IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake #: 37917-C

March 1, 2012

Mr. Gary Shebeck, Housing Administrator
Newton Village, Inc.
122 N 5th Avenue West
Newton, IA 50208

RE: Final Complaint/Incident Investigation Report – Newton Village, Inc., Newton, IA

Dear Mr. Shebeck:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of February 22, 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:

Gary Shebeck, Housing Administrator
Newton Village, Inc.
122 N 5th Avenue West
Newton, IA 50208

Complaint/Incident Intake #: 37917-C

Date of Complaint/Incident Investigation:

February 22, 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:	36
Number of tenants with cognitive disorder:	1
Total Population of Program at time of on-site	37

Dementia-Specific Program by Dedication	
Number of tenants without cognitive disorder:	1
Number of tenants with cognitive disorder:	8
Total Population of Program at time of on-site	9
TOTAL census of Assisted Living Program	46

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. Tenant Rights

Complaint/Incident Allegation: It was alleged a tenant had his/her pendant removed so the tenant was not able to call for assistance.

- Monitoring Observation: Staff #1, #2, #3, #4 and #5 said none of the tenants had their pendants removed so they were unable to call. Staff #3 and Staff #5 said Tenant #3 had taken the pendant off on his/her own. The RN Coordinator said none of the tenants had their pagers removed so they were unable to call. Pendant response history was reviewed for Tenants #1, #2, #3 and #4; which indicated staff consistently responded in a prompt manner. The pendant response history indicated consistently a similar response time for Tenants #1, #2, #3 and #4. Two tenants were interviewed, they did not express any concerns with staff and said staff treated them well. Tenants #2 and #3 were observed to be wearing their pendants.

- Regulatory Insufficiency: None noted.

B. Staffing

Complaint/Incident Allegation: It was alleged staff slept while on duty in the dementia unit.

- Monitoring Observation: Staff #1 said one time she saw Staff #6 sleeping on the sun porch in the dementia unit. It was on first shift and there had been no other instances. Staff #1 said she was the other staff on duty at that time. Staff #4 said she had caught Staff #6 nodding off a couple of times. Staff #4 said Staff #6 had been reprimanded and there had been no other instances. She said it occurred on first shift, there had been another staff awake and on duty and the tenants received their cares. Staff #5 said Staff #6 had slept while on duty but she hadn't seen her sleeping recently. She said it was during tenants' rest time and there were no issues with tenant services. The RN Coordinator said three months ago it was reported to him that Staff #6 was sleeping on duty. There was another staff member on duty and there were no issues with services. Pendant response history was reviewed for Tenants #1, #2, #3 and #4; which indicated staff consistently responded in a prompt manner. The ALP Monitoring Entrance Form indicated two staff was scheduled on first shift in the dementia unit. Two tenants were interviewed, they did not express any concerns with staff and said staff treated them well.

  Per staff interviews there had been no recent instances of staff sleeping while on duty. There was one other staff awake and on duty when Staff #6 was observed sleeping. Review of pendant response history indicated a prompt response to tenant requests for assistance. Per staff interviews tenant services were not affected.

- Regulatory Insufficiency: None noted.

Complaint/Incident Allegation: It was alleged staff did not carry appropriate equipment including pagers and keys.

- Monitoring Observation: Staff #1, #2, #3, #4 and #5 said staff carried the appropriate equipment to be able to respond to tenant needs, including a pager, phone and keys. The RN Coordinator said staff carried the appropriate equipment including pagers, keys and a phone. Pendant response history was reviewed for Tenants #1, #2, #3 and #4; which indicated staff consistently responded in a prompt manner.

- Regulatory Insufficiency: None noted.

Complaint/Incident Allegation: It was alleged staff did not answer a tenant's page for assistance or waited to answer a tenant's page for assistance. It was alleged staff would make a tenant cancel his/her pages.

- Monitoring Observation: Pendant response history was reviewed for Tenants #1, #2, #3 and #4; which indicated staff consistently responded in a prompt manner. The pendant response history indicated consistently a similar response time for Tenants #1, #2, #3 and #4. Staff #1, #2, #3, #4 and #5 indicated all tenant pages were answered. Staff #3 said Tenant #3 pushed it but had no idea what it was for and she responded immediately. Staff #4 stated Tenant #3 pressed his/her pendant a lot and sometimes staff might let it go but staff had been talked to about this. No staff had been disciplined regarding this. Staff #5 said Tenant #3 pressed the pendant frequently; however, staff always checked it. Staff #1, #2, #3, #4 and #5 said staff did not make a tenant cancel his/her page. Staff #3 and Staff #5 said Tenant #3 had

cancelled his/her own pages. The RN Coordinator said all tenant pages were answered and none were ignored. The RN Coordinator said he was not aware of staff that made a tenant cancel his/her own pages and he said tenants did cancel their own pages but it was not requested. Two tenants were interviewed, they did not express any concerns with staff and said staff treated them well.

