IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake #: 37058-C

January 23, 2012

Mr. Dennis Sanvig, Administrator
Port Charles Assisted Living
801 Blunt Parkway, #39
Charles City, IA 50616

RE: Final Complaint/Incident Investigation Report – Port Charles Assisted Living, Charles City, IA

Dear Mr. Sanvig:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of January 17, 2012, 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 identified.**

If you have any questions regarding 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/Incident Investigation Report

Assisted Living Program:

Dennis Sanvig, Administrator
Port Charles Assisted Living
801 Blunt Parkway #39
Charles City, IA 50616

Complaint/Incident Intake #: 37058-C

Date of Complaint/Incident Investigation:

January 17, 2012

Monitor(s):

Hal L. Chase, RN BSN MPH

Definitions: ***The following definitions are relevant:***

Assisted Living Program – A program certified under 481 IAC 69 that provides housing with contracted services to three or more tenants in a physical structure that provides a homelike environment. Services may include but are not limited to health-related care, personal care, and assistance with instrumental activities of daily living. A General Population Program is an Assisted Living Program that is not dementia-specific but may have tenants with cognitive disorder.

Dementia-Specific Assisted Living Program - An assisted living program certified under 481 IAC 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 (GDS), or serves 55 or more tenants and 10 percent or more of the tenants have dementia between Stages 4 and 7 on the GDS, or holds itself out as providing specialized care for persons with dementia, such as Alzheimer's disease, in a dedicated setting.

Regulatory Insufficiency - A violation of a statutory or rule provision within the Code of Iowa (2011) or the 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 statutory or rule violations. The plan should identify how and by what date each regulatory insufficiency will be corrected, and what measures will be taken to ensure the problem does not recur. The plan is due to DIA within ten (10) working days of the program's receipt of a Complaint/Incident Investigation Report. Depending on the circumstances, DIA may revisit the assisted living program to confirm progress in fulfilling a plan's corrective measures.

Overview: ***In preparing this report, the following information was considered:***

Current Program Census

Assisted Living Programs are defined by the type of population served. The census numbers below were provided by the Program at the time of the on-site visit.

General Population Program	
Number of tenants without cognitive disorder:	35
Number of tenants with cognitive disorder:	0
Total Population of Program at time of on-site	35
TOTAL census of Assisted Living Program	35

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

Complaint/Incident Investigation – The Complaint/Incident investigator(s) made the observations detailed in the following areas:

A. Medications

Complaint/Incident Allegation: It was alleged medication belonging to a tenant had been taken. The medication for coughing was left on the counter in a tenant's apartment. The missing medication was not reported as missing. The same type of medication had been left on the counter one time before and it was also taken. A tenant reported the first theft to the Administrator, but was told it was the tenant's fault for leaving the medication on the counter.

- Monitoring Observation: Four tenant files were reviewed. Incident reports for October 2011 through January 17, 2012 were reviewed and indicated no reporting of missing medication belonging to tenants.

  Tenant #1's and Tenant #3's service plan indicated the Program administered medications to each tenant. Tenant #2's service plan indicated Tenant #2 administered his/her own medications. Tenant #4's service plan indicated the Program administered scheduled medications and Tenant #4 self- administered as needed (prn) medications. Tenant #1's, Tenant #2's and Tenant #4's medication administration records were reviewed and indicated medications were administered and documented appropriately. Program documentation indicated medication administered to tenants by the Program, was kept in a locked drawer in each of the tenant's apartment.

  Tenant #1, #2, #3 and #4 were interviewed and asked if any medication belonging to him/her was missing. Tenant #1, Tenant #2 and Tenant #3 reported their medications were not missing and had not heard of any other tenant missing medications. Tenant #4 reported he/she was missing a bottle of Tramadol, but was unsure of how many tablets were in the bottle.

Tenant #4, a 92 year old, was admitted on 12-9-01 and had diagnoses of: Anxiety, History of Bacterial Infection, Cerebral Ischemia, Osteoporosis, Gastro Esophageal Reflux Disease, Fluid Retention, Hypertension, Dry Eyes Allergy, Chronic Rhinitis, Paralysis Agitan and Constipation. A cognitive evaluation of 9-13-10 scored Tenant #4 at two, which indicated none to some impairment. A service plan of 9-13-10 indicated the Program administered scheduled medications and Tenant #4 self-administered prn medications.

Tenant #4 was interviewed and reported three to four weeks ago, a bottle of Tramadol was missing. No other medication was missing. Tramadol was medication Tenant #4 took on his/her own. Tenant #4 was asked if he/she had been taking any medication for coughing. Tenant #4 responded by asking what Tramadol was used for and thought maybe the Tramadol was used for pain from coughing. Tenant #4 reported 15 tablets were delivered and he/she had taken 10 tablets, possibly 13 tablets of the original 15 tablets dispensed, but wasn't sure how many tablets were left. Tenant #4 reported he/she didn't remember when the bottle was missing. Tenant #4 reported he/she hadn't been prescribed or had purchased over the counter cough medication. Tenant #4 stated no other medications were missing. Tenant #4 reported he/she didn't tell anyone at the Program the Tramadol was missing. Tenant #4 gave no reason for not telling anyone. Tenant #4 was asked if any medication prior to this latest incident was missing. Tenant #4 reported he/she didn't remember any medication missing prior to this current incident.

Pharmacy records indicated Tenant #4 used three different pharmacies for prescribed and over the counter medications. Pharmacy records from two of the pharmacies indicated prescription and over the counter medications had not been filled for the last three months. Pharmacy records from all three pharmacies indicated medication for coughing, either prescribed or over the counter had not been dispensed or purchased by Tenant #4. Pharmacy records from the pharmacy that dispensed medications to Tenant #4 indicated Tramadol 50mg – one to two tablets every four hours prn had been ordered on 11-28-11. Fifty tablets were ordered, but only 15 tablets were delivered.

Staff #1 was interviewed and reported no tenants had reported to her of any medications missing. Medications administered to tenants were kept in their apartments in a locked cabinet. Tenant #4 was administered scheduled medications and prn medications were self-administered. The Program nurse and Staff #2, a licensed practical nurse (LPN) were interviewed.

The Program nurse reported he was not aware of Tenant #4 taking Tramadol, as Tenant #4 was responsible for prn medication. The Program nurse reported Tenant #4 had a previous history of going to a physician and obtaining orders for medications the Program was not aware of, but thought Tenant #4 had kept him updated on current medications. A managed risk agreement had been established on 11-1-09, in response to Tenant #4's allegations of missing items. However, the managed risk agreement was rescinded because the items reported as missing were found and there had been no other allegations made by Tenant #4.

Staff #2, LPN confirmed what the Program nurse had reported. She reported Tenant #4 had a history of seeking prescriptions from physicians for illnesses Tenant #4

believed he/she had, but was not aware Tenant #4 had sought additional medication other than scheduled medications administered by the Program and prn medications Tenant #4 was currently taking.

Tenant #4 was interviewed a second time, in response to allegations of missing items and implementation of a managed risk agreement. Tenant #4 reported he/she had made allegations concerning missing items, but the items he/she reported were found. Tenant #4 reported the allegation of missing items did not include missing medication.

- Regulatory Insufficiency: None noted.