IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

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GOVERNOR

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LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

DEMAND LETTER
CERTIFIED
Complaint Intake #: 39391-C

August 17, 2012

Ms. Nancy Ketcham, Administrator
Riverview Terrace Assisted Living
1501 St. Luke Drive
Spencer, IA 51301

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

Dear Ms. Ketcham:

I. Final Complaint/Incident Investigation Report – Riverview Terrace Assisted Living, Spencer, IA

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. The Report notes Regulatory Insufficiencies in the area(s) of: Tenant Documents, Policy and Procedures, Evaluation, Service Plan, Staffing and Nurse Review.

Riverview Terrace Assisted Living ("Program") is being assessed a $1,000 civil penalty pursuant to Iowa Code section 231C.14(1)(b) and 481 IAC 67.12(3)(a)(2). The Program failed to comply with regulatory requirements which have been cited previously by the Department. The Program's continued failure (or refusal) to comply with regulatory requirements within the prescribed time frame established has a direct relationship in the health, safety, or security of tenants. Program failed to update Service Plans for four tenants and failed to provide proper training to staff on care needs to one tenant.

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 to the State of Iowa in the amount of six hundred fifty dollars ($650) 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 $1,000 civil penalty pursuant to Iowa Code section 231C.14 and 481 IAC 67.12(3)(a). The Plan of Correction (POC) submitted on August 7, 2012, has been reviewed and will constitute the final POC related to the on-site visit of June 27, 2012.

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/Incident Investigation Report

Assisted Living Program: **Complaint/Incident Intake #: 39391-C**

Nancy Ketcham, Administrator
Riverview Terrace Assisted Living
1501 St. Luke Drive
Spencer, IA 51301

Date of Complaint/Incident Investigation:

June 27, 2012

Monitor(s):

Hal L. Chase, RN BSN MPH
Lori Miner, RN BSN

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.

Dementia-Specific Program by Dedication	
Number of tenants without cognitive disorder:	61
Number of tenants with cognitive disorder:	7
Total Population of Program at time of on-site	68
TOTAL census of Assisted Living Program	68

Program History – The program received regulatory insufficiencies in the areas of Service Plan and Staffing during this certification period.

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

A. Tenant Documents

During the course of the investigation the following information was obtained:

- Monitoring Observation: Four tenant files were reviewed. A review of Tenant #2's, Tenant #3's and Tenant #4's files revealed no issues related to tenant documents.

  Tenant #1, a 90 year old, was admitted on 1-1-02 and had diagnoses of: Degenerative Joint Disease, Gastro Esophageal Reflux Disease, History of Breast Cancer, Osteoarthritis, Chronic Shoulder Pain and Hypertension (HTN). On 1-23-12, Tenant #1 scored 16 out of 30 on the Mini Mental Status Exam, which indicated moderate cognitive impairment.

  A review of Tenant #1's file indicated a service plan was updated on 4-25-12 and a functional evaluation was completed on 4-24-12, but a health and cognitive evaluation for the same period was not found. Nurse's notes of 6-18-11, 11-1-11 and 5-16-12 indicated Tenant #1 had fallen and sustained serious injuries with each fall. An incident report for 5-16-12 had been completed, but incident reports for 6-18-11 and 11-1-11 were not found. Nurse's notes for the same period indicated at least seven incidents of Tenant #1 being seen by a physician, dentist, and podiatrist and hospital emergency personnel. Oral and topical medications and treatments for dental, foot and wound care were ordered. A review of Tenant #1's file revealed there was no documentation of physician ordered medications and treatments. Medication Administration Records (MARs) for February and May 2012 were found in the Tenant #1's file but no other MARs were found.

  The Administrator and Program nurse reported documentation in Tenant #1's file had been destroyed because Tenant #1 had been discharged from the Program. The Administrator reported she was not aware such documentation needed to be saved.

