IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake #: 40935-C

October 16, 2012

Mr. Ken Busby, Manager
Windsor Manor Webster City
1401 Wall Street
Webster City, IA 50595

RE: Final Complaint/Incident Investigation Report. Windsor Manor Webster City, Webster City, Iowa

Dear Mr. Busby:

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:

Ken Busby, Manager
Windsor Manor Assisted Living
1401 Wall Street
Webster City, IA 50595

Complaint/Incident Intake #: 40935-C

Date of Complaint/Incident Investigation:

September 28, 2012

Monitor(s):

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.

General Population Program	
Number of tenants without cognitive disorder:	21
Number of tenants with cognitive disorder:	1
Total Population of Program at time of on-site	22
Dementia-Specific Program by Dedication	
Number of tenants without cognitive disorder:	0
Number of tenants with cognitive disorder:	8
Total Population of Program at time of on-site	8
TOTAL census of Assisted Living Program	30

Program History – The program has not received any regulatory insufficiencies 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: It was alleged a tenant did not receive an injection because an on-call nurse was not available to give the injection.

- Monitoring Observation: According to the Regional Director, the program nurse submitted a resignation and was not in the building during the month of September, 2012. The Program has nurses on-call to provide needed services. Staff #1, #2, and #3 were interviewed and stated the on-call nurses responded to requests for assistance in a timely manner. Staff #1, #2, and #3 reported one tenant, Tenant #1, received a vitamin injection which was late in September.

  Tenant #1, an 83 year-old, was admitted on 7-29-09 and had diagnoses of: Chronic Obstructive Pulmonary Disease, Dementia, Hyptertension, B 12 Deficiency, Anemia, Benign Prostatic Hypertrophy, Congestive Heart Failure, and Chronic Kidney Disease. Tenant #1 was staged at three on the Global Deterioration Scale which indicated mild cognitive decline. Tenant #3 resided in the general population. Physicians orders revealed a Vitamin B 12 injection was ordered monthly, with no specific date given. A review of medication administration records (MAR) for July and August 2012 indicated the injection was given on the 17th of each month. The MAR for September 2012 indicated the medication was not given until the 21st.

A medication ordered monthly was given four days later than had been given in the two previous months. The medication was Vitamin B 12.

While a deviation from the requirements of the rules was found, it did not meet the standard set forth in rule 67.5(6) for determining that a regulatory insufficiency exists.

- Regulatory Insufficiency: None noted.

B. Staffing

During the course of the investigation, the following was noted:

- Monitoring Observation: During interview, Staff #1 and #4 stated the previous nurse had assumed the responsibility of checking in medications as they arrived from pharmacy, but in the absence of a full-time nurse, Staff #1 and #4 checked in medications when they arrived around the 20th or 21st of September. The policy and procedure for assistance with medication revealed staff would be delegated to ordering and checking in medications from pharmacy.

  Staff training files were reviewed. Staff #1, a Universal Worker (UW), was hired 10-10-11. Staff #4, an administrative assistant and UW, was hired 3-22-12. Staff training files lacked documentation of delegation to checking in medications from pharmacy.

  Staff members were not delegated to check in medications from pharmacy.

- 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))