IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

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Complaint/Incident Intake #:
43581-I

June 21, 2013

Mr. Patrick Tomscha, Administrator
Holy Spirit Assisted Living
1701 W. 25th Street
Sioux City, IA 51103

RE: Final Complaint/Incident Investigation Report, Holy Spirit Assisted Living, Sioux City, Iowa

Dear Mr. Tomscha:

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 515/281-4116 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 #:** 43581-I

Patrick Tomscha, Administrator
Holy Spirit Assisted Living
1701 W. 25th Street
Sioux City, IA 51103

Date of Complaint/Incident Investigation:

May 14, 2013

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:	23
Number of tenants with cognitive disorder:	0
Total Population of Program at time of on-site	23

Dementia-Specific Program by Dedication	
Number of tenants without cognitive disorder:	1
Number of tenants with cognitive disorder:	10
Total Population of Program at time of on-site	11
TOTAL census of Assisted Living Program	34

Program History – There were regulatory insufficiencies in the areas of Transportation and Structural Requirements during this recertification period.

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

A. Policies and Procedures

Complaint/Incident Allegation: The Program reported medication belonging to Tenant's #1 #2 had been tampered with. One Hydrocodone /Acetaminophen (Lortab) 5mg/325mg from each tenant's bubble pack had been switched with extra strength Tylenol.

Monitoring Observation:

Staff was scheduled to work at the Program from 6:00 a.m. until 10:30 p.m. throughout the week. At the end of the second shift staff took the keys used to open tenant's locked medication drawer to the skilled nursing facility adjacent to the Program and give them to the charge nurse. The following morning staff from the Program would retrieve narcotic keys and complete a narcotic count with another staff from the Program. Narcotic counts were not done with the charge nurse at the end of the second or on the following morning.

The Program's policy related to the counting of narcotics indicated narcotics were to be counted at each shift change by two staff members with the exception of when only one staff was on duty during the evening.

Tenant #1, a 90 year old, was admitted on 11-16-10 and had diagnoses of: Cellulitis with Abscess of Trunk, Hypertension, Hypothyroidism, Arthropathies, Stress Incontinence, Gastro Esophageal Reflux Disease, Osteoporosis, Vitamin D Deficiency, History of Embolism and Thrombosis, History of Incisional Hernia with Infected Composite Mesh. A Mini Mental Status Examination completed on 5-2-13 indicated normal cognition. A service plan of 5-2-13 indicated the Program Administered Medications.

Medications administered by the Program were stored in Tenant #1's apartment in a locked medication drawer. Medication Administration Records (MARs) for April, 2013 indicated Tenant #1 received Hydrocodone/Acetaminophen (Lortab) 5mg/325mg – one to two tablets every four to six hours as needed (prn). Narcotics administered to Tenant #1 were placed in bubble packs provided by a pharmacy.

Narcotic count sheets for 4-1-13 through 4-15-13 were reviewed and indicated narcotic counts were completed by two staff at the beginning and end of each of two shifts; at 6:00 a.m. and again at 3:00 p.m., and documented an accurate count of Lortab 5mg/325mg tablets.

Tenant #2, an 88 year old, was admitted on 2-13-13 and had diagnoses of: History of Frequent Falls, History of Cerebro Vascular Accident, History of Urinary Tract Infections, Chronic Renal Insufficiency, History of Anemia, Atrial Fibrillation, Hypertension, Chronic Back Pain, Glaucoma, Hard of Hearing, History of Hyperlipidemia, History of Renal Cell Carcinoma and a History of a Femur Fracture. A Global Deterioration Scale (GDS) was completed on 3-13-13 and staged Tenant #1 at three, which indicated mild cognitive impairment.

A service plan of 3-13-13 indicated staff administered medications, including prn medications. Medications administered by the Program were stored in Tenant #2's apartment in a locked medication drawer. MARs for May, 2013 indicated Tenant #1 was prescribed Lortab 5mg/325mg – one-tablet every eight hours prn. Narcotics administered to Tenant #1 were placed in bubble packs provided by a pharmacy.

Narcotic count sheets for 4-1-13 through 4-15-13 indicated Lortab 5mg/325mg was signed out on 4-6-13 at 7:40 p.m. MARs for 4-6-13 confirmed Lortab 5mg/325mg was given. Narcotic counts during this period indicated inconsistency of two staff counting narcotics at the beginning and end of each shift.

The Program's investigation and interviews of staff indicated staff who administered narcotics to Tenant's #1 and #2 would, at times, accidently pushed out a Lortab 5mg/325 tablet and would place the tablet back in to the bubble pack and tape the opening shut. Staff #1, #2, #3, #4, #5 and #6 confirmed this practice.

Staff #1 reported on 4-7-13 she had been asked by Staff #8 to review Tenant #1's Lortab 5mg/325mg bubble pack, as one Lortab 5mg/325mg tablet looked different. Staff #1 noted one Lortab 5mg/325mg in the bubble pack tablet also looked different. The Program nurse reported one Lortab 5mg/325 tablet belonging to Tenant's #1 & #2 had been replaced with a Tylenol caplet.

Narcotic count sheets indicated at least eight staff administered or completed narcotic counts belonging to Tenant's #1 and #2 between 4-1-13 and 4-15-13.

The Program did not follow their policy for medication administration, including the completion of narcotic counts.

- 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. (IAC r. 481-67.2(1))

B. Medications

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

Monitoring Observation: The Program's policy related to the counting of narcotics indicated narcotics were to be counted at each shift change by two staff members with the exception of when only one staff was on duty during the evening.

Tenant #2's narcotic count sheets for 4-1-13 through 4-15-13 indicated Lortab 5mg/325mg was signed out on 4-6-13 at 7:40 p.m. MARs for 4-6-13 confirmed Lortab 5mg/325mg was given. Narcotic counts during this period indicated inconsistency of two staff counting narcotics at the beginning and end of each shift.

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The Program did not administer medications in accordance with requirements governing nurse delegation related to the administration of medications.

- Regulatory Insufficiency: When medications are administered traditionally by the program: The administration of medications shall be provided by a registered nurse, licensed practical nurse or advanced registered nurse practitioner registered in Iowa or by unlicensed assistive personnel in accordance with requirements in 655—Chapter 6 governing nurse delegation. (IAC r.481-67.5(6)