IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

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Complaint/Incident Intake #: 41442-C

November 29, 2012

Ms. Tonia Olsen, Manager
Cedar Vale Assisted Living
10 Poppe Lane
Nashua, IA 50658

RE: Final Complaint/Incident Investigation Report, Cedar Vale Assisted Living, Nashua, Iowa

Dear Ms. Olsen:

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:

Tonia Olsen, Manager
Cedar Vale Assisted Living
10 Poppe Lane
Nashua, IA 50658

Complaint/Incident Intake #: 41442-C

Date of Complaint/Incident Investigation:

November 2, 2012

Monitor(s):

Lori Miner, RN BSN
Joyce Kix, 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.

Dementia-Specific Program by Definition	
Number of tenants without cognitive disorder:	14
Number of tenants with cognitive disorder:	5
Total Population of Program at time of on-site	19
TOTAL census of Assisted Living Program	19

Program History –The program received regulatory insufficiencies in the areas of Medications and Dependent Adult Abuse Training during the June 9, 2011 Recertification on-site.

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

A. Criteria for Admission and Retention

Complaint/Incident Allegation: It was alleged a tenant had a loaded gun. It was alleged the tenant urinated in inappropriate places, used profane language and threatened other tenants.

- Monitoring Observation: Upon arrival at the program, the monitors were met by the manager who stated she expected a visit from the state. The manager gave the following information: Tenant #1 had not been at the program very long. At the time of the pre-admission assessment, Tenant #1 was deemed appropriate for assisted living. Tenant #1 was reported to urinate in garbage cans, leaving a strong odor that could be smelled outside the apartment. Families have reported noticing the smell. The program made an appointment for Tenant #1 to see a urologist, but Tenant #1 refused. The manager reported Tenant #1 wore incontinence briefs but did not want to use them. Tenant #1 was reported to have urinary urgency and urinated in the first thing available. Tenant #1 was reported at times to be angry. The manager related the behaviors to Tenant #1's blood sugar, as Tenant #1 was diabetic. The manager reported Tenant #1 felt he/she was "Queen of Bitches." Tenant #1 was reported to be unable to converse at the dining table with other tenants, and socially, Tenant #1 did not fit in. While at the dining table with a married couple, Tenant #1 was reported to have asked them about their sexual activity. The manager reported other tenants were uncomfortable with Tenant #1. Upon questioning about a tenant with a gun, the manager reported Tenant #1 had a license for the gun and was a retired police officer. The manager reported she did not know at admission that Tenant #1 owned firearms. On 10-31-12, Staff #1, a universal worker, reported to the manager Tenant #1 had

told her Tenant #1 was in possession of a gun. The manager went to talk to Tenant #1 and stated there was a rule of no guns at the program. The manager contacted the local police department and an officer arrived. Tenant #1 was reported to willingly give up the gun to the officer. The gun and clip was reported to have been placed by the officer in the trunk of Tenant #1's car which was in the parking lot of the program. The keys to the car were with Tenant #1 and the manager reported Tenant #1 was physically able to ambulate to the parking lot. The manager stated the program had been working to find placement for Tenant #1 after Tenant #1 gave permission to discuss transfer, and two nursing homes have indicated Tenant #1 met criteria for admission to their facilities. The manager stated a 30-day notice was not given to Tenant #1.

Tenant #1, a 74 year-old, was admitted on 8-29-12 and had diagnoses of: Congestive Heart Failure, Noncompliance, Nephropathy, Hypertension, Diabetes Mellitus Type II requiring Insulin, Poor Glycemic Control, Coronary Artery Disease, Obesity and Metabolic Syndrome, Bladder Outlet Obstruction with Lower Urinary Tract Symptoms, Peripheral Diabetic Polyneuropathy, and Depression with Cognitive Impairment. Tenant #1 scored 27 of 30 on the pre-admission mini mental state evaluation (MMSE) and 29 of 30 within 30 days of admission. Neither result was enough to trigger further evaluation of Tenant #1's mental state. The assessments done prior to admission and within 30 days, 9-24-12, indicated Tenant #1 was incontinent of urine. A notation was made on 9-24-12 which indicated Tenant #1 urinated in waste baskets. An undated functional assessment indicated Tenant #1 required no assistance with toileting if incontinence products were used.