- Regulatory Insufficiency: None noted.

Complaint/Incident Allegation: It was alleged new staff members did not have appropriate training.

- Monitoring Observation: Delegations for four staff hired in 2011 and 2012 were reviewed. Staff members #6, #7, #8 and #9 were all care attendants and had nurse delegations completed. The RN Coordinator said new staff had appropriate training. Staff #1, #2, #3 and #5 said they had appropriate training. Staff #4 stated staff had appropriate training.

- Regulatory Insufficiency: None noted.

C. Service Plans

Complaint/Incident Allegation: It was alleged a tenant was not eating, had choking issues and isolated himself/herself in the apartment and there was no plan of care to address the issues.

- Monitoring Observation: Four tenant files were reviewed.

  Tenant #1, a 78 year old, was admitted on 3-10-11 and diagnoses include: Hypertension (HTN), Chronic Obstructive Pulmonary Disease, Arthritis, and Gastrointestinal Bleeding. A service plan completed on 12-19-11 indicated Tenant #1 was independent with food, diet and nutrition with three meals prepared and served daily.

  Tenant #2, a 91 year old, was admitted on 5-8-10 and diagnoses include: Glaucoma, Arthritis and Hard of Hearing. Tenant #2 was staged at a two on the Global Deterioration Scale (GDS) which indicated very mild cognitive decline. A nurse review completed on 12-15-11 stated Tenant #2 had a history of choking and continued to have choking episodes. Tenant #2 had been to the doctor for the choking episodes and didn't want to go back. The service plan completed on 12-15-11 indicated Tenant #2 choked on food; to offer support; do not leave unattended and to contact the nurse. The service plan was updated on 1-17-12 and indicated to take soup to Tenant #2's room if he/she did not come to meals. According to the Nurse Progress Note dated 1-17-12, after a family member's visit, they requested the full meal be taken to Tenant #2 along with chicken soup; to take Tenant #2 for a walk in the hallway and make sure Tenant #2 was up in the morning. The family member planned to talk with the pharmacy about obtaining a thickening product to assist with the choking. Tenant #2 kept a nutritional supplement to drink in his/her room. On 7-

1-11, Tenant #2 weighed 128 pounds, on 2-6-12 Tenant #2 weighed 108 pounds, thus a 20 pound weight loss over a six month period.

Tenant #3, an 82 year old, was admitted on 9-22-10 and diagnoses include: History of Hip Fracture, Alcoholism, HTN, Esophageal Reflux, Hernia, Prostate Carcinoma, Dementia, Kidney Failure, and Cerebral Vascular Accident. Tenant #3 was staged at a four on the GDS, which indicated moderate cognitive decline. Tenant #3 resided in the dementia unit. Tenant #3's service plan indicated he/she was independent with food, diet and nutrition with three meals prepared and served daily. The service plan indicated Tenant #3 required reminders for exercise, special events and he/she liked to read the newspaper and watch sports.

Tenant #4, a 90 year old, was admitted on 10-21-09 and diagnoses include: Alzheimer's Disease, HTN and Hypercholesteremia. Tenant #4 was staged at a four on the GDS, which indicated moderate cognitive decline. Tenant #4 resided in the dementia unit. Tenant #4's service plan indicated he/she was independent with food, diet and nutrition with three meals prepared and served daily. It also indicated to assist with breakfast in the room. The service plan indicated Tenant #4 was an accomplished painter and to provide reminders to attend activities. The service plan also indicated to remind Tenant #4 of exercise time, activities and special events and he/she enjoyed talking about his/her paintings.

Tenants #1, #2, #3 and #4's service plans reflected the identified needs of the tenants at the time of the investigation.

- Regulatory Insufficiency: None noted.

D. Other

Complaint/Incident Allegation: It was alleged a staff member took inappropriate pictures and sent them to other staff.

- Monitoring Observation: According to a Program record, there were no pictures taken on the Program's property or while staff was one duty. The RN Coordinator stated there were no issues with tenants and photographs being taken. According to the Housing Administrator, it had been rumored a staff member sent inappropriate photos to another staff member. The Program did not have any proof that this occurred. If photos were taken it was not while on the Program's property and the photos were not of any tenants. It was his understanding that all photos were deleted from the phone of the staff member who received them. The staff member who sent the photos was suspended for two to three days. The phone used was not a cell phone issued by the Program. All staff was told when hired not to put the Program's name or any information about the Program on social media sites, nor to reflect the Program in texting or on phones.

- Regulatory Insufficiency: None noted.