IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

March 30, 2010

Complaint #25646-C
#25693-C

Derek Wheeler, Administrator
Pioneer Place Assisted Living
415 E Pioneer Rd
Lone Tree, IA 52755-9709

RE: Complaint Investigation and Recertification Monitoring Evaluation Report, Pioneer Place Assisted Living, Lone Tree, IA

Dear Mr. Wheeler:

The Department of Inspections and Appeals (DIA) has reviewed the Plan of Correction (POC) in response to the Complaint Investigation and Recertification Monitoring Evaluation Report dated February 23 and 24, 2010. Based on the information provided, DIA accepts the POC. No further action on the part of the program is necessary. The final report is enclosed.

The review of the recertification documents you submitted has been completed and the documents are accepted. In addition, the State Fire Marshal's (SFM) inspection report has been received as well as the Facility Engineer's approval of the Evacuation Plans for your program.

Enclosed you will find the Assisted Living Program Certificate #S0061 with effective dates of **February 5, 2010 through February 4, 2012**. If you have any questions in regard to this certification, 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 & Recertification Monitoring Evaluation Report

Assisted Living Program:

Derek Wheeler, Administrator
Pioneer Place
501 E Pioneer Rd
Lone Tree, IA 52755-7721

Complaint Intake #: 25646-C
25693-C

Date of Investigation:

February 23 and 24, 2010

Monitor(s):

Stephanie Cummins, MA
Joyce Kix, RN

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. IAC r. 481-67.10(5). 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 481 IAC chapter 69 that: serves fewer than fifty-five (55) tenants and has five (5) or more tenants who have dementia between Stages 4 and 7 on the Global Deterioration Scale or serves 55 or more tenants and 10 percent or more of the tenants have dementia between Stages 4 and 7 on the Global Deterioration Scale or holds itself out as providing specialized care for persons with dementia, such as Alzheimer's disease, in a dedicated setting.

Overview:

A complaint investigation and an on-site monitoring evaluation on-site visit were conducted at Pioneer Place on February 23 & 24, 2010. In preparing this report, the following information was considered:

Current Program Census:

General Population Program (GPP)* – A program that does is not include a Dementia Specific unit, but may include have tenants with cognitive disorder.

Current number of tenants without cognitive disorder:	8
Current number of tenants with cognitive disorder:	0
Total Population of GPP:	8

Dementia Specific Program (DSP)* – A program that is dementia specific and provides specialized care in a dedicated setting.

Total Population of DSP:	3
Total Census of ALP:	11

***These are the census numbers represented by the program to be applicable at the time of the on-site.**

Tenant/Family Satisfaction Results – A community meeting with nine tenants and two tenant interviews were held. The tenants stated cleaning was completed one time per week. The entryway was sandy and needed to be cleaned more frequently. They described staff as helpful and friendly but they were concerned about staff turnover. One tenant pushed his/her pendant and no one responded. Tenants stated they were promised a family dinner because the holiday meal was cancelled but they have not received one. They stated the meat was tough, especially the beef and pork and they have requested more comfort type foods. There was a lot of repetition of foods being served. The temperature of the foods was appropriate and alternatives were offered. There were sufficient activities and they enjoyed cards, games and going out to eat and shopping. Tenants reported the doors were alarmed but not locked at night and they preferred the doors to be locked overnight. The carpet by the north door at times was wet and was left to dry on its own and they have concerns about the carpet. Two tenants reported having trouble with medications administered by the program. Six of the tenants reported they were satisfied living at the program and three tenants would not recommend it to others.

Program History – There were no substantiated Regulatory Insufficiencies following the last certification visit.

On-Site Monitoring Evaluation – The monitor(s) made the observations detailed in the following areas.

Complaint Investigation – The complaint investigator(s) made the observations detailed in the following areas.

A. Service Plan

Monitoring Observation: Six tenant files were reviewed.

Tenant #1, 96 years old, was admitted on 3-3-08 and diagnoses include: Mild Dementia and Prosthetic Aortic valve. The tenant was staged at a five on the Global Deterioration Scale (GDS), which indicated moderately severe cognitive impairment. The tenant resided in the dementia unit. According to an interview with Director of Nursing (DON), Tenant #1 ate meals in the dining room at the nursing facility. She stated the tenant had increased socialization and an increased appetite since eating in the nursing facility. She also stated there needed to be an aide in the dining room at the nursing home during meals. Tenant #1's service plan did not reflect the tenant would leave the dementia unit and eat meals in the dining room at the attached nursing facility.

