IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

November 6, 2009

Complaint Intake: #25038-C
#25049-C
#25039-I

Ms. Jennifer Smith, Administrator
Garnett Place Assisted Living
202 35th Street Dr SE
Cedar Rapids, IA 52403-1353

RE: I. Final Complaint & Incident Investigation Report – #25038-C, #25049-C & #25039-I
II. Appeals/Hearings
III. Conclusion

Dear Ms. Smith:

I. Final Complaint & Incident Investigation Report

Enclosed is the **Final Complaint & Incident Investigation Report** completed by the Department of Inspections and Appeals (DIA) in accordance with Iowa Code chapter 231C, 321 Iowa Administrative Code (IAC) chapter 25 (pertaining to assisted living programs), and 321 IAC chapter 26 (pertaining to monitoring, civil penalties, and complaints). The report notes a Regulatory Insufficiency in the area of Medications. The Plan of Correction (POC) has been accepted.

II. Appeals/Hearings

The Program may appeal the DIA decision in accordance with 321 IAC rule 26.4, within 30 days of this notice, by submitting a request for appeal to DIA. A contested case hearing will be held pursuant to 481 Iowa Administrative Code chapter 10.

III. Conclusion

The POC submitted on November 5, 2009, related to the September 16 & 24, 2009 visit, has been reviewed and is accepted.

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 this letter and report, please contact me at 515-281-4116.

Sincerely,

Chris Nothaft

Chris Nothaft
Certification Coordinator – Eastern Iowa
Adult Services Bureau

Enclosure

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

Assisted Living Program:

Ms. Jennifer Smith, Administrator
Garnett Place Assisted Living
202 35th Street Dr SE
Cedar Rapids, IA 52403-1353

Complaint Intake #: 25038-C
25049-C
25039-I

Date of Investigation:

September 16 & 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 an Incident & 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 and Incident investigation on-site visit was conducted at Garnett Place Assisted Living on September 16 & 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:	27
Current number of tenants with cognitive disorder:	0
Total Population:	27

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 no substantiated Regulatory Insufficiencies 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 shall be appropriately supervised and administered. Medications are appropriately stored.

Complaint Allegation #25038, #25049 & Incident #25039-I: It is alleged and reported by the program that Hydrocodone 5mg/500 (Lortab 500mg/5mg) and Fentanyl (Duragesic) patches 25mcg/50mcg and 75mcg were missing and unaccounted for on Tenant #1's Medication Administration Records (MARs).

Monitoring Observation: Tenant #1, 91 years old was admitted to the program on 7-1-04 and diagnoses include: Congestive Heart Failure (CHF) and Arthritis. The tenant scored a 10 on the Short Portable Mental Status Questionnaire (SPMSQ) which indicated normal mental functioning. The tenant left the program on 8-24-09 and did not return.

The tenant's service plan dated 7-16-09 indicated the program administered all medications to the tenant. A physician's order for Lortab, 5mg/500mg one tablet every four to six hours as needed for pain with a quantity of 40 tablets were ordered on 3-10-09. On 8-20-09 the tenant's physician increased the frequency of Lortab 5mg/500mg to every four hours from the previous order of every four to six hours. Pharmacy records indicated at least 418 tablets of Lortab 5mg/500mg tablets were delivered from 3-10-09 through 8-21-09. On 8-21-09 the Registered Nurse (RN) notified the pharmacy that 21 Lortab 5mg/500 mg tablets were contaminated. Pharmacy records indicated 18 tablets of Lortab 5mg/500mg were delivered to replace the 21 tablets of Lortab 5mg/500mg that had been contaminated. The pharmacist stated the RN told her 21 Lortab 5mg/500 mg tablets had been destroyed on 8-21-09 after the pharmacist requested the 21 tablets of Lortab 5mg/500mg be returned to the pharmacy. Program records indicated the RN and the Administrator destroyed 21 tablets on 8-25-09 and not 8-21-09 as previously reported to the pharmacist. The RN stated 19 Lortab 5mg/500mg had been destroyed on 8-25-09. The pharmacist stated four Lortab 5mg/500mg were returned to the pharmacy on 8-24-09, leaving 436 tablets available to administer to the tenant. MARs beginning 3-10-09 through 8-24-09 indicated at least 203 tablets were administered by the program, leaving 160 tablets unaccounted for.

Tenant #1's pharmacy review showed deliveries of Duragesic patches, prescribed as 25 mcg/hr, one patch every 72 hours, in quantities of 10, were delivered on 1-14-09, 2-10-09, 3-10-09, 5-4-09, 5-27-09 and 6-29-09. On 2-17-09 and 7-22-09 Duragesic patches, prescribed as 50mcg/hr, one patch every 72 hours, in quantities of 10, were delivered. On 8-17-09, a Duragesic patch, prescribed at 75 mcg/hr, one every 72 hours in a quantity of 10 was ordered and delivered. A total of 90 Duragesic patches had been delivered to the program between 1-14-09 and 8-17-09. MARs beginning 1-14-09 through 8-21-09, indicated 75 patches had been administered by the program. Eight Duragesic patches were returned to the pharmacy on 8-24-09, leaving seven patches unaccounted for.

The program did not account for 160 tablets of Lortab 5mg/500mg missing from the tenant's medication drawer. The program did not account for seven Duragesic patches missing from the tenant's medication drawer. The program did not complete a narcotic

count for narcotics given as this was not included in the program's medication administration policy.

- Regulatory Insufficiency: The program did not 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. (IAC r. 321-25.29(a); IAC r. 655-6.2(5)(e)) (implementing Iowa Code chapter 152)

Dated this 3rd day of December, 2009.