IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

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GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

April 8, 2011

Complaint Intake #: 32216-C

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

RE: Final Complaint Investigation and Recertification Report – Reflections Assisted Living, Wellman, IA

Dear Ms. Cremeens:

Enclosed is the **Final Complaint Investigation and Recertification 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 Complaint Investigation and Recertification 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 **S0168** with effective dates of **February 7, 2011** through **February 6, 2013.**

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 Complaint Investigation and Recertification Report

Assisted Living Program: **Complaint Intake #: 32216-C**

Stacey Cremeens, Administrator
Reflections Assisted Living
512 13th St.
Wellman, Iowa 52356

Date of Investigation:

February 15 and 16, 2011

Monitor(s):

Joyce Kix RN
Maribeth Freland 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 February 15 and 16, 2011. In preparing this report, the following information was considered:

Current Program Census:

Dementia Specific Program (DSP)* – A program that is a Dementia Specific Program by definition but may have tenants without cognitive disorder.

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):	5
Current number of tenants without cognitive disorder:	7
Total Population:	12

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

Tenant/Family Satisfaction Results – A group meeting was not held due to the cognitive level of the tenants.

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

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

A. Tenant Documents

- Monitoring Observation: Tenant #3, a 72 year old, was admitted 8-13-09 with diagnoses of: General Anxiety Disorder and Hypertension (HTN). The tenant scored at a low risk for cognitive decline on the Cognitive Ability Assessment, dated 10/19/10.

  During tenant interviews, Tenant #3 reported choking several times since admission to the program. The tenant reported the Heimlich Maneuver, to dislodge food items, had been performed twice. The tenant reported he/she required a special diet of ground meat to lessen choking risk; however he/she also indicated the program did not always provide ground meat for meals. Tenant #5 also reported he/she had observed Tenant #3 choking, "a couple of times."

  During interviews Staff #5 and #9, both companions, reported hearing Tenant #3 had recently choked twice on second shift, requiring staff to perform the Heimlich Maneuver. Both reported Tenant #3 choked on a piece of hotdog during the first choking incident. Staff #5 reported having no knowledge of the type of food the tenant choked on the second time; however, Staff #9 verified the tenant choked on tater tot casserole. Both reported staff had experienced difficulty locating a nurse to assist during the second choking episode. Staff #9 reported a visitor assisted with the Heimlich while staff physically sought out the nurse during the second choking incident.

  Staff #11, a companion who had previously worked for the program, reported she worked the second shift. She reported on 1-2-11, during the supper meal, Tenant #3 choked on tater tot casserole. Staff #11 performed the Heimlich Maneuver unsuccessfully, and then attempted to contact the nurse via telephone. When unable to reach the nurse, she attempted to perform the Heimlich Maneuver again unsuccessfully. A visitor in the building offered to try the Heimlich, at which time Staff #11 went to physically find the nurse. When the nurse and Staff #11 returned, the visitor had dislodged the food and the tenant was breathing normally again.

  The Dietary Supervisor verified tater tot casserole had been served on 1-2-11 for the supper meal.

  Tenant #3's clinical record lacked any documentation of the second choking incident on 1-2-11 or any follow up resulting from nurse review of the incident.

- Regulatory Insufficiency: Documentation for each tenant shall be maintained by the program and shall include: (i) when any personal or health-related care is delegated to the program, the medical information sheet; documentation of health professionals' orders, such as those for treatment, therapy, and medication; and nurses' notes written by exception. (IAC r. 481.69.25(1)i)

B. Service Plan

Complaint Allegation #32216-C: It was alleged a tenant was not served the therapeutic diet listed in the care plan.

- Monitoring Observation: Tenant #3's admission application indicated the tenant required "a special diet of ground meat."

  The tenant's Service Plans, dated 8-11-10 and 10-19-10, indicated he/she required ground soft meat due to the a history of choking. The plan also directed staff to prompt the tenant to take small bites and chew thoroughly.

  According to the Nurse's Notes, dated 11-30-10, Tenant #3 choked during the supper meal. After completing the Heimlich maneuver, staff dislodged a large piece of hot dog from the tenant's throat.

  Staff #10, a companion, reported she served Tenant #3 his/her meal on the evening of 11-30-10. The kitchen sent a whole hotdog to serve to the tenant therefore the companion served the hotdog to the tenant as sent by the kitchen. Staff #10 reported having knowledge of the tenant's need for ground meat; however, she indicated the kitchen had occasionally sent whole meats to serve to Tenant #3 and the tenant had not choked on these items.

  The program's menu plan indicated hotdogs should be ground when served to tenants requiring mechanical soft diets. The Dietary Supervisor reported a mechanical soft diet consists of a general diet with ground meat.

  During staff interview, Staff #5, #9 and #11 reported having knowledge Tenant #3 required ground meat due to a past history of choking. All three were in agreement that the kitchen occasionally sent whole meat to serve to the tenant prior to the choking incident; however, has become more consistent following the tenant's choking incidents.

  The program did not follow the tenant's service plan when serving Tenant #3 whole meat rather than ground, causing the tenant to choke.

