IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

June 9, 2010

Complaint Intake #: 28381-C

Ms. Jackie Scott, Director of Housing
Oak Park Place Assisted Living
1381 Oak Park Place
Dubuque, IA 52002-2286

RE: Complaint Investigation Report, Oak Park Place Assisted Living, Dubuque, IA

Dear Ms. Scott:

The Department of Inspections and Appeals (DIA) has reviewed the Plan of Correction (POC) in response to the Complaint Investigation Report dated April 14 & 15, 2010. Based on the information provided, DIA accepts the POC. No further action on the part of the program is necessary.

We appreciate your prompt action in correcting the Regulatory Insufficiency. 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 #: 28381-C**

Ms. Jackie Scott, Director of Housing
Oak Park Place Assisted Living
1381 Oak Park Place
Dubuque, IA 52002-2286

Date of Investigation:

April 14 & 15, 2010

Monitor(s):

Hal L. Chase, RN BSN MPH
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. 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 (GDS) 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 on-site visit was conducted at Oak Park Place Assisted Living on April 14 & 15, 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:	32
Current number of tenants with cognitive disorder:	4
Total Population of GPP:	36

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

Total Population of DSP:	19
Total Census of ALP:	55

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

Program History – There were substantiated Regulatory Insufficiencies this certification period in the areas of: Evaluation of Tenants, Service Plans, Nurse Review and Staffing.

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

A. Evaluation of Tenant

Complaint Allegation: It was alleged a tenant was diagnosed with a Urinary Tract Infection (UTI) and received an order for antibiotics. The order was not faxed to a pharmacy for 10 days. It was alleged staff told the Director of Nursing (DON) the tenant had not received the antibiotics and the DON told staff the Licensed Practical Nurse (LPN) would manage it. It was alleged, while waiting for the antibiotics, a tenant was sick, had odorous urine, weight loss, reddened perineum, red face and was sweating.

Monitoring Observation: Tenant #1, 72 years old, was admitted on 5-12-07 and has diagnoses of: Dementia with Behavioral Disturbances, Fatigue and Malaise. The tenant was staged at a six on the Global Deterioration Scale (GDS), which indicated severe cognitive decline and resided in the dementia unit. According to weekly weight documentation between 2-9-10 and 4-13-10, the tenant lost eight pounds. A service plan dated 3-22-10 indicated the tenant had an eight pound weight loss. A dietary supplement was ordered twice daily and staff were to push fluids throughout the day to promote hydration. Evaluations and service plans were updated appropriately.

According to health and functional evaluations, the tenant was diagnosed with a UTI on 7-21-09 and treated with antibiotic therapy, Cipro, 250 mg twice daily for five days. Medication Administration Records (MARs) indicated medication was given 7-21-09 – 7-26-09. On 2-3-09 the tenant was hospitalized and had a positive UTI which was treated during hospitalization. The tenant returned to the program on 2-4-10 and antibiotic therapy continued. MARs indicated, Cipro, 250mg once daily was given for six days between 2-4-10 and 2-10-10. On 3-22-10 a Urinalysis (UA) was obtained and antibiotic therapy was started. MARs indicated, Ceftin, 250mg – twice daily was given for five days, between 3-23-10 – 3-27-10 and then one tablet was given a daily prophylactic starting 3-28-10. A health and functional evaluation dated 2-4-10 indicated the tenant continued to be incontinent of urine and stool. MARs dated February and March, 2010 indicated the tenant was treated with BAZA protective crème four times daily to affected area. Pharmacy dispense records indicated BAZA protective crème was dispensed on 2-4-10.

Pharmacy records indicated the pharmacy policy states the dispensed date and delivery date are the same. Dispense records indicated, Cipro, 250mg, 10 tablets, were dispensed on 7-21-09. On 2-4-10, Cipro, 250mg, six tablets, were dispensed. On 3-22-10, Ceftin, 250mg, 10 tablets, were dispensed. Physician orders, MARs and pharmacy records indicated antibiotic therapy was given as ordered.

Staff #7, Licensed Practical Nurse (LPN), was interviewed and stated the process for implementing physician orders were: receive an order from the physician, fax the order to the pharmacy, transcribe the order to the MARs, note the order by the DON or LPN and administer medications as ordered. She stated she was not aware of any tenant not receiving medications they were prescribed.

Staff #1, #2, #3 and #4 stated tenants were receiving medications related to the treatment of infections and UTIs. The DON stated there has not been a problem with the administration of medications.