- Regulatory Insufficiency: Documentation for each tenant shall be maintained by the program and shall include: b. application forms; c. initial evaluations and update;, e. individual service plan and updates; i. when any personal or health-related care is delegated to the program; the medical information sheet; documentation of health professionals' orders; such as those for treatment, therapy and medication; and nurse's notes written by exception; j. medication lists, which shall be maintained in conformance with 481-subrule (67.5(4)); o. incident reports involving the tenant, including but not limited to those related to medications errors, accidents, falls, and elopements (such reports shall be maintained by the program but need not be included in the tenant's medical record.) (IAC r. 481-69.25(1)(b, c, e, i, j, o,))

B. Policy and Procedures

Complaint/Incident Allegation: It was alleged the Program did not follow their policy related to staff's response when a tenant needed hospital emergency room evaluation.

- Monitoring Observation: Four tenant files were reviewed. Tenant #2's, #3's and #4's file revealed no issues related to policy and procedures. Tenant #1's nurse's notes of 6-18-11, 11-1-11 and 5-16-12 indicated Tenant #1 had fallen and sustained serious injuries with each fall. Nurse's notes of 6-18-11 indicated Tenant #1's family member was called to take Tenant #1 to the hospital emergency room for evaluation and treatment. Nurse's notes of 11-1-11 indicated an ambulance was called and Tenant #1 was transported to a hospital emergency room. Nurse's notes of 5-16-12 and an incident report of the same date indicated Tenant #1 was transported by ambulance to a hospital emergency room for evaluation and treatment.

  The Program's policy related to emergency care indicated when a tenant sustained a fall and was in pain or distress or had an apparent head injury; staff was to call the Program's campus number or to call 911 for transfer first. Staff was then to call the Program nurse, the tenant's responsible party or family member within 24-hours of the incident. The Program did not follow they policy when, on 6-18-11, staff called Tenant #1's family member to take Tenant #1 to a hospital emergency room for evaluation and treatment.

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

- Monitoring Observation: The Program's policy for emergency care indicated when a tenant falls, an incident/accident report must be completed. Tenant #1's nurse's notes of 6-18-11, 11-1-11 and 5-16-12 indicated Tenant #1 had fallen and sustained serious injuries with each fall. An incident report for 5-16-12 had been completed, but incident reports for 6-18-11 and 11-1-11 were not found.

- Regulatory Insufficiency: The program's policies and procedures on incident reports, at a minimum, shall include; a. statements from individuals, if any, who witnessed the incident and; f. a copy of the completed incident report shall be kept on file on the program's premises for a minimum of three years. (IAC r. 481-67.2(1)(a)(f))

C. Evaluation

During the course of the investigation the following information was obtained:

Complaint/Incident Allegation: It was alleged a tenant had fallen at least twice and was on the floor for a long period of time before staff found the tenant.

- Monitoring Observation: Four tenant files were reviewed. Tenant #1, Tenant #2, Tenant #3 and Tenant #4 sustained multiple falls.

  Tenant #1's nurse's notes of 4-25-11 through 5-16-12 indicated Tenant #1 sustained three separate falls; 6-18-11, 11-1-11 and 5-16-12. Each fall required hospital emergency evaluation and treatment for wounds sustained from each fall. A functional evaluation of 1-23-12, with an update made on 4-24-12, indicated Tenant #1 was independent with ambulation. A change was made (date undetermined) to the functional evaluation related to mobility. The evaluation indicated minor assistance with ambulation one to two times weekly. Stand-by assistance had been written, but had been discontinued (date undetermined). The Program did not evaluate Tenant #1's functional, cognition and health status with a significant change.

  Nurse's notes of 8-17-11 through 1-9-12 indicated Tenant #1 had at least three teeth extracted. Antibiotic (ATB) therapy was initiated and Tenant #1 was to rinse mouth with salt water three times daily and a soft food diet for three days. Functional, cognitive and health evaluations were completed on 1-23-12. The functional evaluation of 1-23-12, which was updated on 4-24-12, indicated staff was to assist Tenant #1 with oral hygiene at night. Nurse's notes of 2-1-12 indicated Tenant #1 had six teeth extracted. ATB therapy was ordered along with pain medication every six hours. A pureed diet was ordered and Tenant #1's dentures were to "stay in". On 2-6-12 Tenant #1's dentist ordered dentures to be removed after meals and rinse nightly. Staff was to apply gel on gums as needed and to watch for sores. A functional evaluation was not reflective of the dental care needed.

