IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

DEAN A. LERNER, DIRECTOR

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

Complaint Intake: 28602-C
28603-C
28513-C
Incident Intake: 28520-I

August 10, 2010

Ms. Kathy Harris, Director of Nursing
Oakwood Place Assisted Living
4130 Northwest Blvd.
Davenport, IA 52806-4243

RE: Final Incident and Complaint Investigation Report – Oakwood Place Assisted Living, Davenport, IA

Dear Ms. Harris:

Enclosed is the **Final Incident and Complaint Investigation Report** completed by the Department of Inspections and Appeals (DIA) in accordance with Iowa Code chapter 231C and Iowa Administrative Code (IAC) chapters 481—67 and 481—69.

DIA has reviewed your Plan of Correction (POC) in response to the **Preliminary Incident and Complaint Investigation Report.** Based upon a complete review of the Report and your actions to correct the identified Regulatory Insufficiencies, DIA accepts your POC.

As you are aware, the re-certification survey was completed March 9 – 11, 2010. Your plan of correction for the re-certification survey gave a proposed date of correction as April 20, 2010. On April 26, 2010, you were sent the final regulatory insufficiencies and notification of a $1500 civil monetary penalty.

Following completion of the survey, DIA received three complaints and a self-reported incident related to the program, which were investigated on April 28 & 29, and May 3 & 4, 2010. Based on the findings from this visit, you were notified of the imposition of a $4000 civil monetary penalty for failure to comply with applicable requirements within prescribed time frames. A request for reconsideration was timely submitted in accordance with 481—67.10(6).

The request for reconsideration is denied as to the regulatory insufficiencies cited in the report. However, further review of the timeline does not support the program's failure to comply within prescribed time frames; therefore, the fine of $4000 will be rescinded.

If you have any questions regarding the above, please contact me at 515/281-5077.

Sincerely,

Ann Martin

Ann Martin, Bureau Chief
Adult Services Bureau

Enclosure

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

Assisted Living Program:

Kathy Harris, Director of Nursing
Oakwood Place Assisted Living
4130 Northwest Blvd
Davenport, IA 52806-4243

Incident Intake #: 28602-C
28603-C
28513-C
28520-I

Date of Incident Investigation:

April 28 & 29, 2010
May 3 & 4, 2010

Monitor(s):

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 an Incident 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:

An on-site visit was conducted at Oakwood Place on April 28 & 29& May 3 & 4, 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:	44
Current number of tenants with cognitive disorder:	2
Total Population of GPP:	46

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

Total Population of DSP:	12
Total Census of ALP:	58

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

Tenant/Family Satisfaction Results – Not applicable.

Program History – There were substantiated Regulatory Insufficiencies this certification period in the areas of: Tenant Documents, Service Plans, Food Service, Staffing, Dementia-Specific Education, Record Checks and Other (tenant rights, lack of notification to DIA, lack of following the programs policies and procedures).

The on-site complaint and incident investigation on March 9, 10 and 11, 2010 resulted in a civil penalty of $1,500.00. There were Regulatory Insufficiencies in the following areas: Tenant Documents, Service Plans, Food Service, Staffing, Dementia-Specific Education, Record Checks and Other (tenant rights, lack of notification to DIA, lack of following the programs policies and procedures).

On-site Complaint and Incident Investigation – The monitor(s) made the observations detailed in the following areas.

A. Tenant Documents

During the course of the investigation, the follow information was obtained.

Monitoring Observation: Tenant #1, 89 years old, was admitted on 7-15-07 and diagnoses include: Hypertension (HTN), Inflammation, Benign Prostate Hypertrophy (BPH), Alzheimer's Disease, Hyperlipidemia and Prostate Cancer. The tenant was staged at a six on the Global Deterioration Scale (GDS), which indicated severe cognitive impairment. According to Resident Notes dated 4-25-10, the tenant was found sitting on the edge of the bed shaking and tapping his/her legs. The tenant had multiple abrasions and bruising and was bleeding from the mouth. The tenant showed an altered mental status and was alert, but unable to answer questions. The tenant was transferred to the hospital and returned to the program on 4-27-10. According to hospital records dated 4-27-10, the primary discharge diagnosis was a fall, likely secondary to dementia and delirium. An incident report related to this occurrence was not completed.

