IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

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RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake #: 42916-C

April 17, 2013

Ms. Amy Crouse-Spurgeon, Administrator
Prairie Hills at Ottumwa
173 East Rochester Street
Ottumwa, IA 52501

RE: Final Complaint/Incident Investigation Report – Prairie Hills at Ottumwa, Ottumwa, IA

Dear Ms. Spurgeon:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of April 10, 2013, 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. **No Regulatory Insufficiencies were identified.**

If you have any questions regarding 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 #:** 42916-C

Amy Crouse-Spurgeon, Administrator
Prairie Hills at Ottumwa
173 East Rochester Street
Ottumwa, IA 52501

Date of Complaint/Incident Investigation:

April 10, 2013

Monitor(s):

Stephanie Cummins, MA
Margaret Kaltefleiter, RN MS

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:	41
Number of tenants with cognitive disorder:	1
Total Population of Program at time of on-site	42

Dementia-Specific Program by Dedication	
Number of tenants without cognitive disorder:	4
Number of tenants with cognitive disorder:	5
Total Population of Program at time of on-site	9
TOTAL census of Assisted Living Program	51

Program History –

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

A. Medications

Complaint/Incident Allegation: It was alleged there were medication discrepancies and administrative staff requested staff falsify records related to medications.

- Monitoring Observation: Three current tenant files (Tenants #1, #2 and #3) were reviewed. Tenant #4 and Tenant #5 were discharged and the closed records were not reviewed.

  Tenant #1, a 90 year old, was admitted on 7-16-12 and diagnoses included: Gastro Esophageal Reflux Disease, Chronic Constipation, Anxiety, Depression and Hypertension. Tenant #1 was staged at a five on the Global Deterioration Scale (GDS), which indicated moderately severe cognitive decline. Tenant #1 resided in the dementia unit. The service plan indicated staff would order, set up and administer all oral medications. Tenant #1 had an order dated 9-5-12 for Lorazepam 1 milligram (mg) ½ to 1 tablet three times daily as needed. An order clarification was requested since staff administering were unlicensed personnel and to advise an exact dosage for the medication and when it should be given. On 1-30-13 the doctor ordered Lorazepam 1 mg, ½ tablet by mouth three times daily as needed for anxiety/agitation, may repeat with ½ tablet if symptoms not resolved in two hours. Medication Administration Records (MARs) from November 2012 through March 2013 reflected Lorazepam was not administered. A pharmacy review dated 1-14-13 did not identify

any concerns with a medication discrepancy. The Controlled Drugs-Count Record indicated staff consistently signed with two staff on first, second and third shifts. According to the narcotic record, 30 doses of Lorazepam were received on 2-1-13 at 9:00 p.m. The record reflected no doses had been administered. Review of Tenant #1's file did not reveal a medication discrepancy.

Tenant #2, a 90 year old, was admitted on 5-23-12 and diagnoses included: Anxiety, Arthritis, Anemia, Congestive Heart Failure, Hypothyroidism and Hypercholesterolemia. The service plans reflected various levels of assistance with medications. The service plan dated 1-25-13 reflected staff ordered and set up medications and Tenant #2 administered. The service plan dated 2-1-13 did not reflect any assistance with medications. The service plan dated 3-1-13 reflected staff ordered and set up medications and Tenant #2 administered. The service plan dated 3-4-13 indicated staff ordered, set up and administered medications. The service plan reflected Tenant #2 administered as needed medications. Nurse's Notes did not reflect any missing medications. Nurse's Notes dated 2-11-13 and 2-12-13 (late entry) indicated medications had not been received from the pharmacy. Tenant #2 had an order for Hydrocodone/APAP 5/325 mg one tablet by mouth every six hours as needed for pain. Per the service plan Tenant #2 administered as needed medications. The MARs reflected documentation of medication set up when Tenant #2 received set up assistance. The MARs reflected documentation of medication administration when staff assisted with administration of medications. Review of Tenant #2's file did not reveal a medication discrepancy.

Tenant #3, an 86 year old, was admitted on 8-17-11 and diagnoses included: Dementia, Aortic Stenosis, Osteopenia and Alzheimer's Disease. Tenant #3 was staged at a five on the GDS, which indicated moderately severe cognitive decline. Tenant #3 resided in the dementia unit. The service plan reflected staff ordered, set up and administered all oral medications. Tenant #3 had an order for Alprazolam 0.5 mg ½ to 1 tablet by mouth three times daily as needed. An order clarification was requested since staff administering medications were unlicensed personnel and to advise the exact order for the medication. On 1-30-13 the doctor ordered Alprazolam 0.5 mg ½ tablet by mouth three times daily as needed for anxiety/agitation and may repeat in two hours if symptoms were still present. The MARs from November 2012 through January 2013 reflected Alprazolam was not administered. February 2013 MARs indicated one dose was administered on 2-22-13. This dose was reflected on the narcotic record. A pharmacy review did not identify any concerns with a medication discrepancy. The Controlled Drugs-Count Record indicated staff consistently signed with two staff on first, second and third shifts. Review of Tenant #3's file did not reveal a medication discrepancy.

