IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

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GOVERNOR

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Complaint/Incident Intake #: 40936-C

November 6, 2012

Ms. Alison Kapustka, Manager
Windsor Manor Nevada
1642 South G Avenue
Nevada, IA 50201

RE: Final Complaint/Incident Investigation Report, Windsor Manor Nevada, Nevada, Iowa

Dear Ms. Kapustka:

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 515/281-7039 or **Rose.Boccella@dia.iowa.gov**

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:

Alison Kapustka, Manager
Windsor Manor Nevada
1642 South G Ave.
Nevada, Iowa 50201

Complaint/Incident Intake #:

40936-C

Date of Complaint/Incident Investigation:

October 16, 2012

Monitor(s):

Maribeth Freland RN

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:	26
Number of tenants with cognitive disorder:	2
Total Population of Program at time of on-site	28

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	37

Program History – The certification visit of September 11, 2011 resulted in a regulatory insufficiency in the following area: Record Checks. During the July 2012 Incident Investigation (39758-I), the program received regulatory insufficiencies in the areas of: Criteria for Admission and Discharge, Evaluation, Service Plan and Policy and Procedure.

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

A. Nursing Coverage

Complaint/Incident Allegation: It was alleged the program did not have nursing coverage.

- Monitoring Observation: Staff #1, the program's previous registered nurse (RN), left employment with the program on 9-1-12. The program's manager is a licensed practical nurse (LPN). The program manager handled the day to day operation of the program during the absence of an on-site RN. The program had Staff #2; an RN working at another assisted living owned by the same corporation, available on-call to provide direction to staff members and evaluate tenants as needed. Staff #2 was on-site at the program to complete tenant evaluations and update of service plans in conjunction with the Manager/LPN as needed. On 9-24-12, the program hired Staff #3, the program's current RN. Staff #2 oriented Staff #3 for approximately two weeks and ceased involvement with the program on or about 10-10-12.

  The monitor reviewed the clinical records of Tenants #1, #2 and #3, all tenants requiring evaluations to be completed by an RN prior to admission or due to a significant change in condition between 9-1-12 and 10-10-12. Staff #3 completed the admission and significant change evaluations appropriately.

The monitor interviewed Staff #4, #5 and #6, all universal workers (UW). All three staff members reported the program was never without nursing coverage during the month of September 2012. All three reported the program Manager covered efficiently and was able cover the day to day operation effectively. All three reported Staff #2 was on-call and available as needed. The program was not without nursing coverage as alleged.

- Regulatory Insufficiency: None noted.

B. Medications

Complaint/Incident Allegation: It was alleged program tenants were not getting medications administered as ordered by each tenant's physician.

- Monitoring Observation: The monitor observed the morning medication administration completed by Staff #4, UW, on 10-16-12 beginning at 9:08 a.m. Staff members are allowed one hour prior and one hour after a scheduled medication time to be considered in compliance with the medication administration as ordered. Staff #4 administered the following medications outside of the allowed time frame:

Tenant #	Medication Order	Scheduled Time	Time Given
Tenant #4	Aspirin 81 mg; Plavix 75 mg; Prozac 20 mg; Imdur 30 mg; Toprol XL 50 mg; Miralax 17 gm; Spiriva Inhaler; Advair 250/50 Inhaler; Colace 200 mg; Duoneb Nebulizer Solution; and Losartin 50 mg.	All scheduled for 8:00 a.m.	Given at 9:20 a.m.
Tenant #5	Aspirin 81 mg; Calcium 600 with Vitamin D 200; Lasix 20 mg; Potassium Chloride 20 mEq; Multivitamin; Protonix 40 mg; Zoloft 25 mg; Metoprolol 50 mg; Namenda 10 mg; and Oxycontin 10 mg.	All scheduled for 8:00 a.m.	Given at 9:28 a.m.
Tenant #6	Administered 4 pills from a prefilled medication planner.	All scheduled for 8:00 a.m.	Given at 10:05 a.m.

The monitor reviewed Tenant #4's, #7's, #8's and #9's Medication Administration Records (MARs) for September and October 2012 noting the following:

Tenant #	Medication Order	Medication Error
Tenant #4	Ipratropium Nebulizer Solution one vial at 5:00 p.m. and 9:00 p.m.	Not given as medication was not available for either dose on 9-23-12
Tenant #4	Toprol XL 50 mg at 8:00 a.m.	Not given as medication was not available on 9-17-12
Tenant #4	Imdur 30 mg at 8:00 a.m.	Not given as medication was not available on 10-1-12

Tenant #7	Calcium one tablet at 8:00 a.m.	Not given as medication was not available on 9-19-12
Tenant #8	Abilify 5 mg at 8:00 p.m.	Not given as medication was not available on 10-12-12
Tenant #9	Cyancobalamin 1000 mcg via injection once monthly on the 3rd of the month	Not signed as given. On 9-25-12 the route for the medication was changed to an oral form of Vitamin B12

During interview, Staff #4, #5 and #6 all reported when tenant medications are low, each UW reports this to the program RN and she reorders the medications.

During interview, Staff #3, RN, reported all tenant medications are stored in each tenant's apartment. Staff members are to let the RN know prior to a medication being completely gone. At times, staff members do not notify the RN soon enough to get the medication to the program without missing a dose of the medication.

- Regulatory Insufficiency: When medications are administered traditionally by the program, the administration of medications shall be provided by a registered nurse, a licensed practical nurse or advanced registered nurse practitioner registered in Iowa or by unlicensed personnel in accordance with requirements in 655-Chapter 6 governing nurse delegation. (IAC r. 481-67.5(6) a)

C. Nurse Review

Complaint/Incident Allegation: It was alleged the program staff members did not obtain accurate blood pressures as they did not use a pediatric cuff and the RN did not report the inaccuracies and one tenant's low blood pressures to the physician.

- Monitoring Observation: The monitor interviewed Staff #4, #5 and #6, all UWs. All three denied knowledge of any tenants recent or current that required a pediatric cuff. Staff #4 reported Tenant #3, who no longer lived at the program, was thin but did not believe Tenant #3 required a pediatric cuff when taking blood pressures.

  The monitor reviewed the clinical record of Tenant #3 finding no indication a pediatric cuff was to be used when taking blood pressures. Staff members monitored blood pressures with Tenant #3's falls with no instances of hypotension noted.

  The monitor reviewed the clinical records of Tenants #4, #5, #6, #8, #9 and #10, all diagnosed with hypertension and all who take medications to lower the blood pressure. The monitor found no documentation indicating any of the tenants had experienced low blood pressures requiring physician notification. Tenant #4 and #9s' clinical records included documentation of physician notification of high blood pressure readings.

  The program manager reported the program had never had a pediatric blood pressure cuff and had never had a tenant who required one.

- Regulatory Insufficiency: None noted.

D. Other

Complaint/Incident Allegation: It was alleged program administration did not take directives from a tenant's power of attorney.

- Monitoring Observation: The monitor interviewed staff members who work directly with tenants. No one reported any concerns with the administration not following power of attorney directives.

  The monitor reviewed the clinical records of Tenants #3 and #6, each having an activated durable power of attorney, finding no concerns.

- Regulatory Insufficiency: None noted.