IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

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RODNEY A. ROBERTS, DIRECTOR

Complaint Intake #: 33646-C

May 27, 2011

Barbara McFerran, Administrator
Prairie Hills at Independence
505 Enterprise Drive SW
Independence, IA 50644

RE: Final Complaint Investigation Report, Prairie Hills at Independence, Independence, Iowa

Dear Ms. McFerran:

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 Insufficiency, 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 #: 33646-C**

Barbara McFerran, Administrator
Prairie Hills at Independence
505 Enterprise Drive SW
Independence, IA 50644

Date of Investigation:

May 5, 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 on-site visit was conducted at Prairie Hills at Independence on May 5, 2011. In preparing this report, the following information was considered:

Current Program Census:

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

Current number of tenants without cognitive disorder:	37
Current number of tenants with cognitive disorder:	2
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:	13
Total Census of ALP:	52

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

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.

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

A. Criteria for Exclusion of Tenants

Complaint Allegation: It was alleged a tenant was totally incontinent and required assistance with all cares including showers.

- Monitoring Observation: Six tenant files were reviewed.

  Tenant #1, an 83 year old, was admitted on 2-26-10 and diagnoses include: Atrial Fibrillation with Rapid Ventricular Response (RVR), Osteoarthritis, Hypertension (HTN) and Hyperlipidemia. According to the service plan, the tenant was independent with toileting and was continent of urine and stool. Staff provided stand by assistance (SBA) with bathing for safety and assist with washing his/her back and lower legs twice weekly and as needed. The tenant did not exceed the appropriate level of care.

  Tenant #2, a 63 year old, was admitted on 1-7-11 and diagnoses include: HTN and Non-Insulin Dependent Diabetes Mellitus (NIDDM). The service plan indicated the tenant was incontinent of both bowel and bladder at times. The tenant wore protective undergarments and staff assisted with peri cares and changing protective undergarments as needed. The service plan also indicated to notify nursing of tenant complaints of burning with urination. The tenant was independent with all aspects of bathing. The tenant did not exceed the appropriate level of care.

  Tenant #3, an 86 year old, was admitted on 4-27-10 and diagnoses include: Dementia, Depression, Insulin Dependent Diabetes, and Hyperlipidemia. The service plan indicated the tenant was incontinent of urine and bowels at times. The tenant needed staff assistance to change protective undergarments and to clean up if incontinent of stool. The tenant used a call button to assist into the bathroom prior to a bowel movement. Lomotil by mouth was ordered to decrease loose stools in the morning. The service plan also indicated staff gathered supplies and assisted the tenant into the shower. While in the shower, staff provided SBA for safety and assisted with washing hair, back, lower extremities and peri-area. Staff were to use towels on the floor and to ensure the mat was on the floor due to tenant's fear of falls. The tenant did not exceed the appropriate level of care.

  None of the tenant files reviewed exceeded the appropriate level of care. Staff #1, #2 and #4 did not identify any tenants that exceeded the criteria for admission or retention. The registered nurse (RN) and the Wellness Director did not identify any tenants that exceeded the criteria for admission or retention.

- Regulatory Insufficiency: None noted.

Complaint Allegation: It was alleged a tenant left all the time. It was alleged tenants eloped for hours and the police brought the tenants back.

- Monitoring Observation: Six tenant files were reviewed.

Tenant #1's file was reviewed. The service plan indicated the tenant was alert and oriented but sometimes forgetful. Staff were to give reminders if the tenant requested. The tenant was able to make his/her own decisions and did not have a Global Deterioration Scale (GDS) of four or greater. Review of the tenant's file indicated the tenant had not eloped. The tenant did not exceed the appropriate level of care.

Tenant #2's file was reviewed. The service plan indicated the tenant was alert, cooperative and oriented to time of day, but had a mental disability. The tenant was not able to read or write. The tenant was able to make his/her own decisions and did not have a GDS of four or greater. Review of the tenant's file indicated the tenant had not eloped. The tenant did not exceed the appropriate level of care.

Tenant #3's file was reviewed. The service plan indicated the tenant was confused on occasion and staff provided reminders for activities and meals if needed. The tenant was able to make his/her own decisions and did not have a GDS of four or greater. Review of the tenant's file indicated the tenant had not eloped. The tenant did not exceed the appropriate level of care.

Incident Reports for the past three months were reviewed. The reports did not identify any elopements. Staff #1, #2 and #4 did not identify any tenants that had eloped. The RN and the Wellness Director did not identify any tenants that had eloped.

