IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

DEMAND LETTER
CERTIFIED
Complaint Intake #: 33452R-C

August 22, 2011

Mary K. Harris, RN Manager
Oakwood Place Assisted Living
4126 Northwest Blvd.
Davenport, IA 52806

RE: I. Final Complaint Investigation Revisit Report
II. Civil Penalty
III. Appeals/Hearings
IV. Conclusion

Dear Ms. Harris:

I. Final Complaint Investigation Revisit Report – Oakwood Place Assisted Living, Davenport, IA

Enclosed is the **Final Complaint Investigation Revisit 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. The Report notes Regulatory Insufficiencies in the area(s) of: Medications and Monitoring, Plans of Correction and Request for Reconsideration. **Oakwood Place Assisted Living** ("Program") is being assessed a $500 civil penalty pursuant to Iowa Code section 231C.14 and 481 IAC 67.12(3)(a).

II. Civil Penalty

If, within 30 days of the receipt of this demand letter, you (1) do not request a formal hearing or withdraw your request for formal hearing, and (2) pay the civil penalty, the assessed penalty will be reduced by thirty-five percent (35%) pursuant to IAC rule 481–67.12(3)d. If you do not wish to request a formal hearing or wish to withdraw your request for formal hearing, please send a cover letter to the attention of **Jim Berkley** and remit the civil penalty assessed by check or money order in the amount of three hundred twenty five dollars ($325) within 30 business days after the receipt of this demand letter.

III. Appeals/Hearings

The Program may appeal the DIA decision in accordance with IAC rule 481—67.13 within thirty (30) days of this notice, by submitting a request for appeal to DIA. A contested case hearing will be held pursuant to Iowa Code chapter 17A and IAC chapter 481—10. If the Program appeals the DIA decision, the civil penalty will be suspended pending the appeal process. If the Program does not appeal, the civil penalty is due within 30 days of notice.

IV. Conclusion

The Program is being assessed a $500 civil penalty pursuant to Iowa Code section 231C.11 and 481 IAC 67.12(3)(a). The Plan of Correction (POC) submitted on August 9, 2011, has been reviewed and will constitute the final POC related to the on-site visit of July 20 & 21, 2011.

DIA may revisit the Program to confirm compliance in fulfilling the POC's corrective measures. If the Program wishes to appeal the final findings, the Program may do so within 30 days of this letter.

If you have any questions in regard to this letter and enclosed Report, please contact your Program Coordinator, Jim Berkley, at 515/281-4116.

Sincerely,

Ann Martin

Ann Martin, Bureau Chief
Adult Services Bureau

Enclosure

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

Assisted Living Program: **Complaint Intake #: 33452R-C**

Mary K. Harris, RN Manager
Oakwood Place Assisted Living
4126 Northwest Blvd
Davenport, IA 52806

Date of Investigation Revisit:

July 20 & 21, 2011

Monitor(s):

James Berkley, RN BS
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 revisit was conducted at Oakwood Place Assisted Living on July 20 & 21, 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:	35
Current number of tenants with cognitive disorder:	1
Total Population of GPP:	36

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

Total Population of DSP:	14
Total Census of ALP:	50

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

Program History – The program had regulatory insufficiencies during this certification period in the areas of Tenant Documents, Service Plan, Food Service, Staffing, Dementia Specific Education, Record Checks, Other (Not reporting Dependent Adult Abuse), Other (Not following policy and procedures), Nurse Review, Tenant Rights, Criteria for Exclusion of Tenants and Medications.

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: A medication pass was observed with Staff #3 and Staff #6. It was observed during the medication pass with Staff #3 that no hand washing or sanitation was used prior to starting the medication pass. The medications were prepared in a centralized medication room. The storage area was unlocked and the medications were removed for dispensing purposes. The tray of medications was left on the counter in the unlocked medication room during the medication pass to three tenants. Several staff members were observed coming and going from the unlocked medication room. Documentation of administration was completed prior to entering the tenant's apartment. After administration of the oral medications, Staff #3 washed her hands and gloved, removed a bottle from the top of the refrigerator and instilled eye drops without verifying any information on the bottle. Proceeding to the next tenant's apartment, Staff #3 did not wash or sanitize her hands.

Proceeding to the third tenant's apartment, Staff #3 used hand sanitizer, removed a pill from the container and administered the medication without reviewing information on the Medication Administration Record (MAR) prior to administration of the medication. During the medication pass with Staff #6 no hand washing or sanitation was observed. Documentation of the administration of the medications was completed before the tenant received the medications.