Complaint Allegation: It was alleged a tenant transferred form the general population to the dementia unit and is losing weight because he/she is not eating. It was alleged staff prompted the tenant to eat; however, the tenant was not eating and staff asked if the tenant's spouse can come to the dementia unit and eat meals with the tenant. It was alleged the tenant calls out for the spouse.

Monitoring Observation: Tenant #4, 92 years old, was admitted on 9-15-07 and has diagnoses of: Dementia, Gastroesophageal Reflux Disease (GERD) and Arteriosclerotic Heart Disease (ASHD). The tenant was staged at a six on the GDS, which indicated severe cognitive decline, and resided in the dementia unit. The tenant moved to the dementia unit on 3-13-10 and evaluations and a service plan were updated appropriately. The service plan dated 3-13-10 addressed the tenant's appetite and assistance required at meals. The service plan addressed the tenant calling out trying to find his/her spouse and interventions related to this behavior. According to documentation of weekly weights, the tenant's weight remained at 128 pounds between 3-23-10 and 4-13-10. The tenant's spouse was interviewed and stated he/she eats three meals daily with the tenant. The spouse stated there were no restrictions in visiting the tenant and the tenant eats better with him/her there. The monitor observed the tenant and his/her spouse eating breakfast in the dementia unit, the tenant ate slowly and took small bites of food.

- Regulatory Insufficiency: None noted.

B. Tenant Documents

Complaint Allegation: It was alleged an LPN faxed an order to a pharmacy 10 days after the order was written. It was alleged the start date on the medication sheet was written as the date the antibiotics arrived and not the day the medications were ordered.

Monitoring Observation: Tenant #1's file was reviewed. According to health and functional evaluations, the tenant was diagnosed with a UTI and treated with antibiotic therapy on 7-21-09. The tenant received Cipro, 250 mg twice daily, for five days. MARs indicated medication was given from 7-21-09 through 7-26-09. On 2-3-10, the tenant was hospitalized and tested positive for a UTI which was treated during hospitalization. The tenant returned to the program on 2-4-10 and antibiotic therapy continued. MARs indicated, Cipro, 250mg once daily was given for six days, from 2-4-10 through 2-10-10. On 3-22-10 a urinalysis was obtained and antibiotic therapy was again started. MARs indicated, Ceftin, 250 mg, twice daily was given for five days, from 3-23-10 through 3-27-10 and then one tablet daily of a prophylactic was given starting 3-28-10. Health and functional evaluations dated 2-4-10 indicated the tenant continued to be incontinent of urine and stool.

Pharmacy records indicated the dispensed date and delivery date of the medication was the same. Dispensed records indicated 10 tablets of Cipro, 250 mg, were dispensed on 7-21-09, on 2-4-10 six tablets of, Cipro, 250mg, were dispensed and on 3-22-10, 10 tablets of Ceftin, 250 mg, were dispensed. Physician orders, MARs and pharmacy records indicated antibiotic therapy was given as ordered.

Staff #7, LPN, was interviewed and stated the process for implementing physician orders include; receiving an order from the physician, faxing the order to the pharmacy, transcribing the order to the MARs, noting the order by the DON or LPN and

administering the medications ordered. She stated she was not aware of any tenant not receiving medications as prescribed.

Staff #1, #2, #3 and #4 stated tenants were receiving medications related to treating infections and UTIs. The DON stated there has not been a problem with administration of medications.

- Regulatory Insufficiency: None noted.

C. Medications

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

Monitoring Observation: During the on-site investigation, a monitor reviewed the MARs for 4-1-10 through 4-14-10. Medications were not documented as given or not given to the following tenants:

Tenant	Medication Treatment	Date & time recorded
5	Check Blood Pressure and Pulse every a.m.	No pulse documented for 4-13-10.
5	Check to ensure medications are taken out of medication planner in the a.m. and at 6:00 p.m.	Not documented as completed at 6:00 p.m.
6	Metoprol Tar tablet, 0.5 mg, twice daily.	Documented and circled on 4-4-10 without an explanation.
7	TED hose, apply in the a.m. and take off at night.	Not documented as removed at night on 4-2-10, 4-7-10 and 4-12-10.
8	Acetaminophen, 325 mg, two tablets three times daily while awake.	Not documented as given at noon on 4-13-10.
8	Timolol MAL Solution, 0.5% OP, one drop in the a.m. after taking pulse.	Pulse not documented on 4-13-10.
9	Multivitamin, one tablet daily at 8:00 a.m.	Not documented as given on 4-13-10.
10	Acyclovir 800 mg tablet, one tablet five times daily for 10 days.	Not documented as given on 4-9-10 at 10:00 p.m.and 4-12-10 at 10:00 p.m.
11	Accu-checks four times daily before meals and at bedtime and Insulin per sliding scale.	Accu-check was completed on 4-11-10 at 4:00 p.m. and 4-13-10 at 12:00 p.m. but not initialed. On 4-13-10 sliding scale Insulin was not documented as given at 4:00 p.m.
12	Aspirin, 325 mg, one tablet daily.	Not documented as given on 4-13-10.
12	Depakote ER, 500 mg, one tablet daily.	Not documented as given on 4-13-10.
12	Propanolol ER, 60 mg, one capsule daily.	Not documented as given on 4-13-10.
12	Risperidone, 0.5 mg tablet, once daily.	Not documented as given on 4-13-10.