None of the tenants whose files were reviewed exceeded the appropriate level of care. Staff #1, #2 and #4 did not identify any tenants that exceeded the criteria for admission or retention. The RN and the Wellness Director did not identify any tenants that exceeded the criteria for admission or retention.

- Regulatory Insufficiency: None noted.

Complaint Allegation: It was alleged a tenant went to a local store, bought alcohol, consumed it and was not able to keep medications down.

- Monitoring Observation: Six tenant files were reviewed.

Tenant #1's file was reviewed. Nurse's Notes dated 4-4-11 indicated the tenant was nauseated through the weekend and vomited all of his/her pills that morning. The tenant complained of nasal congestion. The tenant was seen by a doctor and was diagnosed with acute Upper Respiratory Infection (URI) and Acute Maxillary Sinusitis. The tenant received Zithromax 250 mg by mouth every day for five days. There were no other entries regarding vomiting pills in the notes. The tenant was able to make his/her own decisions and did not have a GDS of four or greater. The tenant did not exceed the appropriate level of care.

Tenant #2's file was reviewed. Nurse's Notes indicated there were no issues with alcohol or vomiting medications. The tenant was able to make his/her own decisions and did not have a GDS of four or greater. The tenant did not exceed the appropriate level of care.

Tenant #3's file was reviewed. Nurse's Notes indicated there were no issues with alcohol or vomiting medications. The tenant was able to make his/her own decisions and did not have a GDS of four or greater. The tenant did not exceed the appropriate level of care.

The RN stated a tenant purchased alcohol; however, she had never seen the tenant intoxicated or acting inappropriately. The Wellness Director stated a tenant bought alcohol and family brought in alcohol; however, she had never seen the tenant drinking.

- Regulatory Insufficiency: None noted.

B. Medications

Complaint Allegation: It was alleged there were several medication errors. It was alleged there were errors related to medication set up in the medication planners. It was alleged staff corrected the medication errors by removing the medications from the planners and putting them in the correct location in the planner.

- Monitoring Observation: The monitors requested three months of Medication Error Reports and those reports were provided. The errors occurred with medications not given or not given at the prescribed time, according to the reports. The medication errors did not result in any bad outcomes for the tenants, the errors were identified, corrective action was listed and medication retraining was completed if needed. The May 2011 Medication Administration Records (MARs) were reviewed for the tenants in the general population. The MARs indicated medications were consistently documented as administered.

  Staff #1 stated there were medication errors; however, the errors were not frequent. Staff #2 stated there were medication errors; however, the errors were rare. Staff #4 had heard there were errors; however, she had not seen any errors. Staff #1, #2 and #4 stated only nurses filled the medication planners and the planners were consistently filled appropriately. Staff #1 stated if the pills looked different or there were issues with the pill count staff would get the nurse. Staff #2 stated if there were issues with the medication count she would get nursing staff and would not administer until verified. The RN and Wellness Director stated only nurses filled the medication planners and the planners were filled appropriately.

- Regulatory Insufficiency: None noted.

Complaint Allegation: It was alleged medications were delivered and then placed in a room by the time clock until the nurse inventoried the medications and put them away. It was alleged staff could not administer medications until the nurse inventoried the medication. It was alleged the room was at times left open.

- Monitoring Observation: Staff #1, #2 and #4 did not identify any issues with delivery of medications. Staff #2 stated the medications were put in the nurse's room and it was secured; however, not locked. Staff #4 stated the medications were dropped off

in the nurse's office and they checked in the medications. The medications were hand delivered to the tenants' apartments and the medications were secure. The RN stated medications were dropped off in the chart room, the universal worker signed in the medications in the log, delivered the medications to the tenant apartment and locked up the medications. The door was always shut but not locked; however, a sign on the door read "Staff Only." The Wellness Director stated pharmacy delivered at approximately 4:30 p.m. and staff signed in the medications. The medications were delivered to the tenant. The medications were secure and the door was closed; however, not locked. Staff #1, #2, #4, the RN and the Wellness Director did not identify any issues related to the protocol.

The Tenant's Medication Sign-in Sheet documents indicated medications that were signed in by an individual needed to be delivered to the tenant or medication cupboard by the person signing in the medications. The documents indicated staff consistently documented the name of the tenant, name of medication, amount delivered and initials of the staff.

Three tenants were interviewed. The tenants reported medications were available and they received their medications appropriately.

- Regulatory Insufficiency: None noted.

Complaint Allegation: It was alleged a tenant was out of a medication for two weeks. It was alleged the nurse was aware the medication was not available.

- Monitoring Observation: MARs were reviewed for tenants in the general population. The May 2011 MARs indicated medications were available as needed for administration.