  Tenant #1's social service notes of 4-12-12 through 5-11-12 indicated several incidents of Tenant #1 pulling a fire alarm, had wandered throughout the Program looking for his/her children and had increased confusion and needing a higher level of care. The program did not complete a functional, cognitive and health evaluation with a significant change.

  Tenant #2, a 91 year old, was admitted on 4-2-11 and had diagnoses of: Diverticulitis, Memory Lost, Aneurysm of the Iliac Artery, Hard of Hearing, Hiatal Hernia, Coronary Artery Disease (CAD), Anemia, Acute Gastritis, HTN, Carcinoma of the Lung, Hyperlipidemia, Osteoporosis, Tremors and Benign Prostate Hypertrophy. Incident reports of 2-14-12 through 6-8-12 indicated Tenant #2 at least five incidents of falling or staff finding Tenant #2 on the floor. Nurse's notes written in response to incidents indicated staff reminded the tenant used his/her walker, assisted Tenant #2 from the floor and was directed to assist with getting ready for bed to avoid falls. Nurse's notes of 6-18-12 indicated Tenant #2's right knee was "bowing outward," and Tenant #2 was complaining of knee pain.

The Program notified Tenant #2's physician that Tenant #2's right knee was bowing out and Tenant #2 was unable to walk very far. Functional and health evaluations of 4-30-12 indicated Tenant #2 was independent with ambulation, used a wheeled walker and had a fall in the past year.

Nurse's notes of 6-6-12 indicated Tenant #2 had a raised reddened area on the spine between the shoulder blades that "was painful to touch." Nurse's notes of 6-7-12 indicated Tenant #2 was seen by a physician and diagnosed with a Sebaceous Cyst. ATB therapy was ordered three times daily for 10 days. A moist, warm compress was to be applied to the infected area twice daily. Nurse's notes of 6-18-12 through 6-21-12 indicated Tenant #2's cyst continued to have yellow-greenish drainage. ATB therapy continued for an additional five days.

Despite having at least five incidents of suspected falls between 2-14-12 and 6-8-12 and an infected cyst and prescribed ATB therapy, a functional and health evaluation wasn't completed until 4-30-12. These evaluations indicated Tenant #2 was independent with ambulation, but did not evaluate the suspected falls. The Program did not complete a functional, cognitive and health evaluation despite a continuation of suspected falls, the report of Tenant #2's right knee "bowing outward" and the continuation of ATB therapy for a sebaceous cyst.

Tenant # 3, a 92 year-old, was admitted on 7-12-10 and had diagnoses of: Atrial Fibrillation, High Cholesterol, HTN, Degenerative Joint Disease, and Hepatomegaly. An incident report dated 4-18-12 revealed Tenant #3 was found on the floor with no injury noted. Tenant #3 was educated on the proper use of the walker. An incident report dated 4-21-12 revealed Tenant #3 was sitting on the floor and Tenant #3 indicated he/she had "blacked out" and fell to the floor. No injuries were noted. An incident report dated 4-26-12 revealed Tenant #3 stated he/she fell when trying to get into a wheelchair. No injuries were noted. Tenant #3 was instructed to put on the call light when assistance was needed. The most recent functional assessment dated 10-5-11 revealed Tenant #3 required reminders for mobility and was encouraged to use a walker at all times. A fax to the physician dated 5-7-12 requested an order for physical therapy as Tenant #3 was not walking and used a wheelchair. Evaluations were not completed with a change of condition following three falls and inability to walk.

Tenant #4, a 96 year-old, was admitted on 7-2-11 and had diagnoses of: HTN, Coronary Disease, Hiatal Hernia, Diverticulosis, Gastroesophageal Reflux Disease, and Lymphoma. An incident report dated 2-18-12 and timed 5:40 a.m. indicated Tenant #4 was sitting on the floor. Tenant #4 stated he she was going to sit down and went to the floor. Tenant #4 was told to use the walker at all times and call for assist if needed. An incident report dated 2-18-12 and timed 5:20 p.m. indicated Tenant #4 was found on the floor. Tenant #4 complained of "a little" back pain. Tenant #4 was told to use the call button at all times. An incident report dated 2-29-12 indicated Tenant #4 was on the bathroom floor. No injuries were noted. Tenant #4 was reminded to use the walker at all times. An incident report dated 4-4-12 indicated Tenant #4 was lying on the floor in the apartment. No injuries were noted. Ambulation was encouraged so Tenant #4 would get strength in the legs. Tenant #4 refused physical therapy. Evaluations were not completed with a change of condition following the falls.

