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

Complaint/Incident Intake #: 43282-C

May 13, 2013

Ms. Kara Bernsee, Administrator
Silvercrest at Woodlands Creek
12605 Woodlands Parkway
Clive, IA 50325

RE: Final Complaint/Incident Investigation Report, Silvercrest at Woodlands Creek, Clive, Iowa

Dear Ms. Bernsee:

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:

Kara Bernsee, Administrator
Silvercrest at Woodlands Creek
12605 Woodlands Parkway
Clive, IA 50325

Complaint/Incident Intake #:

43282-C

Date of Complaint/Incident Investigation:

April 17 and 18, 2013

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:	49
Number of tenants with cognitive disorder:	12
Total Population of Program at time of on-site	61

Dementia-Specific Program by Dedication	
Number of tenants without cognitive disorder:	2
Number of tenants with cognitive disorder:	12
Total Population of Program at time of on-site	14
TOTAL census of Assisted Living Program	75

Program History – During the second Complaint Revisit (34794-C, R2, 34822-C, R2, 34948-C, R2) of February 15 and 16, 2012, the program received an insufficiency in the area of Structural. During the March and April 2012 Complaint Investigation (38210-C), the program received regulatory insufficiencies in the areas of: Evaluation, Service Plan, Criteria for Admission and Retention and Staffing.

Complaint/Incident Investigation – The Complaint/Incident investigators made the observations detailed in the following areas:

Policies and Procedures

Complaint/Incident Allegation: It was alleged a program staff member found a tenant unresponsive at 8:30 p.m. and did not call for emergency services until 8:59 p.m. It was also alleged that there was some confusion regarding the advance directives of the tenant and whether or not the program staff could/would perform Cardiac Pulmonary Resuscitation (CPR).

- Monitoring Observation: Tenant #1, a 68 year old, was admitted to the second floor of the general population on 11-5-12 with diagnoses of: Hypertension, Edema, History of Stroke, Depression and Anxiety. According to documentation completed on 4-4-13 at 9:47 p.m. by the Director of Nursing (DON), Tenant #1 was found unresponsive in his/her apartment when Staff #1 entered the apartment for evening medication administration at an approximated time between 8:30 and 8:45 p.m. During interview, Staff #1 reported she used a walkie talkie to call other staff to assist and Staff #2 and #3 responded. It was reported Staff #1 also used the call button to summon additional staff. After observation by Staff #2 and #3, Staff #4 was called for assistance. According to Staff #4, Staff #1 told her Tenant #1 had no pulse and

no respirations. After her observation, Staff #4, who is not certified to provide CPR then called on the telephone Staff #5 who was the nurse on-call for the evening. Staff #5 reported during interview that she received a call from the program at 8:52 p.m. with information that Tenant #1 was cold. Staff #5 told Staff #4 to call 911. Staff #5 then called the DON who instructed her to check the CPR status and call 911. According to Staff #4, she sent other staff to look for a dot on the door. The program posted colored dots on the apartment doors to signify Advance Directive Status. A red dot indicated the tenant did not want CPR and a green dot indicated the tenant had a signed request for CPR to be performed. Tenant #1's apartment did not have a dot to indicate his/her wishes. At 8:58 p.m. Staff #5 called the DON and informed him Tenant #1 was a full code and program staff had called 911. The program did not have a system that effectively communicated a tenant's code status, CPR or Do Not Resuscitate (DNR) to all staff.

Emergency Medical Services (EMS) noted the call came in to them at 8:59 p.m. and the unit was dispatched less than one minute later. EMS arrived at the program at 9:06 p.m. The report from the fire department documented that they were initially advised by staff at the scene that Tenant #1 had a DNR order but then program staff were able to produce a document signed by Tenant #1 on 10-29-12 which indicated that Tenant #1 wished to have CPR performed. This document stated that if the tenant was found without a heart rate and not breathing that program staff would immediately call 911. After determining the wishes of Tenant #1, EMS personnel began to implement CPR but the cardiac monitor indicated no heart rhythm so resuscitation efforts were not implemented. According to the EMS report, Tenant #1 also exhibited rigor in the neck and arms which indicated irreversible conditions existed. The medical examiner was contacted and released EMS personnel from the scene.

