IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

DEMAND LETTER
CERTIFIED

April 26, 2010

Complaint Intake: #25717-C
Incident Intake: #27568-M

Mary Kathleen Harris, Director of Nursing (DON)
Bert Vigen, Administrator
Oakwood Place at Ridgecrest Retirement Village
4126 Northwest Blvd.
Davenport, IA 52806-4264

RE: I. Final Complaint and Incident Investigation and Recertification Monitoring Report – Oakwood Place at Ridgecrest Retirement Village, Davenport, IA
II. Appeals/Hearings
III. Civil Penalty
IV. Conclusion

Dear Ms. Harris and Mr. Vigen:

Enclosed is the **Final Complaint and Incident Investigation and Recertification Monitoring Report** completed by the Department of Inspections and Appeals (DIA) in accordance with Iowa Code chapter 231C and 481 Iowa Administrative Code (IAC) chapters 67 and 69. The report notes Regulatory Insufficiencies in the areas of: Tenant Documents, Service Plans, Food Service, Staffing, Dementia –specific Education, Record Checks and Other (lack of notification to DIA, tenant rights and lack of following the programs policies). Oakwood Place at Ridgecrest Retirement Village (Program) is being assessed a one thousand five hundred dollar ($1,500.00) civil penalty.

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 IAC chapter 10. If the Program appeals, the civil penalty will be suspended, pending the appeal process.

III. Civil Penalty

If, within thirty (30) days of the receipt of this demand letter, you (1) do not request a formal hearing or withdraw your request for formal hearing, and (2) pay the penalty, the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 231C.14. If you do not wish to request a formal hearing or wish to withdraw your request for formal hearing, please send written notice to the Certification Coordinator and remit the penalty assessed by check or money order in the amount of nine hundred seventy five dollars ($975.00) within 30 business days after the receipt of this demand letter.

IV. Conclusion

The Program is being assessed a $1,500.00 civil penalty. The Plan of Correction (POC) submitted on April 20, 2010, related to the on-site visit dated March 9, 10 and 11, 2010, has been reviewed and is approved.

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 your Certification Coordinator, Chris Nothaft, at 515-281-4116.

Sincerely,

Ann Martin

Ann Martin, Bureau Chief
Adult Services Bureau

Enclosure

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

Assisted Living Program:

Complaint Intake #: 25717-C
27568-M

Mary Kathleen Harris, Director of Nursing (DON)
Oakwood Place at Ridgecrest Retirement Village
4126 Northwest Blvd.
Davenport, IA 52806-4264

Date of Monitoring Visit:

March 9, 10 and 11, 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 Recertification Monitoring Evaluation 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:

An on-site monitoring evaluation was conducted at Oakwood Place at Ridgecrest Retirement Village on March 9, 10 & 11, 2010. 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:	35
Current number of tenants with cognitive disorder:	3
Total Population of GPP:	38

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

Total Population of DSP:	13
Total Census of ALP:	51

***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 eight tenants and one family member was conducted, as well as, three individual tenant interviews. Tenants stated that maintenance issues were addressed promptly and the program was clean and inviting and a nice place to live. Tenants reported a concern, especially during second shift, that staff were being pulled to do cares and/or medications at the Independent Living building, which left them with only one person to help in the Assisted Living. They said staff were polite, courteous and prompt, with an average response time of five to ten minutes and the nurse is available at the health center. Tenants reported that coffee cups were frequently dirty even after washing, the salads have too much acidity and the food temperatures could be improved. They stated it would be nice to have a fresh vegetable plate at meals and more fruit available in the basket. One tenant felt that the kitchen served too many casseroles which made it difficult to follow a diabetic diet. Tenants stated the activities were improving but a few felt they were very limited on evenings and weekends. They said it would help to have reminders of the activities and assistance to get to them. Tenants feel safe at the program but mentioned that even though the doors are locked at night, there are people that come inside the program with tenants. They felt they were able to make their own decisions and all were aware of their rights. Tenants were generally satisfied and would recommend the program to others.

Program History – There have been no substantiated Regulatory Insufficiencies this certification period.

On-Site Monitoring Evaluation – The monitors made the observations detailed in the following areas.

A. Tenant Documents

Monitoring Observation: Tenant #2, 91 years old, was admitted on 6-23-08 with diagnoses of: Hypertension (HTN), Edema, Venous Statis, Chronic Obstructive Pulmonary Disease (COPD), Gastroesophageal Reflux Disease (GERD), Hyperlipidemia, Vertigo, Pain and Urinary Frequency. According to the tenant's narcotic sheets, Medication Administration Records (MARs) and pharmacy and program records, there were 92 tablets of Tramadol unaccounted for between 12-09 and 2-10. The program did not generate an incident report regarding the missing medications.