- Regulatory Insufficiency: A program shall evaluate each tenant's functional, cognitive and health status within 30 days of occupancy. A program shall also evaluate each tenant's functional, cognitive and health status as needed with significant change, but not less than annually, to determine the tenant's continued eligibility for the program and to determine any changes to services needed. The evaluation shall be conducted by health care professional or human services professional. A licensed practical nurse may complete the evaluation via nurse delegation when the tenant has not exhibited a significant change. (IAC r. 481-69.22(2))

D. Service Plans

During the course of the investigation the following information was obtained:

Monitoring Observation: Four tenant files were reviewed and indicated issues related to service plans. Tenant #1's nurse's notes of 4-25-11 through 5-16-12 indicated Tenant #1 sustained three separate falls; 6-18-11, 11-1-11 and 5-16-12. Each fall required hospital emergency evaluation and treatment. A service plan of 1-25-12 and an updated service plan of 4-25-12 indicated if Tenant #1 was tired, he/she could go to meals and activities by wheelchair due to long distance. Staff was to provide direction with ambulation.

Tenant #1's nurse's notes of 8-17-11 through 1-9-12 indicated Tenant #1 had at least three teeth extracted. ATB therapy was initiated and Tenant #1 was to rinse mouth with salt water three times daily and a soft food diet for three days. The functional evaluation of 1-23-12, which was updated on 4-24-12, indicated staff was to assist Tenant #1 with oral hygiene at night. Nurse's notes of 2-1-12 indicated Tenant #1 had six teeth extracted. ATB therapy was ordered along with pain medication every six hours. A pureed diet was ordered and Tenant #1's dentures were to "stay in". On 2-6-12 Tenant #1's dentist ordered dentures to be removed after meals and rinse nightly. Staff was to apply gel on gums as needed and to watch for sores.

Tenant #1's social service notes of 4-12-12 through 5-11-12 indicated several incidents of Tenant #1 pulling a fire alarm, was wandering throughout the Program looking for his/her children and had increased confusion and needing a higher level of care.

Tenant #1's service plan was not updated to reflect the specific service needs related to falls, dental care, wandering and increased confusion.

Tenant #2's service plan of 5-12-12 indicated Tenant #2 was independent with ambulation despite a history of suspected falls between 2-14-12 and 6-8-12. The Program notified Tenant #2's physician that Tenant #2's right knee was "bowing outward" and Tenant #2 was unable to walk very far. The service plan did not indicate Tenant #2 was to use a walker when ambulating.

Nurse's notes of 6-6-12 indicated Tenant #2 had a raised reddened area on the spine between the shoulder blades that "was painful to touch." Nurse's notes of 6-7-12 indicated Tenant #2 2as seen by a physician and diagnosed with a Sebaceous Cyst.

Anti- biotic therapy was ordered three times daily for 10 days. Moist warm compress was to be applied to the infected area twice daily. Nurse's notes of 6-18-12 through 6-21-12 indicated Tenant #2's cyst continued to have yellow-greenish drainage. ATB therapy continued for an additional five days. The service plan of 5-12-12 was not updated when Tenant #2 had a sebaceous cyst and received ATB therapy.

Tenant # 3, was identified in three incidents between 4-18-12 and 4-26-12 as being found on the floor. The incident reports indicated Tenant #3 was educated on the proper use of a walker and was instructed to put on the call light when assistance was needed. A fax dated 5-7-12 revealed Tenant #3 was not walking and used a wheelchair. The service plan dated 10-6-11 indicated Tenant #3 was to be encouraged to use a walker and to wear shoes. The service plan did not identify the interventions outlined in the incident reports including proper use of a walker, or use of the call light when assistance was needed. The service plan did not identify Tenant #3 use of a wheelchair for mobility. The service plan did not meet the identified needs of Tenant #3

