IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake #: 37245-C

February 9, 2012

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

RE: Final Complaint/Incident Investigation Report, Oakwood Place Assisted Living, Davenport, Iowa

Dear Ms. Harris:

Enclosed is the **Final Complaint/Incident 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/Incident 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 515/281-4116.

Sincerely,

Jim Berkley

Jim Berkley
Program Coordinator
Adult Services Bureau

Enclosure

IOWA DEPARTMENT OF INSPECTIONS AND APPEALS
Assisted Living Program
Final Complaint/Incident Investigation Report

Assisted Living Program:

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

Complaint/Incident Intake #: 37245-C

Date of Complaint/Incident Investigation:

January 18, 2012

Monitor(s):

Stephanie Cummins, MA
Margaret Kaltefleiter, RN MS

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:	37
Number of tenants with cognitive disorder:	2
Total Population of Program at time of on-site	39
Dementia-Specific Program by Dedication	
Number of tenants without cognitive disorder:	1
Number of tenants with cognitive disorder:	11
Total Population of Program at time of on-site	12
TOTAL census of Assisted Living Program	51

Program History – The program received regulatory insufficiencies during this certification period in the area of Food Service.

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

A. Evaluation of Tenants

Complaint/Incident Allegation: It was alleged a tenant was not receiving the proper attention to a problem regarding picking at skin and pulling his/her colostomy off. It was alleged the tenant's face appeared infected and the tenant had sores. It was alleged the issue was brought up to the nurses' attention and nothing was done.

- Monitoring Observation: The Program identified Tenant #1 as the only tenant who received assistance with a colostomy. Tenant #1's file was reviewed.

  Tenant #1, a 92 year old, was admitted on 11-7-09 and diagnoses include Hypothyroidism, Hyperlipidemia, Depression, Osteoporosis, Macular Degeneration, Alzheimer's Disease, Chronic Obstructive Pulmonary Disease and Colostomy. Tenant #1 was staged a four on the Global Deterioration Scale, which indicated moderate cognitive decline. Cognitive, health and functional evaluations and the service plan were last completed 5-10-11. The evaluation identified Tenant #1 had a colostomy and staff assisted with the colostomy. The health evaluation indicated it was common for Tenant #1 to pick at ostomy seal and that allowed stool to leak out. At times Tenant #1 completely removed ostomy bag and seal. It also indicated Tenant #1's skin was occasionally red/pink around stoma and he/she frequently picked at skin which caused scabs. The evaluation indicated no surrounding redness or drainage.

The most recent nurse review completed in November 2011 indicated Tenant #1 had Hydrocortisone Cream for itching and he/she continued to scratch areas and there were no signs or symptoms of infection. The service plan updated on 5-10-11 reflected the colostomy care, picking at bag and or wafer which could cause it to leak or come off. The service plan reflected Nystop powder if surrounding colostomy skin was red, report increased redness, open areas or bleeding to the nurse. An ostomy nurse was available for suggestions and problems when called by the nurse. The service plan also reflected that Tenant #1 frequently picked at skin which caused scabs. The service plan indicated to notify the nurse of non-healing areas, swelling, or drainage. Tenant #1 also picked at his/her tongue due to feeling hairy or like sand was there. Staff was to encourage good oral hygiene, encourage drinking fluids at meal times and with medications. A family member supplied bubble pack wrap for Tenant #1 to keep his/her fingers busy. The Medication Administration Record (MAR) for January 2012 indicated colostomy care was completed as needed. The order read to change colostomy wafer as needed, cleanse ostomy area with wipes, pat dry, apply thin layer of Nystop powder to skin surrounding ostomy, wipe area with Allcare protective barrier over powder to seal. An order for Hydrocortisone Cream 2.5% apply to itchy areas twice daily as needed was also reflected on the MAR. The Hydrocortisone Cream was used twice from 1-1-12 to the time of the investigation.

The registered nurse (RN) said Tenant #1 picked at skin and at the colostomy; however, there were no signs or symptoms of infection. Interventions included bubble pack wrap that kept hands busy, crossword book and activities outside the apartment. The RN said she looked at Tenant #1's skin at meal times and there were no infections.

Staff #1 and Staff #2 said the RN followed up as needed on issues or concerns. The RN said she followed up as needed on issues or concerns.

Tenant #1 had a colostomy and picked at skin and at the ostomy. The health evaluation and service plan reflected the behaviors. Interventions were indicated on service plan. The nurse review and health evaluation indicated there were no signs or symptoms of infection. The RN indicated she observed Tenant #1's skin at meal times and there were no signs or symptoms of infection. Tenant #1 had an order for Hydrocortisone Cream to apply to itchy areas as needed. The MAR reflected colostomy care was provided per physician's order.

- Regulatory Insufficiency: None noted.

Complaint/Incident Allegation: It was alleged a tenant showed signs of a Urinary Tract Infection (UTI), the nurse was made aware but a Urinalysis (UA) was not obtained. It was alleged a tenant had a cough and requested cough/cold medicine but it was not obtained.

- Monitoring Observation: Five tenant files were reviewed. Tenants #1, #2, #3, #4 and #5 indicated evaluations were completed as needed. Review of the tenant files indicated appropriate nurse follow up was documented regarding various health concerns and issues.

No tenants were identified that had a cough except those related to a chronic condition. The Program identified several tenants who had symptoms of a UTI, also including Tenant #2. Tenant #2's file was reviewed.