- Regulatory Insufficiency: Documentation for each tenant shall be maintained by the program and shall include; incident reports involving the tenant, including but not limited to those related to medication errors, accidents, falls, and elopements. (IAC 481 r. 69.25(1)o)

B. Service Plan

Monitoring Observation: Eight tenant files were reviewed. Tenant #1, a 75 year old, was admitted on 10-1-07 with diagnoses of: HTN, Coronary Artery Disease (CAD), Alzheimer's, Dementia, Hyperlipidemia, Anxiety and Pain. The tenant was staged at a six on the Global Deterioration Scale (GDS) which indicated severe cognitive decline. The tenant received Hospice services and resided in the Dementia unit. The service plan dated 12-12-09, did not include interventions for wandering behaviors.

Staff #1, #6 and #7 were interviewed. According to interviews with Staff #6 and #7, on 2-17-10 (Staff #7 wrote a date of 2-18-10; however, the incident in question occurred on 2-17-10) at shift change, Staff #1 spoke in a loud stern voice toward Tenant #1. Staff #6 indicated the tenant had been wandering independently and was about to fall when Staff #1 yelled at Tenant #1 and scolded him/her like a child. Staff #7 stated Staff #1 shouted at the tenant to sit down. Staff #1 stated that on 2-17-10, she used a direct tone of voice and was not yelling however; she was talking as if to a child. Staff #1 stated she had not had instruction on how to handle the Tenant's wandering behavior. The tenant's service plan was not updated until 2-18-10 after the incident to address interventions related to unsteady gait, fatigue and history of falls.

Tenant #2's service plan, dated 12-31-09, indicated the tenant received a one-person assist with a shower; however, documentation on the daily report sheets in February indicated the staff gave the tenant a bed-bath.

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

C. Medications

Complaint Allegation #25717-C: It is alleged that medications were misappropriated.

Monitoring Observation: The files of three tenants who received program administered narcotics were reviewed. The file of Tenant #2 contained discrepancies. MARs for Tenant #2 from 5-09 through 3-10 were reviewed. Tenant #2 had a narcotic order for Alprazolam .25 milligrams (mg), one tablet every eight hours, as needed. According to the Narcotic Record sheet dated 5-28-09, 14 tablets of Alprazolam were destroyed and documented by two different certified medication aides (CMA) and not a licensed staff, as required. The medications were dispensed on 6-4-08 according to pharmacy records and the pharmacist indicated the medications would be good until 6-09. The medications were destroyed approximately one year after dispensing.

According to pharmacy records the Alprazolam was filled with 45 tablets on 6-1-09 and received by the program on 6-3-09. According to the narcotic record sheet and MAR sheets, the tenant received one tablet of Alprazolam on 8-21-09. According to narcotic records on 9-30-09 Staff #8 (CMA) and #9 (RN) destroyed 44 tablets and documented the medication had expired on 6-1-09. Staff #8 was interviewed and stated that she had looked at the expiration date and saw that the pills had expired on 6-1-09, so she and Staff #9 destroyed the medication. The monitor showed Staff #8 a printed pharmacy label and Staff #8 indicated that she had, in error, thought the date dispensed was an expiration date. Staff #9 was interviewed and indicated that the medications had in fact been destroyed because the CMA had asked for her assistance. According to pharmacy records, the pharmacy filled the prescription again on 10-7-09.

Tenant #2 had a physician's order for Tramadol, 50 mg, one tablet four times a day. The program provided written documentation dated 2-11-09, that 92 tablets of Tramadol were missing. According to pharmacy records, the prescription was filled on 12-8-09 with 360 tablets. Between 12-8-09 and 2-10-10, 256 tablets would have been dispensed, assuming they were administered four times a day beginning on 12-8-09. The MAR from December to February indicated that the Tramadol was administered consistently four times a day. According to Narcotic Record sheets, the medication Tramadol was removed from the locked compartment in the tenant's room on 2-11-10 to be kept in the medication room and counted as a narcotic. On 2-11-10, twelve tablets remained and eleven were removed from the tenant's room which left 92 tablets unaccounted for. According to an interview with the Director of Nursing (DON), all CMAs and the DON have access to keys to the locked drawers in the tenant's room. The DON interviewed all staff members who had access to the medications and did not identify a suspect. The monitors were unable to identify a perpetrator due to the number of persons who had access and opportunity to misappropriate the medications.

- Regulatory Insufficiency: None Noted

D. Food Service

Monitoring Observation: Five staff files were reviewed. Staff #1, #2, and #3 did not have evidence of an annual in-service training on food safety. Staff #5 did not have an orientation on safe food handling, prior to handling food. The documentation for Staff #4 was not dated.

- Regulatory Insufficiency: Personnel who are employed by or contract with the program and who are responsible for food preparation or service, or both food preparation and service, shall have an orientation on sanitation and safe food handling prior to handling food and shall have an annual in-service training on food protection. (IAC 481 r. 69.28(5))

E. Staffing

Monitoring Observation: Five staff files were reviewed. Staff #4 and #5 did not have registered nurse delegation related to activities of daily living.

Documentation signed by the nurse, related to ostomy care, indicated the direction for staff to read and sign. According to this program record, delegation of ostomy care did not involve demonstration and return demonstration of this task.

