IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

Complaint Intake #: 32971-C

April 25, 2011

Gary Shebeck, Administrator
Newton Village
110 N 5th Avenue West
Newton, IA 50208

RE: Final Complaint Investigation Report, Newton Village, Newton, Iowa

Dear Mr. Shebeck:

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. The Request for Reconsideration in relation to Nurse Review has been accepted; therefore, the civil penalty of $500 has been rescinded.

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 #: 32971-C**

Gary Shebeck, Administrator
Newton Village
110 N 5th Ave W.
Newton, IA 50208

Date of Investigation:

March 14 and 15, 2011

Monitor(s):

Joyce Kix, RN
Maribeth Freland, RN
Margaret Kaltefleiter, 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 Newton Village on March 14 and 15, 2011. In preparing this report, the following information was considered:

Current Program Census:

General Population Program (GPP)* – A program that is not a Dementia Specific unit, but may include have tenants with cognitive disorder.

Current number of tenants without cognitive disorder:	36
Current number of tenants with cognitive disorder:	3
Total Population of GPP:	39

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

Total Population of DSP:	10
Total Census of ALP:	49

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

Program History – The program received regulatory insufficiencies in the areas of: Evaluation, Service Plan and Nurse Review during this certification period.

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

A. Medications

Complaint Allegation #32971-C: It was alleged six to seven tablets of a tenant's narcotic Lortab were unaccounted for from 8-2010 to 1-2011.

- Monitoring Observation: The monitor reviewed the scheduled medication count sheets with the tenant's medications on hand and found them to be accurate with the exception noted below.

  Review of the Narcotic Administration Record Lortab (a narcotic pain medication) 5/500 for Tenant #4 revealed documentation on 4-6-10 by Staff #1 of 13 tablets remaining. The next signature by Staff #1 on 7-23-10 indicated that only 10 tablets were remaining after she gave only one. The count sheet indicated on 7:45 p.m. on 7-23-10 one tablet was given by Staff #2 with 9 remaining. Staff #1 stated she notified the nurse of the discrepancy of two tablets. The nurse could not find documentation of investigation or reconciliation of the two missing tablets. The program completed an audit of all scheduled drugs on 1-11-11 and found that only one tablet remained in the tenant's bottle dispensed from the pharmacy 2-16-10 when there should have been nine. The program called the department and the police department 1-12-11 to report the 8 missing tablets.

  Review of the pharmacy list of medications dispensed revealed another 30 tablets of Hydrocodone 5/500 were dispensed on 3-29-10. The program did not have documentation of receipt of that medication, however, Tenant #4's family member stated they had delivered that medication to the program and given it to one of the nurses. At the request of the monitors, this medication was ultimately found by the registered nurse (RN) in the desk drawer of the licensed practical nurse (LPN) with all 30 tablets accounted for.

  Review of the staff schedule revealed at least 26 different staff had access to the narcotics from 7-23-10 to 1-11-11 so no perpetrator could be identified for misappropriation of the missing narcotics. The program and the police investigations did not indicate a perpetrator.

During the investigation of the complaint, the following information was identified.

- Monitoring Observation:

  Observation on 3-15-11 revealed the following medications found by the RN in the LPN's desk drawer:

  1. 30 tablets of Lortab for Tenant #4 (RX #354365) with an unsigned narcotic sheet attached
  2. 29 one half tabs of Hydrocodone for Tenant #5 (RX #1558868) with no narcotic count sheet or destruction sheet attached
  3. 28 tablets of Hydrocodone for Tenant #6 (RX #1534699) with no narcotic count sheet or destruction sheet attached
  4. 56 tablets of Acetaminophen 325 milligram (mg) for Tenant #6 with no destruction sheet attached

5. 15 tablets of Amoxicillin for Tenant #6 dated 12-13-10
6. One Pro Air inhaler for Tenant #7 with a prescription date of 4-30-10

The RN stated he had no idea why the medications were being kept in the LPN's desk drawer as that was not the normal program practice. He said practice prior to 1-11-11 was to place discontinued medications into a coffee can with coffee grounds and put in the garbage. He was unable to provide written documentation of the destruction policy or any destruction sheets.

Observations on 3-14-11 at 1:45 and again at 2:10 p.m. revealed the door to the nurse's office unlocked and the desk drawer in which the narcotics were stored unlocked.

- 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.)

- Regulatory Insufficiency: Medication shall be kept in a locked place or container that is not accessible to persons other than employees responsible for the administration and storage of such medications. (IAC r. 481-67.5(6) b.)

B. Program Policies and Procedures

- Monitoring Observation: Observation on 3-15-11 revealed the following medications found by the RN in the LPN's desk drawer: 30 tablets of Lortab for Tenant #4, 29 one half tabs of Hydrocodone for Tenant #5, 28 tablets of Hydrocodone for Tenant #6, 56 tablets of Acetaminophen 325 mg, 15 tablets of Amoxicillin for Tenant #6 and one Pro Air inhaler for Tenant #7.

  The program policy directed for a controlled substance sheet to be used for those medications which are considered a controlled substance and the program was to periodically count the medications to verify the proper administration of controlled medications. Medications were to be labeled in compliance with state and federal laws and kept in a locked drawer in the tenant's apartment.

  The RN stated he had no idea why the medications were being kept in the LPN's desk drawer as that was not the normal program practice. He said practice prior to 1-11-11 was to place discontinued medications into a coffee can with coffee grounds and put in the garbage. He was unable to provide written documentation of the destruction policy or any destruction sheets.

  During interview the LPN reported she was unaware the above mentioned medications were in the desk drawer.

  The program failed to have specific policies for medication destruction procedures and failed to follow accepted practice for storage and/or destruction of discontinued medications.

- Regulatory Insufficiency: A program's policies and procedures must meet minimum standards set by applicable requirements. The program shall follow the policies and procedures established by the program. (IAC r. 481-67.2)

Dated this 25th day of April 2011.