Tenant #4 was found on the floor three times in February 2012 and once in April 2012. The service plan did not identify the interventions outlined in the incident reports including use of a walker for ambulation, reminders to use call light, and leg strengthening measures. Tenant #4 had a chest drainage tube placed in August 2011 for the removal of fluid. In the literature for the drainage kit provided by the Program, potential complications of draining fluid from the lung space included lung edema, low blood pressure, and infection. The Program Nurse stated Tenant #4 was able to shower with the tube in place because the tube was covered by a waterproof barrier. A review of the service plan dated 8-3-11 and reviewed 5-2-12 revealed Tenant #4 had a chest drainage tube and the nurses would take care of the tube. The service plan indicated direct care staff assisted Tenant #4 with showers twice a week. The service plan did not indicate to staff members to check the waterproof barrier prior to giving a shower. The service plan did not identify signs or symptoms related to tube placement or fluid withdrawal that direct care staff was to report to the Program Nurse.

A fax to the physician dated 1-30-12 revealed Tenant #4 had an outbreak of shingles. A review of the service plan dated 8-3-11 and reviewed 2-1-12 and 5-2-12 revealed Tenant #4's mobility was "improved since shingles better..." The service plan did not identify precautions staff would take when providing direct cares to a tenant with shingles. The service plan did not meet the identified needs of Tenant #4

- Regulatory Insufficiency: When a tenant needs personal care or health-related care, the service plan shall be updated within 30 days of the tenant's occupancy and as needed with significant change, but not less than annually. (IAC r. 481-69.26(3))

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

E. Medications

Complaint/Incident Allegation: It was alleged the Program gave tenants medications belonging to other tenants who no longer resided at the Program. It was alleged the Program did not dispose of medications belonging to tenants who no longer resided at the Program.

- Monitoring Observation: Three staff members, Staff #1, Staff #2 and Staff #3 was observed passing medications to 10 tenants. All three staff members stated they had never taken medication from one tenant to give to another. There was no borrowing of medication observed during the medication passes. Medications were observed to be given on time. Six tenants were interviewed. Five received medications administered by the Program. One tenant stated a spouse whose medications were given late but the Program was working on it and the time of the medication administration was improving. The other tenants interviewed stated medications were given on time.

  A review of the Program's policy related to the storage and disposal of medications indicated the registered nurse (RN) monitored each tenant for compliance and response to medication given and prescription orders were current and administered consistently. All medications would be labeled properly without alteration and the RN, in the case where the Program administered medications, would remove discontinued or expired medications from the Program.

  The Program's disposal of contaminated medications, including medications belonging to tenants who no longer reside at the Program were to be disposed of by locking medications in the nurse's office, to be taken to a designated disposal location within the community. The Administrator reported prescription medications, including narcotic medications were taken to the local police station for disposal.

- Regulatory Insufficiency: None noted.

F. Staffing

Complaint/Incident Allegation: It was alleged staff did not provide personal cares, including dental care, nail care, weighing tenants' monthly and not providing standby assistance with ambulation.

- Monitoring Observation: Staff #1, #2 and #4 was interviewed and each reported there were no tenants' who refused personal and/or health related cares, reported there were enough staff to meet the needs of tenants' and tenants' hadn't complained of lack of help due to not having sufficient staff available.

  Staff #2, #5, #6, #7 and #8 provided personal and health-related cares to tenants who resided in the assisted living Program. Staff training files were reviewed for the staff listed above and revealed no documentation the Program nurse provided training of personal and health-related cares to each staff and staff demonstrating their competency to provide such cares.

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

Tenant # 4 had a chest drainage tube placed in August 2011 for fluid removal. The Program Nurse stated she used the tube to remove fluid twice a week. The Program Nurse stated nursing staff had learned the procedure for fluid removal from a video provided by the manufacturer. The Program Nurse stated she had delegated the task to Licensed Practical Nurses (LPNs) but had no documentation of a written procedure to follow.

A review of the service plan for Tenant #4 stated Tenant #4 had a tube in the right chest and the nurse would take care of it. In the literature for the drainage kit provided by the Program, potential complications of draining fluid from the lung space included lung edema, low blood pressure, and infection. The Program Nurse stated Tenant #4 was able to shower with the tube in place because the tube was covered by a waterproof barrier. A review of the service plan dated 8-3-11 and reviewed 5-2-12 revealed Tenant #4 had a chest drainage tube and the nurses would take care of the tube. The service plan indicated direct care staff assisted Tenant #4 with showers twice a week. The service plan did not indicate to staff members to check the waterproof barrier prior to giving a shower. The service plan did not identify signs or symptoms related to tube placement or fluid withdrawal that direct care staff members were to report to the Program Nurse. Staff members lacked information to care for Tenant #4 and the chest drainage tube. Staff members were not sufficiently trained to work with Tenant #4 and the chest drainage tube.