Tenant #6, 85 years old, was admitted on 11-17-08 and diagnoses include: Dementia, Depression, Edema, HTN, Hyperlipidemia, Cardiomyopathy, Pacemaker and a Benign Pituitary Tumor. The tenant was staged at a six on the GDS, which indicated severe cognitive impairment and resided in the dementia unit. According to Resident Notes dated 2-24-10, an order was received to discontinue Alprazolam, 0.25 mg, every six hours as needed, due to non-use. The order was written and sent to the pharmacy. The DON indicated she was working in Staff #9's former office and found a narcotic control sheet pertaining to medication that had been discontinued. The DON was unable to find the medications that went with the narcotic sheet. Staff #6 indicated she gave 26 tablets of the discontinued Alprazolam to Staff #9, a Licensed Practical Nurse (LPN). Staff #9 indicated she never received the tablets and she did not have knowledge of the whereabouts of the 26 missing tablets. An incident report related to the missing medications was not completed.

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

B. Staffing

Complaint Allegation #28603-C: It was alleged a tenant in the dementia unit was not toileted appropriately.

Monitoring Observation: Staff #4, #5 and #6 indicated tenants received appropriate cares, including toileting. Staff #5 stated tenants were toileted, protective undergarments were changed appropriately and there were no tenants with skin breakdown. Staff #6 stated when staff were aware a tenant was incontinent the tenant was assisted and there were no tenants with skin breakdown. The DON stated tenants were toileted appropriately.

A tenant interview and family interviews were held. They stated cares were provided and there were no concerns regarding cares. One family member stated he/she was amazed at the amount of care given and staff seemed to be very caring.

Service plans for Tenants #2, #5 and #6, reflected toileting assistance.

- Regulatory Insufficiency: None noted.

Complaint Allegation #28603-C: It was alleged a staff in the dementia unit was verbally abusing a tenant and was rude and loud.

Monitoring Observation: Staff #1, #2, #3, #4, #5 and #6 stated tenants were not physically or verbally harmed by staff. The DON stated no staff had been verbally abusive towards tenants, beyond the allegations of abuse that were previously submitted to the Department. She stated she did not have leniency toward any staff regarding complaints or concerns.

A tenant and family interviews were held. They did not identify any staff that were verbally abusive or rude to tenants. Two family members stated Staff #6 had a good technique, was professional and kind.

- Regulatory Insufficiency: None noted.

Complaint Allegation #28513-C: It was alleged a staff member threatened other staff in front of tenants and family.

Monitoring Observation: Staff #4, #5 and #6 stated there were no staff conflicts in front of tenants or families. The DON stated there were no staff conflicts in front of tenants or families and she had no complaints regarding this issue.

Tenant and family interviews were held and no one identified any concerns with staff conflicts occurring in front of tenants or families.

- Regulatory Insufficiency: None noted.

Complaint Allegation #28602-C: It was alleged the nurse did not follow up appropriately when a tenant's condition changed.

Monitoring Observation: Tenant #4's file was reviewed during an on-site by DIA in December 2009. At that visit, there were no regulatory insufficiencies given pertaining to the review of Tenant #4's file. The tenant was discharged on 12-2-09.