  Staff #1, #2 and #4 stated medications were available to administer to the tenants. The RN and Wellness Director stated medications were available to administer to the tenants.

  Medication Error Reports for the past three months were reviewed and did not identify issues with medications not being available.

  Three tenants were interviewed. The tenants reported medications were available and they received their medications appropriately. The tenants reported they received the services they requested. The tenants did not report any staffing concerns. The tenants reported nursing services were available as needed.

- Regulatory Insufficiency: None noted.

Complaint Allegation: It was alleged a tenant had multiple empty nebulizers in the drawers and staff administered a breathing treatment because all the inhalers were empty. It was alleged only nurses could administer breathing treatments.

- Monitoring Observation: Tenant #4, an 89 year old, was admitted on 10-4-09 and diagnoses include: Chronic Obstructive Pulmonary Disease (COPD), Arthritis, Atrial Fibrillation, Macular Degeneration and History of a Left Hip Fracture. An order was

received to discontinue Xopenex inhaler and continue use of Proventil inhaler two puffs four times a day and as needed. The order was noted on 3-3-11. The MARs reflected the order change. The tenant had an order for Albuterol Sulfate and Ipratrop Nebulizer Treatment four times per day. May 2011 MARs indicated the nebulizer treatment and inhaler were consistently documented as available and administered. Nurse's Notes did not indicate an inhaler was not available.

Staff #1, #2 and #4 stated medications, including breathing treatments were available to administer. The RN and the Wellness Director stated medications, including breathing treatments were available to administer.

Staff #1, #2, #3 and #4 had nurse delegated training regarding breathing treatments.

Two tenants who received breathing treatments were interviewed. They received the breathing treatments and medications as ordered.

- Regulatory Insufficiency: None noted.

C. Staffing

Complaint Allegation: It was alleged the nurses filled the medication planners and staff put the medications into cups and staff gave them to the tenants. It was alleged staff did not have any training on medication administration.

- Monitoring Observation: Four staff files were reviewed. Staff #1, #2, #3 and #4 had nurse delegated training on medication administration completed by the Wellness Director. Staff #1, #2 and #4 stated they had received nurse delegation training on medications, treatments and personal cares. The RN and Wellness Director stated staff received nurse delegated training on medications, breathing treatments and other tasks.

  A medication pass was observed and appropriate protocol was followed. Staff #1 sanitized her hands, administered the medications, observed the tenants had consumed the medications and documented the medications after administration.

  Staff #1, #2 and #4 stated nurses only filled the medication planners. The RN and Wellness Director stated nurses filled the medication planners.

- Regulatory Insufficiency: None noted.

Complaint Allegation: It was alleged nurses were not available at the program all the time and they were on call but did not respond when contacted. It was alleged people were told a nurse was there 24/7; however, that was not true.

- Monitoring Observation: According to a program statement, a nurse was generally in the building Monday through Friday from 8:00 a.m. to 5:00 p.m. After 5:00 p.m. on Monday through Thursday the Wellness Director was on call until a nurse arrived at the program the next morning at 8:00 a.m. On Friday when the Wellness Director left the building at 5:00 p.m. either the RN or licensed practical nurse (LPN) was on call

until Monday morning when a nurse arrived back in the building at 8:00 a.m. When the LPN was on call one of the RNs was available to call for questions or concerns. Program Contract Labor Hours documents were provided from 3-4-11 to 5-1-11 and showed a nurse was on call Friday, Saturday and Sunday when the Wellness Director was not on call.

Staff #1, #2 and #4 stated a nurse was available as needed. Staff #1, #2 and #4 stated the nurses answered when they were called. The RN and Wellness Director reported nurses were available as needed and answered when they were called.

According to the Occupancy Agreement an RN was available 24 hours per day. The agreement did not indicate the nurse would physically be in the building 24 hours per day; however, would be available.

Three tenants were interviewed and reported they received the services they requested. The tenants did not report any staffing concerns. The tenants reported nursing services were available as needed.

- Regulatory Insufficiency: None noted.

Complaint Allegation: It was alleged tenants were supposed to be able to do their own cares but that was not true. It was alleged staff were told they would not have to shower or change protective undergarments.

- Monitoring Observation: Review of six tenant files indicated none of the current tenants exceeded the appropriate level of care.

  Staff #1, #2 and #4 did not identify any tenants that exceeded the level of care. The Wellness Director and the RN did not identify any tenants that exceeded the level of care.

  The Universal Worker and/or Certified Nurses Aide job description indicated (under duties and responsibilities) assist with activities of daily living (ADLs) including dressing and undressing, bathing, personal hygiene, mobility devices, transferring and caring for ADL devices.