Tenant #2, 87 years old, was admitted on 5-21-09 and diagnoses include: Dementia, Hypertension (HTN), B-12 Deficient Anemia, Peripheral Vascular Disease (PVD) and Colitis. The tenant was staged at a five on the GDS, which indicated moderately severe cognitive impairment. The tenant resided in the dementia unit. According to an interview with the DON, Tenant #2 ate meals in the dining room at the nursing facility. She stated the tenant had increased socialization and an increased appetite since eating in the nursing facility. Tenant #2's service plan did not reflect the tenant would leave the dementia unit and eat meals in the dining room at the attached nursing facility.

- Regulatory Insufficiency: The service plan shall be individualized and shall indicate, at a minimum: the tenant's identified needs and preferences for assistance. (IAC r.481-69.26(4)a)

B. Medications

Complaint Allegation: It was alleged in Complaint #25693-C that tenants did not receive medications, including; as needed medications.

Monitoring Observation: Two tenants were interviewed. One tenant stated he/she had not received a medication for a couple of weeks because it was not available. A review of the file indicated the medication was an as needed (PRN) medication and not a scheduled medication. The pharmacy was called and indicated the medication was always available. The Medication Administration Records (MARs) indicated the medication was available and was administered per request. One tenant stated once in awhile it takes one to two hours to get a PRN medication. The tenant stated this had improved.

- Regulatory Insufficiency: None noted.

Complaint Allegation: It was alleged in Complaint #25646-C that medications were left on the dining room table.

Monitoring Observation: A community meeting with nine tenants was held. Tenants stated medications were left for tenants on the dining room table and the cups were marked. One tenant stated a staff member tried to give him/her the wrong pills. Two tenants that received medication administration assistance indicated they had trouble with their medications.

Monitoring Observation: MARs were reviewed for February, 2010. The following table represents medication and treatments not administered/completed or medications and treatments, per physicians order, not documented as administered/completed. According to the ALP entrance form, the program administered medications to 4 of the 11 tenants.

Tenant #2	Dorzol/Timol Solution, 2-0.5%, instill 1 drop in left eye twice daily.	On 2-13-10 (2-10 shift), 2-19-10 (2-10 shift) and 2-21-10 (2-10 shift) it was not completed or not documented as completed.
Tenant #2	Dorzol/Timol Solution, 2-0.5%, instill 1 drop in left eye twice daily.	On 1-29-10on the 2-10 shift at 8 pm it was not completed or not documented as completed.
Tenant #2	Artificial Tears Ointment, 3.5g, apply ribbon to lower lid of each eye at bedtime.	On 1-29-10 was not completed or not documented as completed.
Tenant #2	Oyster Shell Tablet/D, 500 mg, 1 tablet by mouth twice daily.	On 1-29-10 was not administered or not documented as administered.
Tenant #2	Simvastatin Tablet, 40 mg, 1 tablet by mouth at bedtime.	On 1-29-10 was not administered or not documented as administered.
Tenant #2	Travatan Solution, .004%, instill 1 drop in eye(s) at bedtime.	On 1-29-10 was not completed or not documented as completed.
Tenant #2	Vitals Friday and PRN	On 1-15-10, 1-22-10 and 1-29-10 vitals were not completed or not documented as completed.
Tenant #3	Zaroxolyn, 5 mg, every morning.	On 2-15-10 it was not administered or not document as administered.
Tenant #3	Zaroxolyn 5 mg	Order was discontinued on 2-19-10 and was documented as administered on 2-20-10, 2-21-10, 2-22-10 & 2-23-10. Four doses were administered after the