The tenants' daily report sheets, service plans and shower/whirlpool schedule were reviewed. These documents indicated bathing was not consistently completed as planned for on the signed service agreements for Tenants #2, #3, #4 and #5. During a community meeting, the tenant's reported a concern, especially during second shift, that staff were being pulled to do cares and/or medications at the Independent Living which left them with only one person to help.

- Regulatory Insufficiency: A sufficient number of trained staff shall be available at all times to fully meet tenant's identified needs. (IAC 481 r. 67.9(1))

F. Dementia-specific education for program personnel

Monitoring Observation: Five staff files were reviewed. Staff #1, #2 and #4 did not have appropriate dementia training annually.

- Regulatory Insufficiency: All personnel employed by or contracting with a dementia-specific program shall receive a minimum of eight hours dementia-specific education and training within 30 days of either employment or the beginning date of the contract, as applicable. (IAC 481 r. 69.30(1))

G. Record Checks

Monitoring Observation: Five staff files were reviewed. Staff #1 was hired on 9-22-08 and continues employment at the current time. Background checks were completed on 9-8-08 and revealed a possible hit for dependent adult abuse and further research required for criminal background check. An Iowa Record Check request indicated no record was found on 9-10-08. A request for dependent adult abuse registry information revealed there was no history; however, it was not completed until 3-10-10. The program's Human Resources staff provided a written statement regarding Staff #1's background checks. According to the staff, background checks were completed 9-8-08 and revealed possible hits for dependent adult abuse and criminal history. DCI clearance was received on 9-10-08 and she believed that clearance covered both registries. She documented that Staff #1 was the first background check she had completed with hits on both the criminal and dependent adult abuse checks.

Staff #5 was hired on 11-11-09. The background checks were not completed until 12-9-09.

- Regulatory Insufficiency: Pursuant to Iowa code section 135C.33, a prospective employee of a program shall have a criminal history check, dependent adult abuse, and child abuse check performed before the prospective employee starts work. If a prospective employee has a criminal history or an abuse history, the prospective employee shall not be employed by the program unless the department of Human Services has performed an evaluation and determined that the record does not warrant the employment prohibition. Proof of the pre-employment background check shall be maintained in the program's employee file. The program must meet all requirements of Iowa Code 135C.33 and administrative rules adopted pursuant to Iowa Code section 135C.33. (IAC 481 r. 67.9(3))

H. Other

Incident Allegation #27568-M: The program reported potential verbal abuse.

Monitoring Observation: Staff #1, #6 and #7 were interviewed. According to interviews with Staff #6 and #7 on 2-17-10, (Staff #7 wrote a date of 2-18-10; however, the incident in question occurred on 2-17-10) at shift change, Staff #1 spoke in a loud stern voice toward Tenant #1. Staff #6 indicated the tenant had been wandering independently and was about to fall when Staff #1 yelled at Tenant #1 and scolded him/her like a child. Staff #7 stated Staff #1 shouted at the tenant to sit down. Staff #1 stated that on 2-17-10, she used a direct tone of voice and was not yelling; however, was talking to the tenant as she would a child.

Staff #1 stated that she had not had instruction on how to handle Tenant #1's wandering behavior.

- Regulatory Insufficiency: All tenants have the following rights: to be treated with consideration, respect, and full recognition of personal dignity and autonomy. (IAC 481 r. 67.3(1))

Monitoring Observation: Tenant #2 file was reviewed. According to the tenant's narcotic sheets, MARs, pharmacy and program records, there were 92 tablets of Tramadol unaccounted for between 12-09 and 2-10. The alleged dependent adult abuse was not reported to DIA within 24 hours or the next business day as appropriate.

- Regulatory Insufficiency: Reporting suspected dependent adult abuse in facilities or programs. If a staff member is required to make a report pursuant to this rule, the staff member or employee shall immediately notify the person in charge or the person's designated agent who shall then notify the Department within 24 hours of such notification or the next business day. (IAC 481r 52.2 (2) a))

Monitoring Observation: The program provided an undated policy regarding the disposal of medications. According to the policy, expiration dates were to be checked for all medications to make sure they are current and two individuals (one of which must be an RN) must witness the disposal of a single dose of medication.

Tenant #2 had an order for Alprazolam .25 milligrams (mg), one tablet every eight hours as needed. According to the Narcotic Record sheet dated 5-28-09, 14 tablets of Alprazolam were destroyed and documented by two different certified medication aides (CMA) and not with one licensed staff, as required.

According to Tenant #2's narcotic record dated 9-30-09 Staff #8 (CMA) and #9 (RN) destroyed 44 tablets and documented the medication had expired on 6-1-09. Staff #8 was interviewed and stated that she had looked at the expiration date and saw that the pills had expired on 6-1-09, so she and Staff #9 destroyed the medication. The monitor showed Staff #8 a printed pharmacy label and Staff #8 indicated that she had, in error, thought the date dispensed was an expiration date. Staff #9 was interviewed and indicated that the medications had in fact been destroyed because the CMA had asked for her assistance.

- 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 allegations of dependent adult abuse. (IAC 481 r. 67.2)

Dated this 26th day of April, 2010.