IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
Lucas State Office Building
321 East 12th Street
Des Moines, IA 50319-0083
(515) 281-4115 Phone
(515) 242-5022 Fax

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

April 23, 2013

Complaint/Incident Intake: 42340-C

Mr. Fredrick Killian, Executive Director
Waterford at Ames
1325 Coconino Road
Ames, IA 50014

RE: Final Complaint/Incident Investigation & Recertification Monitoring Evaluation Report – Waterford at Ames, Ames, IA

Dear Mr. Killian:

Enclosed is the **Final Complaint/Incident Investigation & Recertification Monitoring Evaluation 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 completed the review of your Plan of Correction (POC) in response to the **Preliminary Complaint/Incident Investigation & Recertification Monitoring Evaluation Report**. Based upon a complete review of the Report and your actions to correct the identified Regulatory Insufficiencies, DIA accepts your POC. The Final report is enclosed.

The review of the recertification documents you submitted has been completed and the documents are accepted. In addition, the State Fire Marshal's (SFM) inspection report has been received as well as the Facility Engineer's approval of the Evacuation Plans for your program.

Enclosed you will find the Assisted Living Program Certificate **S0041** with effective dates of **April 23, 2013** through **April 22, 2015**.

If you have any questions in regard to this certification, please contact me at 515/281-7039.

Sincerely,

Rose Boccella

Rose Boccella
Program Coordinator
Adult Services Bureau

Enclosure

IOWA DEPARTMENT OF INSPECTIONS AND APPEALS
Assisted Living Program
Final Recertification Monitoring and Complaint/Incident Investigation Report

Assisted Living Program:

Fredrick Killian, Executive Director
Waterford at Ames Assisted Living
1325 Coconino Road
Ames, IA 50014

Complaint/Incident Intake #: 42340-C

Date of Complaint/Incident Investigation:

February 12 & 13, 2013

Monitor(s):

Margaret Kaltefleiter, RN MS
Ann Martin, 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

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:	42
Number of tenants with cognitive disorder:	1
Total Population of Program at time of on-site	43
TOTAL census of Assisted Living Program	43

Tenant/Family Satisfaction Results - A community meeting with 18 tenants was held. The tenants said the best thing about living at the Program was they were never alone; the other people were fantastic and the staff was good. Housekeeping services were very good and maintenance was wonderful. The Program was kept in good repair and the handrails within the building were appreciated. Nursing services were available and staff responded quickly when called for assistance, usually in less than five minutes. The tenants received the services expected when they signed the occupancy agreement. The care received was described as helpful and staff treated the tenants very well. Staff knew what services to provide and was trained appropriately. Dietary staff was not as well trained. The tenants said they liked the food the majority of the time. It was requested fruits and vegetables be served at the evening meal. Foods were served at the appropriate temperature and could be reheated if not hot enough. Alternate choices were available if desired. One tenant said the food was too salty. Plenty of activities were offered and the tenants received a monthly calendar. Several tenants requested a pool table be purchased. The tenants said they felt safe, made their own decisions, were generally satisfied with the Program and had recommended it to others.

Program History – The Program did not receive any regulatory insufficiencies during this certification period.

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

A. Other

Complaint/Incident Allegation: It was alleged a tenant received an incorrect dose of insulin.

- Monitoring Observation: Six tenant files (Tenant #1, #2, #3, #4, #5 and #6) were reviewed. The Program identified Tenant #1 as the only tenant who received assistance with insulin administration.

  Tenant #1, a 76 year old, was admitted on 6-5-12 and diagnoses included: Diabetes Mellitus Type II (Insulin Dependent), Barrett's Esophagus, Coronary Arthrosclerosis,

Peripheral Neuropathy, Diverticulitis, Edema (Lower Leg), Hyper Lipid, Iron Deficient Anemia, Disorder of Multiple Joints, Psoriasis and Psoriatic Arthropathy.

According to a Medication Error Report dated 1-9-13 at 4:30 p.m., Tenant #1 was to have 2 units of regular insulin at 11:30 a.m. on 1-9-13. A total of 10 units of insulin were given. Staff #1 was unaware that a nurse was to draw up the insulin. Staff #1 had drawn up the insulin and gave it. Staff #1 said she gave two units at the time. It was later determined that 10 units had been given. Tenant #1's physician was notified at 4:40 p.m. and Tenant #1 was sent to the Emergency Room (ER).

According to the Resident Care Notes dated 1-9-13, at 4:15 p.m. two staff entered Tenant #1's room and found Tenant #1 on the floor. Tenant #1 had fallen backwards through the bathroom doorway and was lying in front of a dresser. Tenant #1 did not have a pendant on. Tenant #1 stated Tenant #1 thought Tenant #1 passed out and was lying there awhile. Tenant #1 was alert and oriented. Tenant #1's blood sugar was 40. Tenant #1 was given two small cans of juice and a small candy bar. The Nurse called the physician to inform the physician of Tenant #1's status and Tenant #1 was sent to the ER. Tenant #1's family member was called and planned to meet Tenant #1 at the ER. On 1-9-13 at 8:30 p.m. Tenant #1 returned to the Program. Tenant #1 was alert and oriented. According to the Resident Care Notes on 1-11-13 at 9:45 a.m. Tenant #1 was back to Tenant #1's normal routine and had no adverse effects from the fall or medication error.

