IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

January 18, 2011

Complaint Intake #: 31879-I
31857-C

Ms. Jean Greeley, Administrator
Prairie Hills Assisted Living
1701 13th Avenue North
Clinton, IA 52732

RE: Final Recertification, Complaint & Incident Investigation Report – Prairie Hills Assisted Living, Clinton, IA

Dear Ms. Greeley:

Enclosed is the **Final Recertification, Complaint & Incident 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 completed the review of your Plan of Correction (POC) in response to the Preliminary Recertification, Complaint & Incident Investigation Report. Based upon a complete review of the Report and your actions to correct the identified Regulatory Insufficiencies, DIA accepts your POC. 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 **S0243** with effective dates of **September 29, 2010** through **September 28, 2012**.

If you have any questions in regard to this certification, 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 Recertification, Complaint & Incident Investigation Report

Assisted Living Program:

Jean Greeley, Administrator
Prairie Hills Assisted Living
1701 13th Ave N
Clinton, IA 52732

Complaint Intake #: 31879-I
31857-C

Date of Investigation:

December 21 and 22, 2010

Monitor(s):

Joyce Kix, RN
Lori Miner, RN BSN

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 Prairie Hills Assisted Living on December 21 and 22, 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:	49
Current number of tenants with cognitive disorder:	4
Total Population of GPP:	53

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

Total Population of DSP:	9
Total Census of ALP:	62

***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 was held with 13 tenants. The tenants reported there was always something to do at Prairie Hills. They agreed that the staff were well trained and very respectful. They stated they felt safe at the program and would certainly recommend it to family and friends.

Program History – The program did not receive any regulatory insufficiencies during this certification period.

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

A. Service Plan

- Monitoring Observation: Tenant #1, an 83 year-old, was admitted 11-22-10 with diagnoses of: Alzheimer's, Edema, Hyperlipidemia, Hypertension (HTN), Gastroesophageal Reflux Disorder, and Dementia with Paranoia. The tenant scored six on the Global Deterioration Scale (GDS) of 9-21-10 which indicated severe cognitive decline. The tenant resided in a secure dementia unit. The clinical record contained a 30-day review completed 12-20-10 which documented the tenant was experiencing right hand edema, was picking on wounds and would not leave Bandaids on, would urinate in various places, and would cry occasionally. The program obtained a physician's order for Lorazepam (an antianxiety medication) on 11-23-10. The service plan lacked individualized updates for staff interventions for behaviors the tenant demonstrated.

  Tenant #4, a 90 year-old, was admitted on 5-15-09 with diagnoses of: Cerebrovascular Accident with Left-Sided Hemiparesis, Alzheimer's, History of Atrial Fibrillation, Angina, Coronary Artery Disease, and Constipation. The tenant scored three on the GDS which indicated mild cognitive decline. The tenant was admitted to the hospital on 11-13-10 with slurred speech and increased weakness. A pacemaker was inserted while the tenant was in the hospital. The tenant returned to the program on 11-19-10. Cognitive, functional, and health assessments were completed and the service plan was updated. The service plan failed to document care needed for the pacemaker insertion site. Notes from the communication book dated 12-17-10 indicated the tenant needed a gait belt and two persons to ambulate. Notes also indicated the program made arrangements with physical therapy to instruct staff on ambulation and transfers with this tenant. On 12-19-10, notes from the communication book indicated staff was putting a sling on the tenant's arm. The service plan, dated 11-19-10 failed to indicate the need for the assistance of two staff for daily ambulation and failed to indicate staff instructions on the use of the sling. The service plan failed to identify interventions to meet the specific service needs of the individual tenant.

- 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 31857-C: It was alleged the staff did not ensure that tenants swallowed the medications when they administered medications.

- Monitoring Observation: During an interview, Staff #9, a certified medication aide (CMA), indicated that when staff administered medications, they were not to leave medications with the tenant without watching them swallow the pills unless their service plan indicated just a medication reminder. If the service plan stated medication reminder, staff counted the number of pills previously set up, placed the medications in a cup and told the tenant that their medications were ready. Staff then signed off on the medication administration record (MAR) that they had reminded the

tenant to take their pills. If the service plan indicated program medication administration, the staff were to observe the tenant swallow the pills.

The service plan of 8-30-10 for Tenant #5 documented the tenant required staff to give all medications. Review of the MAR for 11-2010 revealed staff documented the pills were only counted and the tenant reminded to take the medications. Staff did not observe the tenant swallowing the medication per the program policy. The program performed according to their policy and procedure. Regulation allows nursing discretion.

Review of the MAR on 12-22-10 revealed the following errors in administration or documentation:

Tenant #	Medication	Physician's order	Observation
#4	Warfarin 3 milligrams (mg)	½ tablet daily	Blank space for 5:00 p.m. dose on 12-19-10
#7	Nystatin Cream	Apply twice a day (BID)	Blank spaces for the 8:00 a.m. dose on 12-11 and 12-2010 and blanks spaces for every 8:00 p.m. dose on 12-1 through 12-21-10 except for 12-3-10 which was initialed as completed.
#7	Omeprazole 20 mg	One tablet once daily	Blank space for 12-12-10
#7	Sotalol 80 mg	½ tablet BID	Blank space for 8:00 a.m. and 5:00 p.m. doses 12-12-10
#8	All medications	Set out and remind tenant	Blank spaces for 8:00 p.m. medications counted and tenant reminded 12-21-10

- 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)(a))

C. Staffing

- Monitoring Observation: The program employee list indicated the program employed 13 certified nursing/medication assistants and four persons as Universal Workers (UW). Interviews were conducted with two direct-care staff, including a UW. Staff #7 indicated their delegated training was done by the previous nurse and not the current delegating Registered Nurse (RN). The employee files for Staff #1, #4, and #5 lacked documentation of RN delegation training. In an interview, the delegating

RN indicated she had completed delegation to only one staff person since her date of hire, 9-27-10. The program failed ensure all direct care staff received training and were delegated by the current RN to provide assistance with activities of daily living and assigned tasks to tenants.

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

D. Other

Incident Allegation 31879-I: The program reported a staff member in the secure unit was observed to slap a tenant on the buttock and say something inappropriate.

- Monitoring Observation: The staff member was immediately removed from caring for the tenants in the dementia unit until the completion of an investigation. The person who reported the incident was interviewed. He/she stated he/she felt the interaction was not abusive just unprofessional.

  The staff member was interviewed and reported the tenant is confused and usually needs much encouragement and assistance to stand and ambulate.

  It was determined the interaction may have been inappropriate but did not rise to the level of abuse.

- Regulatory Insufficiency: None noted.

Dated this 18th day of January, 2011