Communication sheets documented the following regarding Tenant #1:

Date	**Comments:**
9-3-12	Staff member found six bullets on Tenant #1's clothes
9-16-12	Had another accident at supper tonight; was talking inappropriately at the table about "haven't been laid in 20 years"
9-29-12	Tenant's dog was licking Tenant #1's leg wound. When Tenant #1 noticed, dog was shooed away, and pant leg was pulled down. Still using trash can for bathroom
10-3-12	Saying inappropriate things at the table
10-9-12	Tenant #1 initiated a conversation about urinating in the trash. Tenant #1 was upset people won't let it be. Staff member tried to explain why it was important not to do that. "I don't think it sunk in though." Still urine to trash in can tonight.
10-14-12	Big blow out this evening. Was upset because I asked him/her to clean out the trash cans that were once again filled with urine. Very unreasonable, made threats, etc. Nurse and manager notified of behavior. Tenant #1 refused to take insulin and pills.
10-21-12	Pee is in the trash can
10-22-12	Has urine/trash in waste basket
10-31-12	Had loaded gun by the chair. The gun is now in trunk. Watch that it stays there. Call law enforcement if it comes back in.

Nurse's notes documented the following regarding Tenant #1.

8-14-12	Incontinent of urine and BM. Takes care of own needs.
9-18-12	Spoke with Tenant #1 about conversation topics not appropriate at the dining room table. Staff heard Tenant #1 talking about getting laid and diarrhea. Verbal agreement to watch topics of conversation at table.
9-24-12	Scrape to lower leg with small open area. Reminder added to service plan to take care of incontinence issues as needed. Spoke with Tenant #1 about not urinating in the garbage can, can use urinal. Reminder not to use dining room dishes as dog bowls for Tenant #1's pet.
9-29-12	Has a urology consult on 10-3-12
10-8-12	Physician spoke with Tenant #1 about not urinating in garbage cans and bags. Advised to use restroom more often. Tenant #1 was advised that staying at program may not be possible if Tenant #1 does not manage incontinence. Tenant #1 reported using restroom every 30 minutes.
10-15-12	Tenant #1 had outburst with staff related to smell of urine in apartment and hall. Tenant #1 became very angry and yelled at staff. Manager discussed eviction with Tenant #1 due to unmanageable incontinence and increased anger with staff. Tenant #1 yelled and police were called. Physician notified and order received for psychiatric evaluation. Police officer talked with Tenant #1. Ambulance arrived for Tenant #1 and Tenant #1 refused transfer. Eviction process will begin tomorrow.
10-17-12	Nurse and management in to see Tenant #1. Explained that Tenant #1 needed to use urinal or incontinence product and clean self and urinal or waste basket. Discussed excessive odor that is traveling into hallway. Tenant #1 denied odor or problem with continence. Tenant #1 denied verbal arguments with staff or management. Every two-hour checks initiated related to incontinence.
10-23-12	Tenant #1 signed consent to send information to other care facilities. Tenant #1's floor is scattered with sunflower seed shells all over. Room smell is very potent with urine.
11-1-12	Nurse made aware Tenant #1 has a concealed carry permit and had a gun at chair on 10-31-12. Police called at that time and gun was taken to car by police officer and Tenant #1. Police officer discussed with Tenant #1 that a firearm could not be in the program even with a concealed carry license. Verbal OK from Tenant #1. Tenant #1 was told by the nurse that even with a license it was not in the program policy and Tenant #1 was not able to have a firearm in the building. Tenant #1 verbalized agreement and stated it would not be in the building. Nursing facility here to evaluate for possible placement related to increased need for assistance with personal cares and self neglect of cares.

Physician progress notes documented the following: 9-24-12, urine incontinence with odor, overactive bladder with urgency; 10-3-12, didn't make appointment with urology; 10-8-12, urine incontinence with odor and hygiene issues, encouraged Tenant #1 to do a better job with bladder and urine control.

Documentation from the physician's office dated 10-15-12 as reported by the program stated Tenant #1 had become verbally abusive to staff, refusing medications including insulin. Tenant #1 was not performing cares for self, the apartment, or the pet. The apartment smells strongly of poor body habits and urine odors, and Tenant #1 was urinating in garbage cans, etc. Tenant #1 has a history of suicidal ideation and program staff did not feel Tenant #1 was safe to himself or to staff members. A verbal order was obtained from the physician for a psychiatric evaluation.

Staff #1, universal worker, was interviewed. Staff #1 stated Tenant #1 had urinated in trash cans for the past month because he/she can't make it to the bathroom. Another staff person had asked Tenant #1 to clean the trash can and Tenant #1 used inappropriate language and told that staff member to leave. On 10-31-12, Tenant #1 stated he/she had a gun, but Staff #1 did not actually see the gun. Tenant #1 reported to Staff #1 that he/she was a retired police officer and had a permit to carry a gun. Tenant #1 refused to give up the gun, so the manager called the police. The police officer came and put the gun in Tenant #1's car and locked it in the trunk. Staff #1 was fearful that Tenant #1 could take his/her own life.

