IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

Complaint Intake: 29655-C

October 4, 2010

Ms. Stacey Cremeens, Administrator
Reflections Assisted Living
512 13th Street
Wellman, IA 52356

RE: Final Complaint Investigation Report, Reflections Assisted Living, Wellman, Iowa

Dear Ms. Cremeens:

Enclosed is the **Final 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 the Plan of Correction (POC) submitted in response to the **Preliminary Complaint Investigation Report**. Based upon a complete review of the Report and the Program's proposed actions to correct the identified Regulatory Insufficiencies, DIA accepts the POC.

If you have any questions in regard to the enclosed Report, please contact me at 515/281-7039.

Sincerely,

Rose Boccella

Rose Boccella
Program Coordinator
Adult Services Bureau

Enclosure

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

Assisted Living Program: **Complaint Intake #: 29655-C**

Reflections Assisted Living
Stacey Cremeens, Administrator
512 13th Street
Wellman, IA 52356

Date of Investigation:

August 17, 2010

Monitor(s):

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 on-site visit was conducted at Reflections Assisted Living on August 17, 2010. In preparing this report, the following information was considered:

Current Program Census:

General Population Program (GPP)* – Not applicable.

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

Current number of tenants in a DSP that serves fewer than 55 tenants and has 5 or more tenants who have dementia between Stages 4 and 7 on the Global Deterioration Scale (GDS) :	9
Current number of tenants without cognitive disorder:	4
Total Census of ALPD:	13

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

Program History – There were no regulatory insufficiencies found during this certification period.

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

A. Medications

Complaint Allegation: It was alleged that the program ordered excessive amounts of medications that were not used according to physician's orders and staff did not complete medication administration by ensuring the tenant swallowed the medications.

- Monitoring Observation: Tenant #1, a 96 year old, was admitted 12-27-07 with diagnoses of: Hypertension, Hypothyroidism, Depression, Memory Loss, and Osteoarthritis. The program administered the tenant's medications. The physician's order for 3-1-10 documented Ativan 0.5 milligrams (mg) as needed (PRN) every six hours for anxiety or agitation. The physician's order for 5-1-10 included a routine order for .5 mg of Ativan daily at night. According to the Medication Administration Record (MAR), the tenant did not receive any doses of medication on an as needed basis and staff administered .5 mg. dose every evening. The pharmacy record indicated 120 tablets of .5 mg Ativan were delivered for the months of March, April, May and June for a total of 480 tablets. According to the MAR 120 tablets were administered during the months of April, May, June and July leaving an excess of 360 tablets.

  The program's registered nurse (RN) maintained one bottle of Ativan .5 mg which was labeled for Tenant #1 dated 6-7-10 with 120 tablets. According to the RN, the bottle contained 306 and one/half tablets because she had poured the leftover tablets from prior months together into the June bottle. The RN reported the program did not have a policy for counting scheduled medications until 7-10. Destroyed or dropped medication could not be accounted for; however, documentation completed by the RN on 7-13-10 attested that the loss of an unspecified amount of tablets occurred when counting and dispensing the tablets. The key to the medication cupboard which was located in the RN's office was accessible to all staff. The RN stated that she had reordered the PRN medication for Tenant #1 in error, three times resulting in the overabundance of Ativan. The program nurse did not maintain medications in the original bottle prior to dispensing them into a weekly medication planner.

  Observation of medication administration for two tenants revealed the program staff observed the tenant to ensure the tenant swallowed the medication.

  - Regulatory Insufficiency: The administration of medications shall be provided by a registered nurse, a licensed practical nurse or advanced registered nurse practitioner registered in Iowa or by unlicensed personnel in accordance with requirements in 655-Chapter 6 governing nurse delegation. (IAC r. 481-67,5(6) a.)

During the course of the investigation the following information was identified:

- Monitoring Observation: Tenant #2, an 83 year old, was admitted 5-19-09 with diagnoses of Vascular Dementia, Depression and Hypothyroidism. The cognitive evaluation documented the tenant at 6 on the Global Deterioration Scale (GDS), indicating severe cognitive decline. The tenant resided in a secured dementia unit. The physician's orders dated for July and August documented the program staff would set up and administer medications. During observation on 8-17-10 at 1:25 p.m. the monitor noted one bottle of Tums 1000 mg and one bottle of Tums 700 mg

located in the tenant's room unlocked on a shelf accessible by the tenant. The program did not maintain all medications locked and inaccessible to tenants.

- Regulatory Insufficiency: Medications shall be kept in a locked place or container that is not accessible to persons other than employees responsible for administration or storage of such medications. (IAC r. 481-67,5(6) b.)

B. Nurse Review

During the course of the investigation the following information was identified:

- Monitoring Observation: The physician's orders dated for July and August of 2010 documented the program staff would set up and administer medications for Tenant #2. During observation on 8-17-10 at 1:25 p.m. the monitor noted one bottle of Tums 1000 mg and one bottle of Tums 700 mg located in the tenant's room unlocked on a shelf accessible by the tenant. The clinical record did not contain a physician's order for the use of Tums or an order allowing the tenant to self administer the Tums.

- Regulatory Insufficiency: To monitor at least every 90 days, or after a significant change in the tenant's condition an tenant who receives program-administered prescription medications for adverse reactions to the medications and to make appropriate interventions and referrals, and to ensure that the prescription medication orders are current and that the prescription medications are administered consistent with such orders. (IAC r. 481-69.27(1))

C. Staffing

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

- Monitoring Observation: Personnel records were reviewed for four staff members. The personnel files for Staff #1, #2, and #3 lacked documentation of completion of nurse delegation for the use of a glucometer which the program implemented for the treatment of one tenant. The personnel file of Staff #3 lacked documentation of completion of nurse delegation for administration of a medicated nebulizer treatment.

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

D. Other

Complaint Allegation: It was alleged that a child of a program staff member was allowed to enter a tenant's room which disturbed the tenant.

- Monitoring Observation: The program Administrator reported an employee had brought her child into the workplace and was terminated immediately because it was against program policy.

- Regulatory Insufficiency: None noted.

Dated this 6th day of October, 2010.