IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

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GOVERNOR

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RODNEY A. ROBERTS, DIRECTOR

Complaint Intake #: 34832-C

August 18, 2011

Lisa Hanson, RN Manager
SunnyBrook of Mt. Pleasant
1406 E Linden Drive
Mt. Pleasant, IA 52641

RE: Final Complaint Investigation Report, SunnyBrook of Mt. Pleasant, Mt. Pleasant, Iowa

Dear Ms. Hanson:

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.

If you have any questions in regard to the enclosed Report, please contact me at 515/281-4116.

Sincerely,

Jim Berkley

Jim Berkley
Program Coordinator
Adult Services Bureau

Enclosure

Iowa Department of Inspections and Appeals
Assisted Living Program
Final Complaint Investigation Report

Assisted Living Program: **Complaint Intake #: 34832-C**

Lisa Hanson, RN Manager
SunnyBrook of Mt. Pleasant
1406 E Linden Drive
Mt. Pleasant, IA 52641

Date of Investigation:

July 19, 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 SunnyBrook of Mt. Pleasant on July 19, 2011. 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:	30
Current number of tenants with cognitive disorder:	0
Total Population of GPP:	30

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

Total Population of DSP:	11
Total Census of ALP:	41

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

Program History – There were no substantiated Regulatory Insufficiencies this past 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. Medications

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

- Monitoring Observation: Four tenant files were reviewed. The table below reflects medications and treatments either not administered or performed or not documented as administered or performed.

Tenant #1	Travatan Z Drops 0.004% Instill one drop in each eye at bedtime.	Medication Administration Record (MAR) did not reflect documentation of administration of the eye drops on 5-27-11 at bedtime.

Tenant #2	Humalog 5 units before meals. Titrate up for sliding scale. Less than 150 = 5 units, 151-200 + 7 units, 201-275 + 9 units, greater than 276 + 12 units.	The MAR on 5-11-11 and 5-23-11 did not reflect the amount of insulin given for the 4:00 pm dose. The site of the injection was not documented on the MAR on 5-10-11, 5-11-11, 5-14-11, 5-17-11, 5-19-11, 5-24-11, 5-26-11 and 5-31-11 for the 4:00 pm dose.
Tenant #2	Gabapentin cap 300 mg. One capsule by mouth two times a day.	The June MAR did not reflect documentation on 6-24-11 of the 5:00 pm dose.
Tenant #2	Daily weights. Notify the nurse if greater than a 10 pound weight gain.	The May MAR did not reflect documentation of daily weights on 5-8-11, 5-9-11, 5-10-11, 5-11-11, 5-25-11 and 5-31-11. The June MAR did not reflect documentation of daily weights on 6-14-11, 6-18-11, 6-19-11 and 6-23-11. The July MAR did not reflect documentation of daily weights on 7-2-11, 7-3-11, 7-4-11, 7-5-11, 7-7-11, 7-8-11, 7-11-11, 7-16-11 and 7-17-11.

- 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))

B. Staffing

Complaint Allegation: It was alleged staff were not trained appropriately on tasks.

- Monitoring Observation: Staff #1, #3 and #4 had documented nurse delegation training including training on medication administration, insulin injection assistance, insulin administration, blood glucose checks and activities of daily living (ADLs).

The medication management training consisted of training on various medication routes including eye drops. Staff #2 did not administer medications or provide medical cares. Staff #2 assisted with personal cares and had documented nurse delegation training on ADLs.

Staff #1 stated the RN Manager trained her on medication administration, medical cares and ADLs. She stated the RN Manager trained her on eye drops, insulin and blood glucose checks. The RN Manager showed the staff first, then the staff returned demonstration and she felt comfortable doing the tasks. Staff #2 stated the RN Manager trained her on ADLs. Staff #2 did not administer medications or provide medical cares. Staff #5 stated the RN Manager trained her on medication administration, eye drops, and insulin and blood glucose checks. She stated the staff watched the RN Manager and then the staff returned demonstration to the RN Manager.

The RN Manager stated the staff was trained to provide cares including ADLs, blood glucose checks, medications, eye drops, treatments and insulin. She stated not all of the staff assisted tenants with medication administration; however, if they administered medications the staff had training on medications. The RN Manager demonstrated the tasks and the staff returned demonstration of the tasks.

Staff #1, #3 and #4 had documented completion of medication management tests.

Two tenants were interviewed. They stated the staff knew what services to provide and they received the services requested.

A medication pass was observed and appropriate medication administration protocol was followed.

- Regulatory Insufficiency: None noted.

Complaint Allegation: It was alleged tenants were at risk due to lack of appropriate staff training on tasks.

- Monitoring Observation: Medication Error Reports were reviewed for the past three months. None of the documented medication errors had any noted outcome related to the errors.

  Staff #1, #3 and #4 had documented nurse delegation training including training on medication administration, insulin injection assistance, insulin administration, blood glucose checks and ADLs. The medication management training consisted of training on various medication routes including eye drops.

  Staff #1 stated the RN Manager trained her on medication administration, medical cares and ADLs. She stated the RN Manager trained her on eye drops, insulin and blood glucose checks. The RN Manager showed the staff first, then the staff returned demonstration and she felt comfortable doing the tasks. She stated the tenants received the cares and tasks they required and they were not at risk in any way.

Staff #2 stated the RN Manager trained her on ADLs. Staff #2 did not administer medication or provide medical cares. She stated the tenants received the cares and tasks they required and they were not at risk in any way.

Staff #5 stated the RN Manager trained her on medication administration, eye drops, insulin and blood glucose checks. She stated the staff watched the RN Manager and then the staff returned demonstration to the RN Manager. She stated the tenants received the cares and tasks they required and they were not at risk in any way.

The RN Manager stated the staff was trained to provide cares including ADLs, blood glucose checks, medications, eye drops, treatments and insulin. She stated not all of the staff assisted tenants with medication administration; however, if they administered medications the staff had training on medications. The RN Manager demonstrated the tasks and staff returned demonstration of the tasks. The tenants received the cares and tasks they required and they were not at risk in any way.

Two tenants were interviewed. They stated the staff knew what services to provide and they received the services requested.

A medication pass was observed and appropriate medication administration protocol was followed.

- Regulatory Insufficiency: None noted.

C. Other

Complaint Allegation: It was alleged there was a concern with retaliation.

- Monitoring Observation: Staff #1 stated she did not have any concerns with retaliation. She felt she could go to the RN Manager with any issues. Staff #2 stated she did not have any concerns with retaliation and everyone worked as a team. Staff #5 stated she did not any concerns with retaliation.

  The RN Manager stated tenants, family members and staff were not retaliated against in any way by administrative staff.

  Two tenants were interviewed. They were treated well by the staff and could go to the RN Manager or other staff members with any concerns. The tenants did not offer any improvements and were satisfied living at the Program.

- Regulatory Insufficiency: None noted.

Dated this 18th day of August, 2011.