Tenant #1's file was reviewed. The tenant had a doctor's order for Coumadin and on 4-23-10 the tenant's International Normalized Ratio (INR) was high at 4.6, and a new order was received for Coumadin, 3 mg tablets, take 1 tablet by mouth on Saturday and Coumadin, 4 mg tablets, take 1 tablet six days a week except Saturday. The Medication Administration Records (MARs) indicated medications were administered per order. The tenant had a dental appointment on 4-21-10. According to the DON, between 8:30-9:00 p.m. on 4-24-10 a staff reported the tenant had a large amount of bleeding from the mouth. The DON responded by going to the tenant's apartment where she noted blood

on the tenant's pillow. It was not bright red but was pink and mixed with saliva. No open areas were noted on the tenant's face or head. The tenant was given a salt water rinse, three times, and the bleeding stopped. The DON looked in the tenant's mouth and did not see any open areas and no bleeding from the gums. The tenant's tongue, throat and inside cheeks looked normal with no swelling, redness or painful areas. The tenant was not in respiratory distress and the tenant's radial pulse was strong and regular. The tenant had normal confusion. The DON stated she instructed staff to assist the tenant to bed, to check on the tenant during the night and to call the DON with any concerns. The staff voiced understanding and the DON left.

According to Resident Notes dated 4-25-10 at 7:10 a.m., the tenant was found sitting on the edge of the bed shaking and taping his/her legs. The tenant had multiple abrasions and bruising noted and was bleeding from the mouth. The tenant showed altered mental status and was alert but unable to answer questions.

Staff #1 stated she found the tenant on 4-25-10, with blood on his/her pillowcase and sheets. The tenant was shaking and had some right side droopiness. The tenant reported he/she fell; however, did not remember when. Staff #8, a nurse from the health center, was called and arrived quickly. The nurse assessed the tenant and had the tenant sent to the hospital.

Staff #8, the nurse from the health center, stated she was called and responded in less than five minutes. The tenant had some abrasions on his/her head, was shaky and had blood in his/her mouth. She stated there was a little blood on the sheets and she was not concerned with the blood loss. She called the medics and they arrived and took the tenant to the hospital. The hospital reported it was assumed the tenant bit his/her tongue and a fall or seizure could not be ruled out.

According to hospital records, the tenant's INR on 4-25-10 was in the normal range at 2.2. The tenant's primary discharge diagnosis was a fall, likely secondary to dementia and delirium. The tenant returned to the program on 4-27-10 and evaluations and the service plan were updated. The service plan indicated staff were to notify the nurse if there were increased or unusual bruising or bleeding.

Staff #2 and #3 stated the DON was responsive to the tenant's change of condition. Staff #1 stated the DON answered when she was on-call.

- Regulatory Insufficiency: None noted.

C. Activities

Complaint Allegation #28603-C: It was alleged there were not sufficient activities offered for tenants in the dementia unit and all tenants are not included.

Monitoring Observation: Staff #1, #2, #3, #4, #5 and #6 stated there were sufficient activities. The DON stated Tenant #2 had one on one activities and was a good passive observer. She stated she was very proud of the activity program and there had not been any tenant or family complaints regarding activities. She stated staff had sufficient time to complete cares and activities. Staff #5 stated Tenant #2 came out for activities and observed, Staff #6 stated Tenant #2 participated in activities, including; one-on-one

activities and Staff #7 stated Tenant #2 interacted in activities, including; a ball toss and making greeting cards for the troops.

A tenant and family interviews were held. The tenant and family members stated there were sufficient activities offered. Some family members thought more activities could be offered; however, did not indicate the activities were insufficient.

- Regulatory Insufficiency: None noted.

D. Other

Incident Allegation #28520-I: It was reported by the program a tenant had bruising of an unknown origin.

Monitoring Observation: Tenant #3, 88 years old, was admitted on 4-8-10 and diagnoses include: Dementia, HTN and Diabetes Mellitus. The tenant was staged at a five on the GDS, which indicated moderately severe cognitive impairment, and resided in the dementia unit. According to Resident Notes dated 4-15-10, staff reported the tenant had several bruises on his/her thighs and between the legs. The nurse assessed and noted four bruises, one on the top right thigh was fading to light purple, one on the back right thigh was fading to purple/green, a third bruise on the right thigh was fading to purple and a fourth bruise on the inner left thigh was fading to purple, green and brown. The nurse noted no swelling or tenderness. The tenant denied an injury. The nurse noted the perineum was normal. The nurse notified the tenant's legal representative and the tenant's doctor was made aware of the bruises. According to notes dated 4-16-10, the nurse left a message with the tenant's legal representative asking permission to make an appointment with the tenant's doctor. Notes dated 4-16-10, indicated the nurse discussed the bruising with the tenant's legal representative and he was not aware of any falls or incidents. The nurse faxed the incident report and information related to the bruising to the tenant's doctor and the doctor did not feel a visit was needed.

