IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

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Complaint/Incident Intake #: 41668-C

January 22, 2013

Ms. Jewl Russell, Administrator
Vintage Hills at Prairie Trail
1275 SW State Street
Ankeny, IA 50023

RE: Final Complaint/Incident Investigation Report, Vintage Hills at Prairie Trail, Ankeny, Iowa

Dear Ms. Russell:

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 Insufficiencies, 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: **Complaint/Incident Intake #:** 41668 – C

Jewl Russell, Administrator
Vintage Hills At Prairie Trail
1275 S. W. State Street
Ankeny, IA 50023

Date of Complaint/Incident Investigation:

December 12, 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:	27
Number of tenants with cognitive disorder:	0
Total Population of Program at time of on-site	27

Dementia-Specific Program by Dedication	
Number of tenants without cognitive disorder:	0
Number of tenants with cognitive disorder:	12
Total Population of Program at time of on-site	39

TOTAL census of Assisted Living Program	39

Program History – The program received a regulatory insufficiency in the area of medications during the Initial Certification on-site of May 24, 2012.

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

A. Staffing

Complaint/Incident Allegation: It was alleged there were two boxes of the same narcotic; on one of the boxes someone had written "Don't give at 8:00 a.m. Use the other packet." The weekend of 11-10-12 or 11-11-12, staff gave a tenant a medication belonging to another tenant. Both tenants were on the same medication. It was alleged narcotics were labeled in a confusing manner. Staff place medications in envelopes and administer the medication to tenants. One staff, who is not a nurse, has been transcribing medications directly to the Medication Administration Records (MARs).

- Monitoring Observation: Three tenant files were reviewed. A review of Tenant #3's file indicated no issues related to staffing concerns. Tenant #1, an 83 year old, was admitted on 10-2-12 and had diagnoses of: Aortic Regurgitation, Cor-Pulmonale, Coronary Artery Disease (CAD), Dementia, Diverticulitis, Glaucoma, Hyperlipidemia, Hypertension (HTN), Sinus Bradycardia and Rhythm Disorder. A Global Deterioration Scale (GDS) staged Tenant #1 at four, which indicated moderate cognitive decline. Tenant #1 resided in the dementia unit.

  Tenant #1 was prescribed Lorazepam 1 milligram (mg) twice daily. A review of November MARs indicated Tenant #1 was given Lorazepam 1mg at 9:00 a.m. on 11-11-12, but a review of narcotic count sheets for the same date indicated staff had given Tenant #1 Lorazepam belonging to Tenant #2.

Tenant #2, a 79 year old, was admitted on 10-17-12 and had diagnoses of: HTN, Depression, Dementia, Chronic Hyponatremia, Gastroesophageal Reflux Disease (GERD) and Anxiety. A GDS was completed on 11-17-12 and staged Tenant #2 at four, which indicated moderate cognitive impairment. Tenant #2 resided in the dementia unit.

Tenant #2 was prescribed Lorazepam 0.5mg daily. A review of Tenant #2's narcotic count sheet indicated one of the Lorazepam 0.5mg was removed on 11-11-12 at 7:00 a.m. At 8:00 a.m. Lorazepam .5mg was removed and given; but recorded as given to the "wrong tenant," Tenant #1.

Staff #1, #2, #3, #4 described the process for administering narcotic medications. Narcotic medications are centrally located and locked in two medication boxes. A narcotic policy (as part of the Program's medication policy) described how medication was stored and counted, but did not describe the process as to how narcotic medications were to be administered. Staff #1, #2, #3 and #4 were interviewed and reported when a narcotic medication was administered, staff would remove the prescribed narcotic from the bubble pack, place the medication in a small envelope, write the name of the tenant, the room number, the time in which it was to be given, and the dosage. Staff would then chart in the tenant's MAR the medication was given.

A review of staff # 1 through #16's personnel file indicated each had signed the medication policy, which described guidelines for the "medication assistance" to tenants in both the general population and dementia unit. The medication policy included a narcotic medication administration policy. Staff #2 and Staff #4 had received nurse delegated training for receiving phone orders, hand written prescription orders and new prescription filled orders from a pharmacy and transcribing these orders to a tenant's MAR. However, a review of Staff #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #14, #15 and #16 did not receive nurse delegated training – return demonstration of medication administration including the administration of narcotics. Staff # 13 had received nurse delegated training and return demonstration of medication administration, but not on the process of administering narcotic medication as described above on 9-13-12.

- 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))

B. Policy & Procedure

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

- Monitoring Observation: A review of the Program documents indicated Staff #1 through #16 had received training on the medication and narcotic policy, either at the time of hire or shortly thereafter. A revised medication policy was completed on 11-18-12, however, a review of Staff #1 through #16 file indicated staff had not been trained on the new medication policy. Regardless of either policy used, both medication policies did not describe or identify the policy and procedure for transcribing medication orders; either receiving phone orders, written orders and or

new prescriptions received from a pharmacy to a tenant's MAR. Neither policy included a description of the process (as described above) in the administration of narcotics.

