IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

May 17, 2011

Complaint Intake #: 33340-C

Ms. Bethany Clemenson, Manager
Windsor Manor Assisted Living
1807 W. 5th Street
Vinton, IA 52349

RE: Final Complaint Investigation & Recertification Monitoring Evaluation Report – Windsor Manor Assisted Living, Vinton, IA

Dear Ms. Clemenson:

Enclosed is the **Final Complaint Investigation & Recertification Monitoring Evaluation 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. **No Regulatory Insufficiencies were found during this evaluation.**

The review of the recertification documents you submitted has been completed and 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 **S0254** with effective dates of **March 30, 2011** through **March 29, 2013**.

If you have any questions regarding 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 & Recertification Monitoring Evaluation Report

Assisted Living Program: **Complaint Intake #: 33340-C**

Bethany Clemenson, Manager
Windsor Manor Assisted Living
1807 W. 5th Street
Vinton, IA 52349

Date of Investigation/Monitoring Visit:

April 13, 2011

Monitor(s):

Stephanie Cummins, MA
Margaret Kaltefleiter, RN MS

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 and onsite monitoring visit was conducted at Windsor Manor Assisted Living on April 13, 2011. 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 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):	7
Current number of tenants without cognitive disorder:	29
Total Population:	36

***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 with 13 tenants and three tenant interviews were held. They stated it was an absolutely nice place to live. It was beautifully cleaned and the maintenance staff was the best. In case of emergencies, they pressed their pendant and staff responded within five minutes or less. They felt their rights were upheld and appreciated staff stated they were there to serve the tenants. They were served large quantities of food and the food was excellent. Hot foods were served hot and cold foods served cold. If soup was not served hot enough, tenants asked for it to be warmed up and their request was honored. When something different than what was served was requested, they always received whatever they wanted for their meals. They recently asked for a relish tray to be added to the salad bar and reported staff listened to their food comments. A good variety of meats, vegetables, and desserts were offered. They requested salads offered more variety. There were plenty of activities offered and tenants attended as many as they wanted. They received a monthly calendar, a menu, and a daily sheet of activities. Activities enjoyed were bean bag baseball, balloon tennis, bingo, Wii Bowling, card games, horse racing, Wheel of Fortune and filling Easter eggs as a community service project. They stated there was lots of good humor and socializing at the activities. Tenants stated they felt respected and their dignity was honored. Confidentiality was observed; no one heard staff talk about other tenants or talked disrespectfully towards them. They felt safe and always made their own decisions. They received appropriate assistance with their medications. The tenants stated staff were trained to provide the services needed. They were satisfied with the program and recommended it frequently to their friends. They stated it was a wonderful place to live and they felt like one big happy family.

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

On-Site Monitoring Evaluation – The monitor(s) made the observations detailed in the following areas. **There were no regulatory insufficiencies found during this onsite recertification monitoring evaluation.**

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

A. Service Plan

Complaint Allegation: It was alleged a tenant had excruciating pain due to a clogged catheter and staff told the tenant he/she received a pain pill when the tenant had not received a pain pill.

- Monitoring Observation: Tenant #1, a 91 year old, was admitted on 8-29-09 and diagnoses include: Osteoarthritis, Back Pain, Chronic Obstructive Pulmonary Disease (COPD) and Bladder Cancer. According to the service plan, the tenant had urinary retention likely due to Bladder Cancer diagnosis. The service plan indicated the nurse had a standing order to place foley catheter if painful or unable to urinate. The service plan indicated catheter assist as needed. Nurse's Notes from 2-21-11 to 4-12-11 indicated there were no documented entries of a clogged catheter. The tenant stated he/she as needed medications were given when requested, even at 2:30 a.m. The tenant stated he/she never had to wait for an as needed medication. During the time the tenant had a catheter the care was very good.

  Tenant #2, an 86 year old, was admitted on 9-25-10, and diagnoses include: Prostate Cancer, Hypertension (HTN), Peripheral Vascular Disease (PVD) and Depression. The tenant had a foley catheter and required peri-care twice daily when changing bags over from one to another. The service plan indicated Hospice changed the tenant's catheter monthly. The service plan addressed how to clean the catheter, tubing and bags. Nurse's Notes from 12-17-10 to 4-13-11 indicated there was one documented entry regarding a clogged catheter. According to notes dated 4-13-11, the Hospice aid reported the catheter was plugged and was changed by Hospice last night. Review of Medication Administration Records (MARs) indicated the tenant had an order for Tylenol 325 mg one to two tablets by mouth every four hours as needed. On 2-11-11 the MARs indicated the tenant had two tablets of Tylenol for pain with a catheter change. The medication was documented appropriately and the result was charted as effective. The MARs indicated the tenant was administered Tylenol once in March for a headache and it had not been administered in April at the time of the onsite. The tenant reported he/she received Tylenol as needed for pain and received medications appropriately. The tenant reported he/she received the cares required and his/her catheter was changed at 4:00 a.m. on the day of the onsite.

  Staff #1, #2 and #7 stated tenants received as needed medications as requested. The nurse stated tenants received as needed medications as requested.

- Regulatory Insufficiency: None noted.

B. Medications

Complaint Allegation: It was alleged staff did not follow appropriate sanitation protocol related to medication administration.

- Monitoring Observation: Two medication passes were observed and appropriate hand washing was completed prior to and after medication administration.

A community meeting with 13 tenants and three tenant interviews were held. The tenants received appropriate assistance with their medications. They stated staff was trained to provide the services needed.