According to the Nurse Delegation for Medication Management, staff must wash hands as the first step, followed by reading the MAR. The training also indicated each medication was initialed on the MAR immediately after administered. The RN Manager stated hand washing was to be completed prior to starting the medication process and all documentation was to be completed immediately after administration.

The Program received a regulatory insufficiency at the time of the April 4 & 5, 2011 visit regarding when medications were administered traditionally by the program the administration of medications shall be provided by a registered nurse, licensed practical nurse or advanced practitioner registered in Iowa or by unlicensed assistive personnel in accordance with requirements in 655-Chapter 6 governing nurse delegation.

- Monitoring Observation: The table below represents lack of documented results for as needed medication. The table also represents treatments either not documented as completed or not completed. According to the Nurse Delegation for Medication Management, when an as needed medication was given staff must document on the back of the MAR what was being given and the reason. Staff was responsible for following up with the tenant an hour later to observe and record the results of the medication given.

Tenant #6	Colostomy Care change every third day and as needed	5-17-11 to 5-20-11 (four days); 5-27-11 to 5-29-11 (three days); 6-19-11 to 6-21-11 (three days); Failed to document as completed or not completed at each of these intervals.
Tenant #6	Hydrocortisone 2.5% cream apply to itchy areas twice daily and as needed	Documented as administered over 20 times from 7-1-11 to 7-19-11. The back of the MAR only reflects the administration on 7-3-11 and 7-8-11. The result of the as needed medication was not documented.
Tenant #6	Nystop Powder 100,000 units/GM apply topically every day as needed to stoma area	Documented as administered over 10 times from 6-1-11 to 6-29-11.

		The back of the MAR only reflects the administration on 6-18-11 and 6-28-11. The result of the as needed medication was not documented.

- 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 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))

B. Nurse Review

Complaint Allegation #33452R-C: The Program received a regulatory insufficiency at the time of the April 4 & 5, 2011 visit regarding Tenant #5 and #6 related to ensuring that health care professionals' orders are current for tenants who receive health care professional-directed care. The Program also received a regulatory insufficiency related to assessing and documenting 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.

- Monitoring Observation: Tenant #5 was discharged on 3-15-11.

Tenant #6 (the Tenant), a 92 year old, was admitted on 11-7-09 and diagnoses include: Hyperlipidemia, Depression, Osteoporosis, Macular Degeneration, Hypothyroid and Colostomy. The Tenant was staged at a four on the Global Deterioration Scale, which indicated moderate cognitive decline. An order was received on 4-5-11 to apply Nystop Powder 100,000 units/GM topically every day as needed to stoma area. The May, June and July 2011 MARs reflect the order change appropriately.

The Tenant had an order for Hydrocortisone 2.5% cream apply to itchy areas twice daily as needed. The July 2011 MAR indicated the cream was used for itchy areas on the face. The May, June and July 2011 MARs indicated Nystop was applied to the stoma area and Hydrocortisone cream was applied to itchy areas including the Tenant's face. The MARs indicated the treatments were applied topically consistent with the physician orders.

Review of five other tenant files indicated nurse review was completed appropriately.

- Regulatory Insufficiency: None noted.

C. Staffing

Complaint Allegation #33452R-C: The Program received a regulatory insufficiency at the time of the April 4 & 5, 2011 visit related to not having a sufficient number of trained staff available at all times to fully meet tenants' identified needs.

- Monitoring Observation: A community meeting was held with seven tenants. The tenants responded positively to care needs being met. They described the care received as very good and stated the staff were friendly and helpful. The staff knew what services to provide and was trained to provide the services needed. The tenants made their own decisions and provided no recommendations on any improvement areas.

  Tenant council meeting minutes were reviewed for the past three months and did not indicate any concerns with staffing or tenant rights.

  A monitoring of off-hook calls in independent living was completed by the Program. In May 2011 assisted living staff responded to 13 calls, in June 2011 assisted living staff responded to 14 calls and through July 19, 2011 assisted living staff responded to 7 calls. The census dropped from the time of the last time study in March, staffing levels remained the same, three heavier care level tenants moved to the nursing facility and one tenant moved to the dementia unit. The emergency response system calls were reviewed from 7-11-11 to 7-20-11. The staff responded to four calls for assistance from independent living tenants in that time period and the average response time was less than three minutes.