The DON was interviewed and stated that the second shift staff reported unusual bruising to her and she assessed the tenant immediately. She found some old bruises that were healing. She did not observe any defensive wounds or swelling and the tenant did not report any pain. She stated the tenant was not fearful. There were not any unusual visitors and the DON did not have any concerns about staff or tenants being aggressive with the tenant. The tenant has had no issues since the incident and the DON monitored the bruises. An incident report was completed and the Department was notified appropriately. The tenant's evaluations and service plan were updated to indicate staff should monitor skin changes and report any changes to the nurse.

Staff did not identify any staff that were physically, verbally or sexually inappropriate with tenants or any tenants that were physically, verbally or sexually inappropriate with other tenants or staff.

Tenant #3's legal representative was interviewed and stated he was pleased with the tenant's care and had no concerns that the bruises were related to abuse as the tenant had a tendency to bump into things. He stated he was not alarmed when he was notified of the bruises and he stated the tenant had fallen while at home. The tenant's doctor was notified of the bruising and stated the tenant did not need to be seen.

It could not be determined at the time of the investigation where, when or how the bruises occurred.

- Regulatory Insufficiency: None noted.

Complaint Allegation #28513-C: It was alleged a tenant in the dementia unit had medications missing and the tenant's family was not aware.

Monitoring Observation: Tenant #6's file was reviewed. According to Resident Notes dated 2-24-10, an order was received to discontinue the tenant's Alprazolam, 0.25 mg, every six hours as needed due to non-use. The DON indicated she was working in Staff #9's former office and found a narcotic control sheet pertaining to medication that had been discontinued. The DON was unable to find the medications that went with the narcotic sheet. The order was written and sent to the pharmacy. Staff #6 indicated she gave 26 tablets of the discontinued Alprazolam to Staff #9, LPN. Staff #9 indicated she never received the tablets and she did not have knowledge of the whereabouts of the 26 missing tablets. According to the DON, the tenant's family was not aware of the missing medications and the medications were not returned to the pharmacy. 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 r. 481-52.2(2)a)

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

Monitoring Observation: The program provided an undated policy regarding the disposal of medications. According to the policy, medications were to be disposed of when they were refused by a tenant, became outdated or were discontinued by the tenant's physician. Depending on the situation, the medications could be destroyed at the program or returned to the pharmacy. If disposed of at the program, two individuals must dispose of the medication, one of which must be the RN manager. The policy stated the disposal of medications was to be documented on a Narcotic Inventory Sheet, with the date, time, amount and method of disposal. The medications were to be disposed of as soon as possible after the need for disposal had been determined.

Tenant #6's file was reviewed. According to Resident Notes dated 2-24-10, an order was received to discontinue Alprazolam, 0.25 mg, every six hours as needed due to non-use. The order was written and sent to the pharmacy. The DON indicated she was working in Staff #9's former office and found a narcotic control sheet pertaining to medication that had been discontinued. The DON was unable to find the medications that went with the narcotic sheet. Staff #6 indicated she gave 26 tablets of the discontinued Alprazolam to Staff #9, LPN. Staff #9 indicated she never received the tablets and she did not have knowledge of the whereabouts of the 26 missing tablets. Staff #9 indicated she did not sign the narcotic sheet which meant she did not receive or destroy the medications. The Individual Patient's Narcotic Record was reviewed and indicated 26 tablets were on hand

and 26 tablets remained. According to the DON the medications were not returned to the pharmacy. The program did not follow their medication policy.

- Regulatory Insufficiency: A program's policies and procedures must meet the minimum standard set by the 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 r. 481-67.2)

Dated this 10th day of August, 2010.