Tenant#2, an 89 year old, was admitted on 2-1-11 and diagnoses include Hypertension (HTN), Dementia, History of Cerebral Vascular Accident, Colitis, Prolapsed Uterus, Gastro Esophageal Reflux Disease, Hypothyroid, Hyperlipidemia and Pain. According to Resident Notes, on 1-5-12 Tenant #2 left his/her apartment while undressed and came to the breakfast area. A UA was requested to rule out a UTI. On 1-6-12 an order was received to obtain a UA with reflex micro and Culture and Sensitivity (C&S) to rule out UTI. On 1-10-12 a UA was obtained after several attempts and sent to the lab. On 1-11-12, UA results were received and faxed to the doctor. On 1-12-12, new orders were received for Bactrim DS one tablet by mouth twice daily for 10 days and recheck UA and C&S in two weeks. Resident Notes indicated pharmacy was notified and the MAR was updated.

Tenant #2 displayed possible signs of a UTI, a UA was ordered and antibiotic therapy was started.

Staff #1 and Staff #2 said the RN followed up as needed for issues or concerns. The RN said she followed up as needed on issues or concerns.

- Regulatory Insufficiency: None noted.

B. Criteria for Admission and Retention

Complaint/Incident Allegation: It was alleged a tenant had a wound on his/her foot that required treatment and had Methicillin-resistant Staphylococcus aureus (MRSA). The nurse had not observed the tenant's wound. It was alleged the tenant exceeded the appropriate level of care, was incontinent of bladder and bowel and could not ambulate due to the wound.

- Monitoring Observation: Five tenant files were reviewed. Tenant #5 was discharged. Tenants #1, #2, #3 and #4 did not exceed admission and retention criteria. The Program identified Tenant #3 had daily wound care. Tenant #3's file was reviewed.

  Tenant #3, an 89 year old, was admitted on 2-14-11 and diagnoses include Congestive Heart Failure, Edema, HTN, Pain and Shortness of Breath. Tenant #3 scored 11 out of 11 on the cognitive evaluation which indicated no cognitive impairment.

  Tenant #3 was admitted to a nursing home on 9-12-11 for therapy and wound care on the right heel. Tenant #3 returned to the Program on 11-14-11. A wound culture and gram stain report for Tenant #3 dated 10-5-11 and another culture on 11-9-11 indicated a light growth of MRSA. Health evaluations completed for Tenant #3 on 11-9-11 and 12-3-11 indicated a culture completed on 10-5-11 showed a light growth of MRSA. Tenant #3 had been on contact isolation.

A service plan was completed on 12-3-11 which stated to complete wound treatment to the right heel area as directed on the treatment sheet and to report to the nurse immediately if any increase in drainage, size, surrounding redness, odor or other signs or symptoms of infection. The nurse was to be notified if the area became worse or painful. The service plan also indicated routine visits to a wound clinic. The wound clinic faxed progress notes and any new orders following clinic visits. Tenant #3 wore a Prafo boot on both legs at all times except for bathing. The service plan indicated no weight bearing on the right foot during transfers. Tenant #3 pivoted to and from a chair and could use a walker to assist with pivot transfers. Functional, cognitive and health evaluations were completed on 12-3-11 due to a change of condition for increased incontinence. The service plan indicated reminders were needed for assistance with toileting and to report any urinary routine changes to the nurse.

The RN said Tenant #3's wound had greatly improved and the size of the wound had decreased. The RN said she looked at the wound every week and verbally checked with staff. No other tenants had MRSA, according to the RN and staff was made aware Tenant #3 had MRSA.

Staff #1 and Staff #2 said the RN followed up as needed for issues or concerns. The RN said she followed up as needed on issues or concerns.

Tenant #3 did not require a routine two person assist with transfers and was not unmanageably incontinent. Tenant #3 did not exceed the appropriate level of care.

- Regulatory Insufficiency: None noted.

C. Service Plans

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

- Monitoring Observation: Tenant #2's file was reviewed. An order was received on 12-22-11 for knee high anti-embolism hose to be put on in the morning, off after lunch, reapply before supper and off at bedtime. The anti-embolism hose were not added to the service plan. The service plan did not reflect the identified needs of Tenant #2.

  Tenant #3's file was reviewed. Tenant #3 was admitted to a nursing home on 9-12-11 for therapy and wound care on the right heel. Tenant #3 returned to the Program on 11-14-11. A wound culture and gram stain report for Tenant #3 dated 10-5-11 and another culture on 11-9-11 indicated a light growth of MRSA. Health evaluations completed for Tenant #3 on 11-9-11 and 12-3-11 indicated a culture completed on 10-5-11 showed a light growth of MRSA. Tenant #3 had been on contact isolation. The service plan completed on 11-9-11 did not indicate Tenant #3 had MRSA. The service plan completed on 12-3-11 indicated universal precautions, place removed dressings in plastic garbage bags, double bag and dispose of immediately. The service plan did not indicate Tenant #3 had MRSA. The service plan did not reflect the identified needs of Tenant #3.

Monitoring observations revealed the service plan failed to reflect the identified needs for Tenant #2 and Tenant #3.

- Regulatory Insufficiency: The service plan shall be individualized and shall indicate, at a minimum: The tenant's identified needs and preferences for assistance. (IAC r. 481-69.26(4)(a))