The registered nurse (RN) stated the pre-admission assessment was completed in Tenant #1's previous apartment where Tenant #1 had been living independently. The apartment smelled and the nurse had concerns over the living conditions. The nurse reported having no knowledge of Tenant #1 having suicidal ideations. After 30 days of occupancy, Tenant #1 was urinating in waste baskets and had hygiene issues. Tenant #1 was aware of the sensation to urinate, but refused to use a urinal, and refused to clean up afterwards. Tenant #1 was reported to be oblivious to the odor. On 10-15-12, Tenant #1 was symptomatic and refused to take insulin and an ambulance was called. Tenant #1 refused to be transferred. The confrontation resulted in program manager deciding Tenant #1 was no longer appropriate for assisted living. Tenant #1 refused to be seen for a psychiatric evaluation. The nurse went with the manager to discuss transfer to another facility with Tenant #1. Tenant #1 was never given a 30-day notice as the program was being nice and thought transfer would be easier to facilitate if Tenant #1 was in agreement.

The clinical record for Tenant #1contained a document dated 10-17-12 which indicated an immediate termination of residence because necessary services could not be safely provided by the program due to verbally aggressive behaviors, unmanageable incontinence, and refusal to comply with program policies and physician orders. The document was not signed by any party. The program did not give a written discharge notice to the tenant.

The program provided an incident report which stated on 10-31-12 staff was informed Tenant #1 had a gun in the apartment. The report documented Tenant #1 was told a gun could not be in the building, even if Tenant #1 had a permit.

On 11-2-12 at approximately 5:30 p.m. a police officer with the Nashua Police Department accompanied Tenant #1 from the dining room to Tenant #1's apartment. An odor of urine was noted half-way down the 100 hallway. The officer stated to Tenant #1 that the program did not allow weapons and the officer wanted to secure any weapons. Tenant #1 acknowledged that another officer had come to secure a weapon earlier in the week. This police officer stated the manager was in possession of bullets to a 38 caliber gun, which was not the gun secured earlier in the week. Tenant #1 reported having a permit to carry a gun, issued in another county. Tenant #1 did not provide documentation of a permit, and stated the sheriff of the current county of residence had not been notified of the permit. Tenant #1 opened the unlocked door to the apartment and entered. A strong odor of urine was present. Tenant #1 went to the bedside and retrieved a gun. Tenant #1 voluntarily gave the weapon to the police officer. Tenant #1 left the apartment, door left unlocked, accompanied by the police officer and monitors. Tenant #1 stated he/she was always nearby, and always left the door unlocked. Tenant #1 ambulated with a walker, with a steady gait, to the parking lot and the car in which a gun had been secured earlier in the week. Tenant #1 had keys, but was unable to find the right key to open the trunk. It was noted the car was not locked and the inside trunk button was used to open the trunk. The police officer took a gun and a clip of bullets from the trunk without opposition by Tenant #1. The police officer asked if there was more than one clip of bullets. Tenant #1 stated as a former police officer, he/she used to teach a firearms course and was a good marksman and did not need many bullets. The trunk was closed and Tenant #1 ambulated back into the program with the walker.

The program reported five tenants with cognitive decline resided at the program. Those tenants would be at risk with unsecured weapons and ammunition at the program.

The police officer provided a receipt of the items held by the Nashua Police Department. The list included: Smith and Wesson 38 special and 6 rounds of ammunition, and a Springfield XD 40 and a clip containing 11 rounds of ammunition.

Tenant #1 was admitted after living independently in conditions that concerned the nurse. After 30 days occupancy, the program had documentation that Tenant #1 was unable to self-manage incontinence. Tenant #1 refused a urology consult and refused to use incontinence products preferring instead to urinate in waste baskets. The apartment and hallway had a strong odor of urine. Notes documented Tenant #1 made inappropriate remarks to other tenants and was verbally aggressive with staff members. A physician ordered a psychiatric consult, which Tenant #1 refused. The clinical record documented Tenant #1 had a history of suicidal ideation. Tenant #1 was in possession of two guns and ammunition for the guns in an unlocked apartment and unsecured trunk of his/her car.

Tenant #1 was dangerous to self, other tenants and staff and exceeded criteria for retention in an assisted living program

- Regulatory Insufficiency: A program shall not knowingly admit or retain a tenant who: (a) Is bed-bound; or (b) Requires routine, two-person assistance with standing, transfer or evacuation; or (c) Is dangerous to self or other tenants or staff, including but not limited to

a tenant who: (1) Despite intervention chronically elopes, is sexually or physically aggressive or abusive, or displays unmanageable verbal abuse or aggression; or (2) Displays behavior that places another tenant at risk; or (d) Is in an acute stage of alcoholism, drug addiction, or uncontrolled mental illness; or (e) Is under the age of 18; or (f) Requires more than part-time or intermittent health-related care; or (g) Has unmanageable incontinence on a routine basis despite an individualized toileting program; or (h) Is medically unstable; or (i) Requires maximal assistance with activities of daily living. (IAC r. 481-69.23(1)(a-i))