		order to discontinue the medication.
Tenant #3	Coumadin, 4 mg, every day.	On 2-20-10 and 2-21-10 was not administered or not documented as administered.
Tenant #3	Lantus Solostar Pen, 40 units subcutaneous, every night.	On 2-22-10 it was not administered or not document as administered.
Tenant #3	Blood Gluocose Acu-check at bedtime, call if blood sugar is less than 80 or greater than 400.	On 2-22-10 was not completed or not documented as completed.
Tenant #3	Novolog Flex Pen S/S, four times per day.	On 2-5-10, 2-7-10 and 2-8-10 at noon, it was charted as an H with a circle with no explanation on the back of the MAR.
Tenant #3	Novolog Flex Pen S/S, four times per day.	On 2-5-10, 2-6-10, 2-7-10, 2-13-10 and 2-14-10 at bedtime, it was charted as an H with no explanation on the back of the MAR.
Tenant #3	Daily Weights	In December of 2009, weights were recorded only on 12-15-09.
Tenant #3	Zaroxoyn, 5 mg, daily for 7 days.	Documented as administered from 12-11-09 to 12-23-09. 13 doses were documented instead of the 7 doses that had been ordered.
Tenant #4	Advair Diskus Mist 100/50, Inhale 1 puff orally every 12hrs.	On 2-19-10 it was not administered or not documented as administered.
Tenant #4	Docusate w/Senna, 50/8.6 mg, 1 tablet by mouth two times per day.	The February 2010 MARs show 17 entries with initials circled indicating a refusal and only 2 entries of refusals documented with an explanation on the back of the MAR.
Tenant #4	Docusate w/Senna, 50/8.6 mg, 1 tablet by mouth two times daily.	The December 2009 MARs reflected over 20 entries with initials circled, indicating refusals, and only 8 entries of refusals with a documented explanation on the back of

		the MAR.
Tenant #4	Lisinopril tablet, 5 mg, 1 tablet by mouth daily. (hold of systolic blood pressure is under 100)	On 1-18-10 the blood pressure was 93/55 and the medication was documented as administered
Tenant #4	Lisinopril tablet, 5 mg, 1 tablet by mouth daily. (hold if the systolic blood pressure is under 100)	On 1-20-10, 1-26-10 and 1-28-10 documentation showed initials circled; however, no explanation was documented on the back of the MAR.

- Regulatory Insufficiency: When medications are administered traditionally by the program: the administration of medications shall be provided by a registered nurse, licensed practical nurse or advanced practitioner registered in Iowa or by unlicensed assistive personnel in accordance with requirements in 655-Chapter 6 governing nurse delegation. (IAC r.481-67.5(6)a)

C. Staffing

Complaint Allegation: It was alleged in Complaint #25693-C and Complaint #25646-C that there were not enough staff.

Monitoring Observation: Three staff were interviewed. Staff #1, #2 and #3 indicated there was enough staff to meet the needs of the tenants. A community meeting with nine tenants was held. The tenants indicated there was enough staff to meet their needs.

- Regulatory Insufficiency: None noted.

Complaint Allegation: It was alleged in Complaint #25646-C that a tenant fell, sustained injuries and did not receive appropriate medical attention.

Monitoring Observation: Tenant #4, 83 years old, was admitted on 6-23-08 and diagnoses include: Chronic Airway Obstruction, HTN, Anemia, Hyperlipidemia and Osteoporosis. On 10-6-09 staff found the tenant lying on the bedroom floor. The tenant was taken to the hospital and did not have any injuries. The DON stated the tenant fell out of bed and did not have any injuries. Staff responded to the alarm; however, the alarm showed the wrong apartment. Staff thought something was wrong with the system and kept checking the apartment; however, it was the wrong apartment.

Tenant #4 was interviewed and indicated he/she fell and pulled blankets over him/her. The tenant pushed the pendant seven times and stated maybe the pendant was not working because staff kept checking another tenant's apartment when the pendant was activated. Staff found the tenant in the morning. The tenant stated after that incident the tenant's physician ordered checks on him/her three to four times a night and those checks were completed appropriately.

Social Progress Notes dated 10-6-09, indicated the tenant's pendant was not working and the alarm company was called. It was found the alarm system showed a different apartment and the issue was resolved and the tenant's pendant was double checked and given back to the tenant. Tenant #4 told the Social Worker he/she felt comfortable. The tenant's service plan was updated and reflected increased assurance checks. At the time of the fall, the tenant required an a.m. check, according to the tenant's service plan, and staff found the tenant on the floor in the a.m. The required check was completed appropriately; however, the tenant attempted to use the pendant to call for assistance and the alarm did not identify the correct tenant.

