IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

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Complaint/Incident Intake #: 40621-I

November 13, 2012

Ms. Laura Hansen, Director
Elm Crest Retirement Community
2108 12th Street
Harlan, IA 51537

RE: Final Complaint/Incident Investigation Report, Elm Crest Retirement Community, Harlan, Iowa

Dear Ms. Hansen:

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 or **James.Berkley@dia.iowa.gov**

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: **Complaint/Incident Intake #:** 40621-I

Laura Hansen, Director
Elm Crest Retirement Community
2108 12th Street
Harlan, IA 51537

Date of Complaint/Incident Investigation:

September 27 & October 1, 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:	28
Number of tenants with cognitive disorder:	2
Total Population of Program at time of on-site	30
TOTAL census of Assisted Living Program	30

Program History – The program received regulatory insufficiencies in the areas of Evaluation and Service Plan 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: The Program reported a medication manager notified the Program nurse on 8-20-12 there were six tablets remaining of Tramadol 50mg from a prescription filled on 8-18-12 for 30 tablets and Medication Administration Records (MARs) indicated only one Tramadol 50mg had been administered, leaving 23 tablets unaccounted for.

Upon further investigation, the Program nurse took inventory of other tenants who were on Tramadol. On 8-21-12 at approximately 8:10 a.m. Tenant #2 had 29 tablets of Tramadol in a medication card. At 6:00 p.m. the Program nurse checked Tenant #2's Tramadol medication card and noted only 16 Tramadol tablets were left, leaving 13 tablets unaccounted for.

- Monitoring Observation: Tenant #1, a 90 year old, was admitted on 11-15-09 and had diagnoses of: Diabetes Mellitus Type II, Asthma, Hypothyroidism and Edema. A cognitive evaluation completed on 7-16-12 indicated Tenant #1 had normal cognition.

  Pharmacy records indicated Tramadol 50mg – one tablet four times daily as needed (prn) for pain was ordered by Tenant #1's physician on 4-23-12. MARs for 7-1-12 through 8-18-12 indicated Tramadol 50mg had been given five times. Pharmacy records indicated 30 Tramadol 50mg tablets were delivered on 8-4-12 and again on 8-18-12. A review of staff schedule for 8-2012 indicated more than seven staff had access to tenant's medication between 8-1-12 through 8-21-12.

  Tenant #2, an 80 year old, was admitted on 5-24-10 and had diagnoses of: Multiple Sclerosis, Senile Dementia, Hypertension, Hyperlipidemia, Depressive Disorder, Coronary Atherosclerosis, Muscle Spasms, Contact Dermatitis and a history of Venous Emboli.

A Global Deterioration Scale, completed on 8-23-12 staged Tenant #2 at four, which indicated moderate cognitive decline.

Pharmacy records indicated Tramadol 50mg – ½ tablet four to six hours prn for pain was ordered by Tenant #2's physician on 2-9-11. MARs for 7-1-12 through 8-20-12 indicated Tramadol 50mg – ½ tablets were given 10 times. Pharmacy records indicated 30 Tramadol 50mg tablets were delivered on 8-10-12. A review of staff schedule for 8-2012 indicated at least four staff had access to Tenant #2's medication beginning 8-21-12 at 8:10 a.m. until 8-21-12 at 6:00 p.m.

The Program nurse reported the Program didn't count Tramadol during this period and it could not be conclusively determined the specific number of Tramadol tablets that had been taken, when they had been taken and who may have taken the medications belonging to Tenant #1 and Tenant #2.

Staff #1, a universal worker who didn't administer medications, but had a key to tenant's medication drawer, indicated if a tenant complained of pain she would notify the medication manager and pain medication would be given. Staff #1 reported she had never accessed medications belonging to tenants. Staff #2, Staff #3 and Staff #4 reported each had worked during the dates listed above, but didn't know Tramadol was missing until the Program initiated an investigation and was interviewed by the Program nurse. Staff #1, #2, #3, and Staff #4 each reported Tramadol was not counted at the beginning and end of each shift.

The investigation concluded an undetermined amount of Tramadol 50mg tablets prescribed to Tenant #1 and Tenant #2 were unaccounted for and were not recorded as given in the MARs. The Program initiated and completed their investigation and could not account for the missing Tramadol for either tenant. The Program initiated a protocol for two staff to complete a count at the beginning and end of each shift for all Tramadol administered by the Program.

- Regulatory Insufficiency: When medications are administered traditionally by the program (a) the administration of medications shall be provided by a registered nurse, licensed practical nurse or advanced registered nurse practitioner registered in Iowa or by unlicensed assistive personnel in accordance with requirements in 655—Chapter 6 governing nurse delegation. Medications shall be kept in a locked place or container that is not accessible to persons other than employees responsible for the administration or storage of such medications. (IAC r. 481-67.5(6) (a)(b))