The Program's Narcotic Handling and Storage policy and procedure was provided. The procedure included narcotics were kept in the work room in a locked cabinet designated for medication storage. Narcotics were administered by the universal worker as delegated by the nurse. The nurse and universal worker had keys to the cabinet and lock box and tenant's medication storage area. Keys were handed directly from one universal worker to another at end of shift. Narcotic counts were completed at shift change and each staff observed the medication and signed the count sheet. Any discrepancies would be reported to the nurse immediately.

Narcotics were disposed of by two nurses. A Medications policy and procedure was also provided.

Staff #1 stated the narcotic policy and process consisted of counting with two staff, one oncoming staff and one off going staff. When narcotics were administered, two staff members took, delivered and co-signed on the narcotics sheet. Staff #1 stated she had only witnessed or made subtraction errors and the mistakes would be caught at the time of the error. She never had any shift change discrepancies. If there would be a discrepancy she would call the Health and Wellness Director. She said she had never been asked to falsify any documentation. She said there was enough staff to meet the needs of the tenants and none of the tenants exceeded the level of care.

Staff #2 said the narcotic policy and process since the end of 2012 consisted of two staff when narcotics were administered; the second staff co-signed the count at the end of shift change. She said there had not been any discrepancies; however, there was a subtraction error that was caught while still on shift and there was never an error. If there was a discrepancy she would call the nurse. She said she had not been asked to falsify any documentation. She said there was enough staff to meet the needs of the tenants and none of the tenants exceeded the level of care.

Staff #3 said the narcotic policy and process consisted of a two person count with oncoming and off going shifts. Two staff administered narcotics and both signed off on the count sheet. She said there had been no discrepancies in the dementia unit and if there was a discrepancy she would go to her supervisor. She said she had not been asked to falsify any documentation. She said there was enough staff to meet the needs of the tenants and none of the tenants exceeded level of care.

The Health and Wellness Director said the narcotic policy and process consisted of two staff count at change of shift and two staff administered. One staff carried the key and one staff witnessed the administration. Narcotics were stored in a locked box, in a locked cabinet. She said months ago there were lots of new staff and third shift staff did not want to disturb tenants for counting; however, there were no discrepancies. If a discrepancy was found staff was to notify the Health and Wellness Director. It would be determined if a mathematical error occurred or if staff signed off on the wrong one (form) when a tenant had multiple narcotics. She said there were no thefts of narcotics or any missing medications in the time she worked at the Program. She said staff had not been asked to falsify any documentation. She said there was enough staff to meet the needs of the tenants and none of the tenants exceeded the level of care.

The Administrator said the narcotic policy and process consisted of two staff administering the medication and sign off. One person was responsible for the key. The narcotics were kept locked in a cabinet. She said there had been no discrepancies; however, there had been signing off errors, missing lines and mathematical errors. At that point the Health and Wellness Director made some changes. She said there had been no issues with missing medications. She assumed staff would bring any discrepancies to the Health and Wellness Director's attention. She said staff had not been asked to falsify any documentation.

Staff #1, #2, and #3 (universal workers) had nurse delegations regarding the administration of routine and as needed medications.

A medication pass was observed at 1:45 p.m. with Staff #1. Normal nursing protocol for medication and narcotic administration was followed. No discrepancies were observed.

Observation of a shift change narcotics count was observed at 2:12 p.m. in the dementia unit between two staff members. Three tenants in the unit received narcotics. Tenant #1 received Lorazepam .5 mg one tablet three times a day as needed. A bubble pack of pills was received on 2-1-13 and 30 pills remained. No discrepancies were reflected on the narcotic count forms. Tenant #3 received Alprazolam 0.5mg, ½ tablet three times a day as needed. On 1-19-13, a bubble pack with 30 pills was received. The first dose was given on 2-22-13 and 29 pills remained. No discrepancies were reflected on the narcotic count forms. Both staff members counted the number of pills in the bubble packs; compared the medications to the count sheet and signed the Controlled Drug-Count Record. The narcotics were locked in a black box, placed in a locked cabinet in a locked room. Only one staff member per shift had a key to the narcotics.

Observation of a shift change narcotics count was observed at 3:20 p.m. in the general population by two staff members. Both staff members counted the number of pills in the bubble packs; compared the medications to the count sheet and signed the Controlled Drug-Count Record. The observation was for five different tenants with a total of 12 different narcotics.

Medication errors were reviewed and did not identify any issues with medication discrepancies or unaccounted for medications.

Review of tenant files, policies, medication error reports, staff interviews, observation of a medication pass, observation of narcotic counts and interviews with administrative staff did not reveal any concerns with medication discrepancies or falsification of medication documents.

- Regulatory Insufficiency: None noted.