- Regulatory Insufficiency: A program's policies and procedures must meet the minimum standards set by applicable requirements. The program shall follow the policies and procedures established by a program. All programs shall have policies and procedures related to the reporting of incidents including allegations of dependent adult abuse. The program's policies and procedures on incident reports, at a minimum, shall include the following: a. the program shall have available incident report forms for use by the program staff b. an incident report shall be in detail and shall be provided on an incident report form, c. the person in charge at the time of the incident shall prepare and sign the report, d. the incident report shall include statements from individuals, if any, who witnessed the incident, and e. all accidents or unusual occurrences within the program's building or on the premises that affect tenants shall be reported as incidents. (IAC r. 481-67.2(1)(a-e))

C. Evaluation

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

- Monitoring Observation: Three tenant files were reviewed. No issues were found with Tenant #2.

  Tenant #1's initial cognitive evaluation was a GDS. The Program did not use a scored, objective tool at time of admission. Despite having a diagnosis of Dementia, the Program used an incorrect cognitive evaluation to determine Tenant #1's cognitive status at time of admission. The Program did not complete a functional, cognitive and health evaluation within 30-days of admission.

  Tenant #3, an 84 year old, was admitted on 8-31-12 and had diagnoses of: Alzheimer's Disease, History of an Abdominal Aortic Aneurysm, HTN, Dizziness, Hypercholestremia, Memory Loss and Osteoarthritis. A cognitive evaluation was completed on 8-28-12 and staged Tenant #3 at five, which indicated moderately severe cognitive decline. Despite having a diagnosis of Dementia, the Program used an incorrect cognitive evaluation to determine Tenant #2's cognitive status at time of admission. The Program did not complete a functional, cognitive and health evaluation within 30-days of admission.

- Regulatory Insufficiency: A program shall evaluate each prospective tenant's functional, cognitive and health status prior to the tenant's signing the occupancy agreement and taking occupancy of a dwelling unit in order to determine the tenant's eligibility for the program, including whether the services needed are available. The cognitive evaluation shall utilize a scored, objective tool. When the score from the cognitive evaluation indicates moderate cognitive decline and risk, the Global Deterioration Scale shall be used at all subsequent intervals, if applicable. If the tenant subsequently returns to the tenant's mildly cognitively impaired state, the program may discontinue the GDS and revert to a scored cognitive screening tool.

The evaluation shall be conducted by a health care professional or human service professional. (IAC r. 481-69.22 (1))

- 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 a health care professional or human service professional. (IAC r. 481-69.22(2))

C. Service Plans

Complaint/Incident Allegation: It was alleged staff reported a tenant's ankles and left great toe were swollen, but the nurse had not assessed the tenant.

- Monitoring Observation: Tenant #1's initial service plan was completed on 10-3-12, however, Program documentation indicated Tenant #1's evaluations were completed on 9-28-12 and Tenant #1 moved to the Program on 10-2-12. The service plan was not signed by Tenant #1, but by the Durable Power of Attorney (DPOA) on 10-3-12. A review of Tenant #1's chart indicated a physician had not determined Tenant #1 wasn't able to make his/her personal or health-care decisions. Despite Tenant #1 having a GDS of four, which indicated moderate cognitive decline, Tenant #1 needed to have signed the service plan prior to admission. The service plan of 11-3-12 was signed by Tenant #1, but the service plan was not supported by evaluations.

  Tenant #3's health evaluation of 8-28-12, indicated pedal edema to lower extremities. The service plan of 8-28-12 indicated no interventions related to monitoring for pedal edema to lower extremities. Nurse's notes of 8-31-12 through 9-22-12, indicated no issues related to exacerbation of pedal edema. No other documentation was found. However, the Program did not complete a service plan update within 30-days of admission.

- Regulatory Insufficiency: A service plan shall be developed for each tenant based on the evaluations conducted in accordance with subrules 60.22 (1) and 69.22 (2) and shall be designed to meet the specific service needs of the individual tenant. The service plan shall subsequently be updated at least annually and whenever changes are needed. (IAC r. 481-69.26(1))

- Regulatory Insufficiency: Prior to the tenant's signing the occupancy agreement and taking occupancy of a dwelling unit, a preliminary service plan shall be developed by a health care professional or human service professional in consultation with the tenant and, at the tenant's request, with other individuals identified by the tenant, and, if applicable, with the tenant's legal representative. All persons who develop the plan and the tenant, or the tenant's legal representative shall sign the plan. (IAC r.481-69.26(2))

- 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.481-69.22(3))