  According to the Definitions in Chapter 69, Assisted Living or program means provision of housing with services which may include but are not limited to health-related care, personal care and assistance with instrumental activities of daily living to three or more tenants in a physical structure which provides a homelike environment.

- Regulatory Insufficiency: None noted.

Complaint Allegation: It was alleged there was only staff in the dementia unit and there should be more staff.

- Monitoring Observation: Staff #2 stated there was one full time person on first shift and a float from 7:00 a.m. to 11:00 a.m. in the dementia unit. She stated there was one full time person on second shift and short shift from 3:00 p.m. to 7:30 p.m. in the dementia unit. She stated there was one staff on third shift in the dementia unit. Staff

#1, #2 and #4 stated there were enough staff to meet the needs of the tenants. The RN and the Wellness Director stated there were enough staff to meet the needs of the tenants. Three tenants were interviewed and reported they received the services they requested. The tenants did not report any staffing concerns.

- Regulatory Insufficiency: None noted.

Complaint Allegation: It was alleged a tenant asked to wait for staff to assist the tenant and the tenant did not wait, got dizzy and was assisted to a recliner.

- Monitoring Observation: The tenant alleged in the complaint was not on a current tenant list and did not appear on the list of discharged tenants for the past three months. Review of six tenant files did not reveal any regulatory insufficiencies. Staff #1, #2 and #4 stated there were sufficient staff to meet the needs of the tenants. Three tenants were interviewed and reported they received the services they requested. The tenants did not report any staffing concerns.

- Regulatory Insufficiency: None noted.

D. Dementia-Specific Education for Program Personnel

During the course of the investigation, the following information was obtained.

- Monitoring Observation: Four staff files were reviewed. Staff #4 was hired on 3-28-11 and did not have eight hours of dementia-specific training within 30 days of hire. Staff #3 did not have eight hours of dementia-specific training completed annually.

- Regulatory Insufficiency: All personnel employed by or contracting with a dementia-specific program shall receive a minimum of eight hours of dementia-specific education and training within 30 days of either employment or the beginning date of the contract, as applicable. (IAC r. 481-69.30(1))

- Regulatory Insufficiency: All personnel employed by or contracting with a dementia-specific program shall receive a minimum of two hours of dementia-specific continuing education annually. Direct-contact personnel shall receive a minimum of eight hours of dementia-specific continuing education annually. (IAC r. 481-69.30(3))

E. Other

Complaint Allegation: It was alleged the program's doors were supposed to remain unlocked at all times; however, staff at night locked the doors.

- Monitoring Observation: According to a program document, exterior doors were locked to prevent unauthorized entrance to the building between the hours of 8:30 p.m. and 7:00 a.m. each night. Any tenant that needed access to the building during the lockout hours pushed the doorbell to summon the night staff.

- Regulatory Insufficiency: None noted.

Complaint Allegation: It was alleged staff were to follow tenants outside the building if a tenant left. It was alleged staff cell phones did not work outside the program and staff could not carry personal cell phones. It was alleged staff were told to call for assistance before they left the building.

- Monitoring Observation: Incident Reports for the past three months were reviewed. The reports did not identify any elopements. Staff #1, #2 and #4 did not identify any tenants that had eloped. The RN and the Wellness Director did not identify any tenants that had eloped.

  According to the Elopement Policy, elopement training was conducted during orientation of new employees and yearly. According to an Inservice Record Sheet, on 3-31-11 staff received training on topics including telephone procedures and elopement.

  According to a program document, personal cell phones were not permitted to be used during work hours; however, could be used on break time outside the program.

  Staff #1 stated staff carried work phones and personal phones were left in the car or break room. The work phones worked a short distance from the building. She stated she would call one of the other staff to let them know if she had to leave the building. She did not report any outcomes or issues with the phones. Staff #2 stated staff were not allowed to carry personal cell phones. She stated the work phones did not work outside the building; however, there were no outcomes or issues from the phones not working outside the building. Staff #4 stated the work phones worked in the parking lot. The Wellness Director stated the phones had parking lot coverage.

  Three tenants were interviewed and reported they received the services they requested. The tenants did not report any staffing concerns.

- Regulatory Insufficiency: None noted.

Complaint Allegation: It was alleged a tenant's spouse, who was not a tenant, received personal cares from staff.

- Monitoring Observation: Staff #1, #2 and #4 stated only tenants that resided at the program received personal care from staff. The RN and Wellness Director stated only tenants that resided at the program received personal care from staff.

- Regulatory Insufficiency: None noted.

Dated this 26th day of May, 2011.