- Regulatory Insufficiency: A service plan shall be developed for each tenant based on the evaluations conducted in accordance with subrules 69.22 (1) and 69.22 (2) and shall be designed to meet the specific needs of the individual tenant. The service plan shall subsequently be updated at least annually and whenever changes are needed. (IAC r. 481-69.26 (1))

C. Nurse Review

Complaint Allegation #32216-C: It was alleged the program did not follow up and make recommendations for referrals for a tenant.

- Monitoring Observation: Tenant #3's clinical record indicated the tenant had a history of choking, requiring the tenant to receive ground meat with all meals. . During interview, staff and tenants reported the tenant experienced choking during meals. The tenant had two choking incidents requiring the Heimlich Maneuver within an approximate one month period

The tenant's clinical record lacked documentation of a nurse review following either of the two choking incidents. The clinical record lacked any indication the registered nurse evaluated the tenant following either of the choking incidents and made no referrals addressing further study of the tenant's swallowing abilities.

- Regulatory Insufficiency: To assess and document the health status of each tenant, to make recommendations and referrals as appropriate, and to monitor progress relating to previous recommendations at least every 90 days and whenever there are changes in the tenant's health status. (IAC r. 481-69.27(3))

D. Food Service

- Monitoring Observation: Tenant #3's admission application indicated the tenant required "a special diet of ground meat".

  The tenant's Service Plans, dated 8-11-10 and 10-19-10, indicated he/she required ground soft meat due to the tenant's history of choking and directed staff to prompt the tenant to take small bites and chew thoroughly.

  The tenant's clinical record contained a physician's order, dated 1-13-11, which ordered a mechanical soft diet for Tenant #3. The record lacked any physician's orders for a therapeutic diet prior to 1-13-11. The kitchen had a diet order slip, dated 1-13-11, indicating a diet change to mechanical soft.

  During interview with the Dietary Supervisor, she reported a mechanical soft diet consists of a general diet with ground meats. The supervisor reported the kitchen did not have any dietary orders for Tenant #3 prior to 1-13-11 as the nurse had not obtained a physician's order for the therapeutic diet until then. The supervisor reported all staff knew the tenant was to get ground meat per the tenant's request.

- Regulatory Insufficiency: Therapeutic diets may be provided by a program. If therapeutic diets are provided, they shall be prescribed by a physician, physician assistant, or advanced registered nurse practitioner. A current copy of the Iowa Simplified Diet Manual published by the Iowa Dietetic Association shall be available and used in the planning and serving of therapeutic diets. A licensed dietitian shall be responsible for writing and approving the therapeutic menu and for reviewing the procedures for food preparation and service for therapeutic diets. (IAC r. 481-69.28(4))

E. Staffing

Complaint Allegation #32216-C: It was alleged staff did not respond timely in an emergent situation.

- Monitoring Observation: Tenant #3 experienced two choking episodes requiring the Heimlich Maneuver to dislodge food from his/her throat. Staff reported timely response by the nurse during the first choking incident. Staff indicated an approximate 5 minute response during the second choking incident.

A nurse was within close proximity to the program and responded within 5 minutes in both emergent situations.

The program's policy, titled Summoning Help, directed staff to call 911 when it was apparent that a tenant was in need of medical help. Multiple staff reported choosing to seek assistance from the program's nurses in emergent situations however knew they could call 911 if required.

- Regulatory Insufficiency: None noted.

F. Structural requirements

- Monitoring Observation: The program had 5 tenants with a GDS of 4 or greater, indicating moderate to severe mental decline. The monitors observed an unattended cart containing multiple chemicals sitting in a hallway of tenants' rooms for approximately 30 minutes. The cart contained a cleanser/odor eliminator, Blue 9 HCL toilet bowl cleaner, Comet Liquid Cleaner with bleach and Foamy QA disinfectant with phosphoric acid. All of the chemicals were labeled with a warning to keep the chemicals out of reach of children and direction to seek immediate medical attention if swallowed.

  While the cart remained in the hallway unattended, Tenant #4 walked past the cart twice. Tenant #4 had a GDS score of 5, indicating a moderately severe cognitive decline.

- Regulatory Insufficiency: The buildings and grounds shall be well maintained, clean, safe and sanitary. (IAC r. 481-69.35(1)(b))

G. Other

- Monitoring Observation: The program's policy, titled Incidents/Accidents, directed staff to complete an Incident/Accident Report whenever an occurence or event leads to unintentional consequences and whenever an unfortunate happening occurs to a tenant, visitor or staff.

  Tenant #3 choked on food items, requiring staff to perform the Heimlich Maneuver on 11-30-10 and 1-2-11. The program did not complete an incident report for either choking episode.

- Regulatory Insufficiency: The program's policies and procedures on incident reports, at a minimum, shall include the following: An incident report shall be in detail and shall be provided on an incident report form. The person in charge at the time of the incident shall prepare and sign the report. The incident report shall include statements from individuals, if any, who witnessed the incident. (IAC r. 481-67.2(1)(b)(c)(d)(e))

Dated this 22nd day of March 2011.