12	Triamt/HCTZ, 37.5mg/25mg, take 0.5mg daily.	Not documented as given on 4-13-10.
12	Lorazepam, 0.25mg, once daily.	Not documented as given on 4-13-10.
12	Clotrimazole Cream, 1%, apply to affected area twice daily.	Not documented as given on 4-13-10 at 8:00 a.m.
12	Place washcloth daily under breast and abdominal fold until healed.	Not documented as completed on 4-8-10 and 4-13-10.
12	Docusate Sodium Capsule, 100 mg, twice daily.	Not documented as given on 4-13-10.

- 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 registered nurse 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)).

D. Staffing

Complaint Allegation: It was alleged program doors were locked at 8:00 p.m. and visitors use a phone to call staff's cell phone. It was alleged three weeks ago, a tenant came back to the program with a family member. They tried to call staff and pounded on the doors and no one answered. After no response, the family member crawled through a first floor window to let the tenant in. It was alleged staff did not often carry the phones on their person and they requested clips so they could carry the phones but their request had been ignored.

Monitoring Observation: According to the DON, the front door automatically locks at 8:00 p.m. and there is a phone in the foyer to call staff. Staff either buzz visitors in or come to the door to let them in. The DON stated no tenants or staff had expressed concerns about not having access to the building. Tenants and family were given instructions on how to gain access through the front door after 8:00 p.m.

The monitors observed instructions posted by the front door in regard to how to access the building after hours. Staff #4 stated visitors press a button, which notified staff who respond and unlock the door.

Staff #1, #2 and #5 stated there had not been any issues with tenants, visitors or families not able to get into the building after hours. Staff #3 stated there had been two instances where the phone did not ring loudly and tenants and visitors had to wait at least eight minutes before someone came to the front door. She stated there is a code given to the tenants to open the front door, but tenants have forgotten the code. Tenants and visitors can enter into the entry way while waiting for the inner doors to open. Staff #4 stated a few months ago he heard there was an issue with someone not getting into the building. Staff #6 stated there were issues with tenants and visitors getting into the building after hours only if the phone tower was knocked over in the medication room. She stated this did not occur very often and she had been instructed on the issue.

According to Staff #8, the sales/marketing director, the front door locks at 8:00 p.m. each day. Instructions on how to reach someone inside the building are posted in the vestibule. Upon move in, each tenant receives a tag to place on their key chain that is printed with the security code which opens the front door.

Four tenants were interviewed. Three of four tenants had no issues with getting into the building after hours. Tenant council meeting notes for the last three months were reviewed and indicated there were no concerns with staffing or with tenants or visitors getting into the building after hours. One tenant stated sometime last year, his/her family member pushed the button to get into the building and no one responded. The tenant's family member climbed through a window to let the tenant in. The tenant stated this was the only time this occurred.

Three family members were interviewed. One family member stated approximately seven to eight months ago there was an issue of not getting in the front door; however, this had been corrected and there had been no other issues.

The personal emergency response system (PERS) documentation was reviewed between 4-8-10 and 4-14-10 and indicated the highest average staff response time was six minutes.

Staff #1 and #2 stated the person responsible for administering medications carries the portable telephone. All staff carries walkie talkies and pagers. When tenants call for assistance staff are notified via their pagers. Staff #1, #2, #3, #4, #5 and #6 state staff carry their phones, pagers and walkie talkies and no staff have left their phones. Staff #2 stated the phone had clips and she put these devices into her pockets. Staff #4 stated they wear them on their hip or in their pocket. Staff #5 stated clips were available.

The DON stated the staff responsible for administering medications have a phone and the dementia unit has a phone. She stated all staff wear pagers and have walkie talkies. Staff respond to calls for assistance within 30 seconds to three minutes and none of the tenants have complained of staff not responding to a page.

