufficiency: None noted.

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

Monitoring Observation: Staff #1 and #2 stated staff would check the blood sugars of Tenant #1 before meals, as ordered. Staff #1 stated Tenant #1 had to eat 50% of his/her meals before Insulin was given. Staff #1 and #2 stated the amount the tenant had eaten at each meal was not recorded. They stated if the tenant's blood sugar was low before each meal, staff would go back and recheck the tenant's blood sugar, to see if it had risen, before giving Insulin. This action was self-directed as they were not directed by the nurse to do this. The program nurse stated she did not give staff directions to check Tenant #1's blood sugar after each meal. The program did not follow the physician's orders for blood sugars as ordered.

- 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)

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 a "high school person" is working a late shift.

Monitoring Observation: Iowa Administrative Code (IAC) Chapter 25 for Assisted Living does not have regulations related to educational status or the age of staff.

- Regulatory Insufficiency: None noted.

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

Complaint Allegation: It is alleged Tenant #1's family was to take the tenant to a local hospital to be evaluated before bringing the tenant back to the program.

Monitoring Observation: Nurse's notes of 4-27-09 indicated the program called Tenant #1's family on 4-26-09, and reviewed the tenant's fluctuating appetite and blood sugars; a low blood sugar of 46ml/dl on 4-25-09 and that the tenant did not press his/her pendant for assistance. The program requested the tenant be evaluated by a local hospital emergency room physician and the family agreed. The tenant was evaluated and admitted to the hospital. Hospital staff called the program and requested the tenant return to the program as there were "no findings" with following their evaluation. The program indicated the tenant needed a higher level of care "for safety concerns related to fluctuating blood sugars and appetite." Nurse's notes of 4-28-09 indicated the tenant returned to the program. A managed risk agreement was developed and implemented on 4-28-09. Program records indicated the tenant was given a 30-day notice to terminate, effective 5-31-09.

Complaint Allegation: It is alleged tenants are allowed to wander outside alone to smoke.

Monitoring Observation: The Administrator stated Tenants #3 and #4 smoke; both go outside and off the program's premises to smoke as smoking is not allowed at the program. The Administrator stated both tenants are of normal cognition and made their own decisions about smoking. Tenant #3 and #4 confirmed their decision to smoke outside and off the program's property. The program had no smoking signs appropriately placed throughout the building.

- Regulatory Insufficiency: None noted.

Dated this 11th day of August, 2009.