- Regulatory Insufficiency: A sufficient number of trained staff shall be available at all times to fully meet tenants' identified needs. (IAC r. 481-67.9(1))

- Regulatory Insufficiency: The program shall have training and staffing plans on file and shall maintain documentation of training received by program staff. (IAC r. 481-67.9(4))

G. Nurse Review

- Monitoring Observation: Nurse's notes for Tenant #3, dated 6-5-12 revealed Tenant #3 was more confused and urinating more frequently. A urinalysis was ordered and the results were negative for a urinary tract infection. Nurse's noted dated 6-8-12 revealed the healthcare provider indicated Tenant #3 needed an appointment to see the healthcare provider if the confusion continued. A nurse review had not been completed to determine if Tenant #3 continued to exhibit confusion or if the confusion had resolved. A nurse review was not completed with a change of condition.

Tenant #4 had a chest drainage tube placed in August 2011 for fluid removal. The Program Nurse stated she used the tube to remove fluid twice a week. The documentation of regular withdrawal of fluid through the tube in amounts of 250 milliliters (ml) to 700 ml was recorded for February and continued into June 2012. A 90-day nurse review was completed on 5-1-12 as documented in the nurse's notes.

The 90-day nurse review did not contain documentation related to the chest drainage tube, the removal of fluid, how Tenant #4 tolerated the procedure of fluid removal, Tenant #4 respiratory status, or documentation of the chest drainage tube site and whether or not infection was present. A review of Tenant #4's health status was not completed every 90 days.

Regulatory Insufficiency: If a tenant does not receive personal or health-related care, but an observed significant change in the tenant's condition occurs, a nurse review shall be conducted. If a tenant receives personal or health-related care, the program shall provide a registered nurse or a licensed practical nurse via nurse delegation to monitor, at least every 90 days, or after a significant change in the tenant's condition, any tenant who receives program-administered prescription medications for adverse reactions to the medications and to make appropriate interventions or referrals, and to ensure that the prescription medications orders are current and that the prescription medications are administered consistent with such orders. (IAC r. 481-69.27)

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Regulatory Insufficiency: To assess and document 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. (IAC r. 481-69.27(3))

H. Structural Requirements

Complaint/Incident Allegation: It was alleged a tenant's apartment had "dust bunnies" and wasn't cleaned appropriately. The tenant's carpet had stains and the needed to be cleaned.

- Monitoring Observation: The Program's occupancy agreement was reviewed. The agreement stated "the tenant agrees to pay for damages caused by the tenant beyond normal wear and tear even if in excess of this security deposit."

  An interview was conducted with the Director. The Director stated the Program provided light housekeeping which included the kitchen, bathroom, and light dusting. Knick-knacks and complete dusting were not done. Deeper cleaning was provided for an additional fee. Drawers and closets were considered tenant's personal space and were not clean. Security deposits were used for damage above normal "wear and tear." The Director stated carpets were the most frequent need for additional charges. Damage was usually due to many juice spills or episodes of tenant incontinence.

  Attachments to the agreement included the Tenant Handbook which stated "each participating tenant will be assigned and receive light housekeeping duties weekly which includes cleaning the bathroom, kitchenette, laundry and minimal dusting. A $5 charge for heavy cleaning and complete dusting will be assessed to the tenant." Staff #2 stated the cleaning was divided into a "heavy cleaning week" and "light cleaning week" which alternated. Staff #2 provided documentation of the cleaning checklist. Dusting was listed as part of the duties of the heavy cleaning week. Six tenants were interviewed in their apartments. The apartments were observed to be

One tenant stated dusting was not done but that the apartment was mostly clean. One tenant voiced concerns about bed making and laundry. Four tenants had no concerns about housekeeping services.

- Regulatory Insufficiency: None noted.