Staff #1, #2, #3, #4, #5 and #6 had appropriate nurse delegation regarding medication administration and hand washing.

- Regulatory Insufficiency: None noted.

Complaint Allegation: It was alleged staff signed off medications at the end of the shift and not after medications were administered.

- Monitoring Observation: Two medication passes were observed and documentation was completed after the administration of all medications.

  Staff #1, #2 and #7 stated medications were documented after the tenant consumed the medication. The nurse stated medications were documented after staff observed the tenant swallowed the medication.

  Staff #1, #2, #3, #4, #5 and #6 had appropriate nurse delegation regarding medication administration.

  According to the medication policy staff received medication management training prior to the administration of medications. Once medications were administered staff signed the MAR prior to locking the cabinet.

- Regulatory Insufficiency: None noted.

Complaint Allegation: It was alleged staff accidently dispensed a pill, picked up the pill with a bare hand and taped the back of the package. It was alleged medication error reports were not completed as needed.

- Monitoring Observation: Two medications passes were observed and bubble packs were intact. There was no tape found on any of the bubble packs examined. During the medication passes, Staff #1's bare hands did not come in contact with any of the medications and appropriate sanitation was followed.

  Staff #1, #2 and #7 stated staff did not touch medications with bare hands. Staff #1, #2 and #7 stated if a medication was accidentally dispensed they would document what occurred and order a replacement dose. The nurse stated staff would bring the medication to her, call the pharmacy to order a replacement dose and document on the MAR what had occurred. The nurse stated the incident would not constitute a medication error. She stated the bubble packs were not taped. The nurse reported staff did not touch medication with bare hands.

  Staff #1, #2, #3, #4, #5 and #6 had appropriate nurse delegation regarding medication administration.

The Medication Management Agreement was reviewed. The agreement provided a list of situations that constituted medication errors. Staff accidently dispensing a medication from the bubble pack was not listed as a medication error. The program provided three months of medication errors and all reports indicated there was no tenant response or reaction due to the medication errors.

- Regulatory Insufficiency: None noted.

C. Staffing

Complaint Allegation: It was alleged staff did not follow appropriate sanitation protocol when peri-care and catheter care was provided.

- Monitoring Observation: Staff #1, #2, #3, #4, #5 and #6 had appropriate nurse delegation training on hand washing, incontinence care and catheter care.

  A community meeting with 13 tenants and three tenant interviews were held. They stated staff wase trained to provide the services needed. Two tenants who had received catheter care stated staff was trained and catheter care was appropriate. One tenant stated staff wore gloves and washed their hands appropriately when catheter care was provided to his/her spouse.

  Staff #1, #2 and #7 stated staff washed hands, wore gloves, assisted with catheter care, removed gloves and washed hands. The nurse stated staff always washed hands and wore gloves. The nurse stated staff had anti-bacterial wipes available.

- Regulatory Insufficiency: None noted.

D. Other

Complaint Allegation: It was alleged staff breached tenant privacy. It was alleged staff discussed the odor of tenants' apartments and personal issues of a tenant in front of other tenants. It was alleged staff discussed a tenant's personal odor in front of the tenant as they assisted the tenant.

- Monitoring Observation: A community meeting with 13 tenants and three tenant interviews were held. They stated it was an absolutely nice place to live. It was beautifully cleaned and the maintenance staff was the best. They felt their rights were upheld and appreciated staff stated they were there to serve the tenants. Tenants stated they felt respected and their dignity was honored. Confidentiality was observed; no one heard staff talk about other tenants or talked disrespectfully towards them. They felt safe and always made their own decisions. They were satisfied with the program and recommended it frequently to their friends. They stated it was a wonderful place to live and they felt like one big happy family.

  Staff #1, #2 and #7 stated tenant confidentiality was protected. The nurse stated tenant confidentiality was protected. Staff #1, #2 and #7 stated staff did not discuss tenant personal or health related issues in front of other tenants. The nurse stated staff did not discuss tenant personal or health related issues in front of other tenants. Staff

#1, #2 and #7 stated staff did not discuss tenant odor or apartment odor in front of other tenants. Staff #2 stated if there was a problem it was discussed separately and the odors were addressed immediately when noticed. Staff #7 stated if an odor was detected it was cleaned up and there were no issues with continuous odor.

While monitors were onsite no odors were detected during a tour of the building, two medication passes and three private tenant interviews.

According to a copy of the Resident Rights, tenants were to receive respect and privacy in the Resident's medical care program.

- Regulatory Insufficiency: None noted.

Complaint Allegation: It was alleged staff had a belittling tone when they spoke to tenants.

- Monitoring Observation: A community meeting with 13 tenants and three tenant interviews were held. They felt their rights were upheld and appreciated staff stated they were there to serve the tenants. Tenants stated they felt respected and their dignity was honored. Confidentiality was observed; no one heard staff talk about other tenants or talked disrespectfully towards them. They felt safe and always made their own decisions. They were satisfied with the program and recommended it frequently to their friends. They stated it was a wonderful place to live and they felt like one big happy family.

  Staff #1, #2 and #7 stated staff did not speak to tenants in a belittling tone. They reported staff treated the tenants with respect. The nurse stated staff did not speak to the tenants in a belittling tone and staff treated the tenants with respect.

  Staff #1, #2, #3, #4, #5 and #6 had appropriate dementia training and mandatory dependent adult abuse training.

  According to a copy of the Resident Rights, tenants were to be treated with consideration, respect, and full recognition of personal dignity and autonomy.

- Regulatory Insufficiency: None noted.

Dated this 15th day of April, 2011.