Staff #1, #2, #3, #4 and #6 have documented training records that indicate they had training on the guidelines for the phone system.

The tenant council meeting minutes for the past three months were reviewed and there were no concerns stated regarding staff answering calls or requests for assistance.

Complaint Allegation: It was alleged that, about a month ago, a tenant fell, laid on the floor for two hours and had a fractured hip. It was alleged staff working that night assisted the tenant to the toilet and sat the tenant down too hard, which caused the fracture. It was alleged the tenant required stand by assistance and that staff did not need to use gait belts.

Monitoring Observation: Tenant #2, 73 years old, was admitted on 5-13-07 and has diagnoses of: Depression, Bipolar Disorder and Cellulitis. The tenant was discharged on 3-6-10. According to an incident/accident report dated 12-19-09 at 10:20 a.m., the tenant was found on his/her back in the hallway. The tenant stated he/she was in a hurry to get back to his/her apartment and lost his/her balance. The report indicated the tenant did not have any complaints of pain. According to interdisciplinary progress notes dated 12-19-09, staff answered a page, found the tenant lying on his/her back in the hallway, the tenant had no complaints of pain and was assisted to his/her feet and back to his/her room. Approximately one and half hours later, the tenant was calling out in pain and the tenant's family transported the tenant to the hospital emergency room (ER). The hospital called and indicated the tenant was admitted with a diagnosis of a Right Hip Fracture. According to the service plan dated 12-16-09, the tenant ambulated independently with a front wheeled walker and was

independent with transfers. According to the PERS documentation, the tenant activated the pendant at 10:11 a.m. and staff responded in four minutes and three seconds. PERS records between 12-4-09 and 12-19-09 indicated the average response time was less than three minutes for a total of 486 calls.

The tenant was interviewed and did not recall any falls. According to the tenant's legal representative the tenant had fallen in the hallway on the way back to his/her apartment. Staff responded quickly, within a couple of minutes, and notified the legal representative about the fall. The legal representative stated staff were responsive to the tenant's needs and treated the tenant well. She stated the tenant had a history of falls and staff were attentive to this.

Staff #2 stated she was working the day the tenant fell and had a hip fracture and the tenant had come out for breakfast that day. The tenant paged and was found on the floor in the hallway. Vitals were obtained and the tenant did not have any complaints of pain. She stated later in the day, the tenant reported pain and the tenant's family came and took the tenant to the ER. She stated the tenant could get up and down from the toilet independently, transferred independently and ambulated independently with a walker.

Staff #1, #2, #3, #4 stated staff were not aggressive during cares. Staff #1, #2, #3, #4, #5 and #6 had documented nurse delegated training regarding transfers.

Complaint Allegation: It was alleged three staff were found sleeping, while working, and were written up.

Monitoring Observation: Staff #1, #2, #4, #5 and #6 stated there had been no staff found sleeping while on duty. Staff #3 stated she heard third shift staff were sleeping on duty six to seven months ago.

The DON stated it was reported in October, 2009, staff had been sleeping at night. An investigation was completed and determined staff were not sleeping. The DON completed random checks at night.

Two third shift staff were interviewed. Staff #5 stated sometimes staff slept on their unpaid lunch break and Staff #6 stated they slept during unpaid lunch breaks, in the break room: however, it rarely occurred. She stated there was always staff coverage in the general population program and dementia unit. Staff #1, #2, #3 and #6 stated there were sufficient staff to meet the needs of tenants.

PERS records were reviewed from 4-8-10 through 4-14-10 indicated the highest average staff response time was six minutes.

Four tenants were interviewed and indicated staff responded to requests for assistance promptly. The tenant council meeting minutes for the past three months were reviewed and there were no concerns regarding staff answering calls or requests for assistance.

- Regulatory Insufficiency: None noted.

E. Other

Complaint Allegation: It was alleged when dietary staff leave the area the refrigerators are locked and only staff have access to snacks, such as, pudding and juice.

Monitoring Observation: Staff #2, #3, #4, #6 and the DON stated snacks were always available for tenants. Staff #3 stated the refrigerator in the dementia unit was always unlocked. Staff #4 stated kitchen staff lock the refrigerator in the kitchen at 8:00 p.m. and the refrigerator in the dementia unit is always unlocked. Staff #6 stated only the refrigerator that stores medications is locked and all other refrigerators are unlocked.

Tenant council meeting notes for the last three months were reviewed and indicated there were no concerns regarding the availability of snacks and the refrigerators being locked.

- Regulatory Insufficiency: None noted.

Dated this 9th day of June, 2010.