In summary, Staff #1 entered Tenant #1's apartment between 8:30 p.m. and 8:45 p.m. and found Tenant #1 unresponsive. Staff #1 called two other staff, #2 and #3, to look at Tenant #1, and then directed one of them to find Staff #4. Staff #4 then went upstairs to the apartment and observed Tenant #1. Staff #4 then called the on-call nurse, who directed Staff #4 to call 911, which she did. Staff #1, #2, #3, and #4 were all unlicensed personnel who were unable to assess Tenant #1's condition other than to determine Tenant #1 was unresponsive with no pulse and no respirations. The unlicensed personnel were not trained to determine an irreversible condition existed as EMS personnel were trained to do. Interviews and a review of call light records varied as to the length of time between entering Tenant #1's apartment and the activation of the EMS system, and an exact length of time between Staff #1's observation of Tenant #1 and the activation of the EMS system could not be determined, however, it was clear the EMS system was not activated immediately.

The personnel records of Staff #1, #2, and #3 contained a form titled, "Emergency Procedures" which was signed by the staff members as part of their orientation to the program. This form states, "In case of an accident or situation which requires emergency attention- Immediately: 1. Call 911, 2. Notify another staff member for assistance, 3. Get the tenant's chart and call the nurse on call... Later in the form the following is stated: If the tenant is CPR status and is found unresponsive, 911 should be called immediately and the DON on call should be notified immediately by another staff member. During interview, the Assistant Executive Director stated that

this policy/procedure was not linear meaning the staff was not expected to follow the steps by 1-2-3. The DON stated he expected staff to follow the American Heart Association (AHA) guidelines. The AHA 2010 guidelines, a standard of care for the Adult Chain of Survival, direct for immediate recognition and activation of the emergency response system.

The program provided a policy titled, "Resuscitation" which had a revision date of 6-6-2011. This form indicated that the policy of the program was for CPR to be performed by trained emergency personnel and available licensed staff or certified staff. The form indicated the procedure was 1. Should the tenant have a copy of their living will on file and should the physician write a DNR order, resuscitation will not be completed. 2. Should the tenant wish resuscitation, 911 will be called. Emergency Personnel will assess and provide resuscitation as they deem necessary. 3. If certified staff is available, CPR will be initiated and 911 will be called.... The DON indicated this was the policy/procedure in place at the time of the incident in question.

The program provided an up-dated policy dated 2-13 which added: 4. If certified staff are NOT available, staff will follow directives as indicated by 911 personnel until emergency responders arrive. While the policy and procedure was dated 2-13, the DON indicated the program did not receive the policy from the corporate office until recently and only implemented the policy after the incident in question.

During interview, Staff #1 stated that she thought the program instruction had been to call the on-call nurse first in an emergency situation. The program has provided a review for staff and the instruction is now to call 911 first and then the nurse.

Staff #6 stated she thought the procedure in an emergency was to call 911 first and then the nurse.

The DON stated the program has revised the process and have now posted copies of signed Advance Directives on the in-side doors of the tenant's apartments for easier access. Since 4-5-13, the program has also begun a review with all staff of the protocol in the event of emergencies. Staff members have now been advised that they may with the direction of EMS personnel begin CPR whether certified or not.

The medication administration record (MAR) for Tenant #1 dated 4-4-13 indicated the 8:00 p.m. medications and treatments were completed for Tenant #1. Staff #1 stated the medications and treatments were not completed because the Tenant #1 was unresponsive when Staff #1 found them in their apartment. Staff #1 reported she had signed the MAR, which was a computer system, prior to entering the room. When she realized Tenant #1 could not take the medication she attempted to void the entry on the computer but apparently did not do that correctly. Staff #1 stated that the correct procedure for administration of medications is to sign off on the computer after the medications have been given. The program policy for Medication dated 6-6-11 directed staff to initial and circle the MAR space provided if a medication/treatment is withheld or refused. The staff person must then enter an explanatory note on the reverse side of the MAR.

The program used a computer for documentation of administration of medications. The policy did not include directions for electronic documentation. For Tenant #1 the

MAR was not completed appropriately with a notation for the deviation for medications not given.
The program staff reported confusion regarding when to notify emergency staff in the event of an emergency and policies/procedures indicated 911 should be called immediately.

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 the program. (IAC r. 481-67.2)