The Director of Nursing (DON) was interviewed. She stated insulin was drawn up by nurses. Staff #1 did the blood sugar check and called stating the sliding scale needed to be followed and asked where the syringes were located. The DON said she would be right up. When she got there the insulin had already been given. Staff #1 thought she gave 2 units of insulin but had actually given 10 units. That afternoon around 3:30 p.m. or 4:00 p.m. staff found Tenant #1 on the floor in the bedroom. Tenant #1 did not wear a pendant and no one heard Tenant #1 call for help. Tenant #1 said Tenant #1 called for help for about one hour and had passed out. Tenant #1's blood sugar was low. The DON called the physician and gave Tenant #1 orange juice and checked Tenant #1 again in 15 minutes. The blood sugar was low so the DON called the physician to ask to send Tenant #1 to the ER. A call was made to 911 and Tenant #1's family. Tenant #1 returned to the Program by 9:30 p.m. and staff checked on Tenant #1 throughout the night. The DON said Tenant #1 was the only tenant who received an incorrect dose of insulin.

The DON said only pre-filled insulin flex pens were delegated to staff. All sliding scale insulin draws were only administered by nurses. Staff #1 had completed Nurse Delegation for Insulin Administration on 11-28-12.

Review of Tenant #1's file, incident report and interviews indicated Tenant #1 was given an incorrect dose of insulin. Emergency care was provided and Tenant #1 was transported to the ER. Tenant #1 returned to the Program without any adverse effects from the medication error.

- Regulatory Insufficiency: None noted.

Complaint/Incident Allegation: It was alleged a tenant ran out of medications and a staff member was told to borrow the needed medication from another tenant.

- Monitoring Observation: Three medication passes were observed with three different staff members throughout the monitoring onsite visit. Tenant Medication Administration Records (MARs) were reviewed.

  Medication passes were observed with Staff #2, #3 and #4. Medication pass protocols were followed. Medications were available in bottles or single dose containers for all nine tenants receiving medications during the medication passes.

  Staff #2, #3, #5 and #6 stated they passed medications. Staff #2, #3 and #5 said they had been delegated regarding medication passes. Staff #6 was an LPN and did not require delegations. Staff #2, #3, #5 and #6 stated they had not been directed to borrow medications from one tenant to use for another tenant. Staff #3 and #5 said medications were available when needed. Staff #2 said medications were available when needed but sometimes it was necessary to call the pharmacy and the medications would be delivered within the time frame needed to give the medications. Staff #6 said medications were available when needed and if not, staff would call the pharmacy. She said generally there was one spare pill in each cassette.

  The DON stated she had not been directed to borrow medications from one tenant to use for another and she told staff they were not to do that. Spare medications were in the cassettes or staff would call the pharmacy. The DON said medications were available when needed. If a Veteran Administration (VA) medication was not available, a physician's order was obtained. She said when tenants were discharged or no longer lived at the Program; she called the family to pick up the medications. Any narcotics were destroyed.

  MARs for January and February were reviewed for three tenants (Tenant #1, #5 and #7). Medications were available when needed.

  Observation of medication passes, staff interviews and review of MARs indicated medications were available when needed and medications were not borrowed from one tenant to give to another.

- Regulatory Insufficiency: None noted.

B. Evaluation

- Monitoring Observation: Six tenant files (Tenants #1, #2, #3, #4, #5 and #6) were reviewed.

  Tenant #2, a 98 year old, was admitted on 8-31-11 and diagnoses included: Hypertension (HTN), Hypothyroid, Anemia and Knee Pain. Tenant #2 had a health and cognitive evaluation completed on 1-24-13 after a return from the hospital following a fall, bumping Tenant #2's head and confusion. A service plan was completed on 1-24-13. A functional evaluation was not completed.

Tenant #3, a 94 year old was admitted on 1-4-13. Diagnoses were not provided. Tenant #3 had a health and cognitive evaluation completed on 1-31-13 within 30 days of occupancy. A service plan was completed on 1-31-13. A functional evaluation was not completed within 30 days of occupancy.

Tenant #4, a 94 year old was admitted on 7-5-12 and diagnoses included: HTN, Carotid Artery Disease, Hyperlipidemia, Pulmonary HTN, Atrial Fibrillation, Coumadin Therapy, History of Right Hip Fracture (6-26-12), History of Cardio Version and History of Central Canal Stenosis with Foramial Encroachment Lumbar 3-4. Tenant #4 had a functional and cognitive evaluation completed on 11-12-12 due to a significant change in condition that required assistance with exercises in a.m. and p.m. as directed by Tenant #4 and assistance with anti-embolism stockings. A service plan was completed on 11-12-12. A health evaluation was not completed.

Review of tenant files indicated functional and health evaluations were not completed as needed or within 30 days.

- 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 evaluations shall be conducted by a health care professional or human service professional. A licensed practical nurse may complete the evaluation via nurse delegation when the tenant has not exhibited a significant change. (IAC r. 481-69.22(2))

C. Service Plans

- Monitoring Observation: Six tenant files (Tenants #1, #2, #3, #4, #5 and #6) were reviewed.

  Tenant #2's file was reviewed. Tenant #2 had a health and cognitive evaluation completed on 1-24-13. A service plan was completed on 1-24-13. A functional evaluation was not completed prior to the development of the service plan. The service plan was not based on a functional evaluation.

  Tenant #3's file was reviewed. Tenant #3 had a health and cognitive evaluation completed on 1-31-13. A service plan was completed on 1-31-13. A functional evaluation was not completed prior to the development of the service plan. The service plan was not based on a functional evaluation.

  Tenant #4's file was reviewed. Tenant #4 had a functional and cognitive evaluation completed on 11-12-12. A service plan was completed on 11-12-12. A health evaluation was not completed prior to the development of the service plan. The service plan was not based on a health evaluation.

  Review of tenant files indicated service plans were not developed based on the evaluations.

- Regulatory Insufficiency: A service plan shall be developed for each tenant based on the evaluations conducted in accordance with subrules 69.22(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))