- Regulatory Insufficiency: Each tenant shall have access to a 24-hour personal emergency response system that automatically identifies the tenant in distress and can be activated with one touch. (IAC r.481-69.29(1))

D. Other

Complaint Allegation: It was alleged in Complaint #25646-C that administrative staff threatened staff with their jobs, if they reported anything to the Department.

Monitoring Observation: Three staff were interviewed and stated they had not been retaliated against by administrative staff. A community meeting with nine tenants was held and tenants indicated they had not been retaliated against by Administrative staff. The tenants indicated they did not feel their concerns would be listened to by Administrative staff; however, they did not feel any retaliation to the tenants.

- Regulatory Insufficiency: None noted.

Complaint Allegation: It was alleged tenants were not able to visit people in the attached nursing facility.

Monitoring Observation: Three staff were interviewed and indicated tenants were able to go to the nursing facility; however, tenants in the dementia unit needed a staff member to accompany them. A community meeting with nine tenants was held. The tenants indicated they were able to go to the nursing facility if they wanted to visit. One tenant indicated a regulator on his/her oxygen tank went bad and he/she had to stay in his/her apartment for two days because he/she needed to utilize the concentrator when the regulator was not working. The tenant stated he/she was always able to go to the nursing facility except when the regulator was not working.

- Regulatory Insufficiency: None noted.

Monitoring Observation: The program's medication policy was reviewed. The policy stated staff were to check and ensure tenants swallowed the medications and staff were not to leave medication in the tenant's room or by the tenant's plate.

A community meeting with nine tenants was held. Tenants stated medications were left for tenants on the dining room table and the cups were marked. One tenant stated a staff member tried to give him/her the wrong pills. Two tenants that received medication administration assistance indicated they had trouble with their medications. According to

a program document the program assisted 4 of the 11 tenants with medication administration.

The medication policy stated staff were to notify the physician and family when two consecutive doses were refused. If it was a medication that presented a life threatening event, staff were to notify the physician and family after one missed dose.

According to the February 2010 MARs, Tenant #3 refused or had his/her insulin held. For example, Tenant #3's MARs reflected Novolog Flex Pen S/S, four times per day, on 2-1-10, 2-2-10, 2-3-10 at noon were charted as an H with a circle; no explanation was provided on the back of the MAR. Also, on 2-5-10, 2-6-10, 2-7-10 at bedtime, it was charted as an H and again no explanation was provided on the back of the MAR. A review of the December 2009 MARs indicated there were frequent holds of the Novalog and a review of the file indicated there had been no documented contact with the physician in regard to the refusals and the holding of the medication.

According to November 2009, December 2009 and February 2010 MARs, Tenant #4 had frequent refusals of Docusate w/Senna, 50/8.6 mg, 1 tablet by mouth twice daily. The program contacted the tenant's physician and changed the medication schedule to PRN on 2-8-10; however, there had been frequent refusals since November 2009.

The program did not follow policies and procedures regarding medication administration.

- Regulatory Insufficiency: A program's policies and procedures must meet the minimum standards set by applicable requirements. The program shall follow the policies and procedures established by the program. All programs shall have policies and procedures related to the reporting of incidents including allegation of dependent adult abuse. (IAC r.481-67.2)

Monitoring Observation: Four staff files were reviewed.

Staff #4 was hired on 9-5-08 and did not have documented dependant adult abuse training within six months of hire.

- Regulatory Insufficiency: A person required to report cases of dependent adult abuse pursuant to section 235B.3, other than a physician whose professional practice does not regularly involve providing primary health care to adults, shall complete two hours of training relating to the identification and reporting of dependent adult abuse within six months of initial employment or self-employment which involves the examination, attending, counseling, or treatment of adults on a regular basis. Within one month of initial employment or self-employment, the person shall obtain a statement of the abuse reporting requirements from the person's employer or, if self-employed, from the department. The person shall complete at least two hours of additional dependent adult abuse identification and reporting training every five years. (235B.16)

Dated this 30th day of March, 2010.