  Staff #3, #6, #7 and #8 stated there was enough staff to meet the needs of the tenants. Staff #2, #3, #6, #7 and #8 stated that medications were administered on time, one hour before or after the prescribed time. Staff #2, #3, #6, #7 and #8 stated baths were completed as required. Staff #3 and #8 stated the tenants were not affected by the assistance provided to independent living tenants.

  The RN Manager stated the staff provided emergency response services for independent living after the apartment nurse was gone until 10:00 p.m. She also stated Staff #5, a licensed practical nurse (LPN) worked until 6:30 p.m. On weekends the staff responded from 6:00 a.m. to 10:00 p.m. The staff did not perform any wellness checks or bathing to the independent living tenants. Three independent living tenants received assistance with medications. The RN Manager stated the services provided to independent living did not affect cares or services at the Program. She stated there had not been any complaints from tenants or the staff regarding providing services to the independent living tenants.

- Regulatory Insufficiency: None noted.

D. Tenant Rights

Complaint Allegation #33452R-C: The Program received a regulatory insufficiency at the time of the April 4 &5, 2011 visit related to all tenants had the right to receive care, treatment and services which were adequate and appropriate.

- Monitoring Observation: A community meeting was held with seven tenants. The tenants responded positively to care needs being met. They described the care received as very good and stated the staff were friendly and helpful. The staff knew what services to provide and was trained to provide the services needed. The tenants made their own decisions and provided no recommendations on any improvement areas.

  Tenant council meeting minutes were reviewed for the past three months and did not indicate any concerns with staffing or tenant rights.

  A monitoring of off-hook calls in independent living was completed by the Program. In May 2011 assisted living staff responded to 13 calls, in June 2011 assisted living staff responded to 14 calls and through July 19, 2011 assisted living staff responded to 7 calls. The census dropped from the time of the last time study in March, staffing levels remained the same, three heavier care level tenants moved to the nursing facility and one tenant moved to the dementia unit. The emergency response system calls were reviewed from 7-11-11 to 7-20-11. The staff responded to four calls for assistance from independent living tenants in that time period and the average response time was less than three minutes.

  Staff #3, #6, #7 and #8 stated there was enough staff to meet the needs of the tenants. Staff #2, #3, #6, #7 and #8 stated that medications were administered on time, one hour before or after the prescribed time. Staff #2, #3, #6, #7 and #8 stated baths were completed as required. Staff #3 and #8 stated the assisted living tenants were not affected by the assistance provided to independent living residents.

  The RN Manager stated the staff provided emergency response services for independent living after the apartment nurse was gone until 10:00 p.m. during the week. She also stated Staff #5, an LPN, worked until 6:30 p.m. On weekends the staff responded from 6:00 a.m. to 10:00 p.m. The staff did not perform any wellness checks or bathing to the independent living tenants. Three independent living tenants received assistance with medications. The RN Manager stated the services provided to independent living did not affect cares or services at the Program. She stated there had not been any complaints from tenants or the staff regarding providing services to the independent living tenants.

  The Village Home Services nurse, an LPN, was interviewed. She worked 8:00 a.m. to 4:30 p.m. during the week. After 4:30 p.m. the staff administered medications to one tenant in independent living, Tenant #7. The staff did not provide any personal cares. On the weekends the staff administered medications to Tenant #7 three times per day, Tenant #14 once per day and Tenant #15 once per day. She stated there had not been any complaints from independent living tenants or assisted living tenants regarding the services provided. She stated the staff responded to off-hooks which might occur one time per night.

They also responded to emergency calls; however, once they responded if it was an actual emergency they were to call the health center nurse and when the health center nurse arrived the staff was to return to the Program.

- Regulatory Insufficiency: None noted.

E. Monitoring, Plans of Correction and Request for Reconsideration

- Monitoring Observation: The Program's Plan of Correction submitted to the Department on 5-17-11 regarding medications indicated all tenants MARs would be reviewed monthly to ensure that documentation for as needed medications were complete and the results documented. The Program did not ensure that documentation for as needed medications were completed and the results documented.

- Regulatory Insufficiency: The Department may conduct a monitoring revisit to ensure that the plan of correction has been implemented and the regulatory insufficiency has been corrected. A monitoring revisit by the Department shall review the program prospectively from the date of the plan of correction to determine compliance. (IAC r. 481-67.10(8))

Dated this 22nd day of August, 2011.