IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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Complaint/Incident Intake #: 44640-M

September 6, 2013

Ms. Sandy Helm, Administrator
Vintage Park Apartments
810 East Van Buren
Lenox, IA 50851

RE: Final Complaint/Incident Investigation Report, Vintage Park Apartments, Lenox, Iowa

Dear Ms. Helm:

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 515/281-4116 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 #:** 44640-M

Sandy Helm, Administrator
Vintage Park Apartments Assisted Living
810 East Van Buren
Lenox, IA 50851

Date of Complaint/Incident Investigation:

August 7, 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:	26
Number of tenants with cognitive disorder:	4
Total Population of Program at time of on-site	30
TOTAL census of Assisted Living Program	30

Program History – The program received a regulatory insufficiency related to not following their policy and procedure on the destruction of medications.

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

A. Policies and Procedures

Complaint/Incident Allegation #44640-M: The program reported that on 6-27-13, APAP #3 (Tylenol with Codeine) belonging to Tenant #1, was removed and kept by Staff #1 instead of being destroyed. An active dependent adult abuse case is pending.

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

- Monitoring Observation: Three staff files were reviewed. No issues were found related to policy and procedures for Tenants #2 and #3.

  Tenant #1, an 86 year old, was admitted on 4-13-12 and had diagnoses of: Degenerative Joint Disorder, Coronary Artery Disease (CAD), Prostatic Mitral Valve, Hypertension, Insomnia, Congestive Heart Failure, Upper Respiratory Infection, and a history Urinary Tract Infections. A Global Deterioration Scale was completed on 6-21-13 and staged Tenant #1 at three, which indicated mild cognitive impairment.

  Tenant #1 was independent with personal cares and received health-related cares; including medication administration. Tenant #1 sustained a fall on 5-15-13, resulting in a large hematoma to the right hip. Tylenol (APAP with Codeine) #3 was ordered, one-to-three tablets every three-to-four hours, as needed (prn) for pain.

  Medication tracking documentation was reviewed and indicated APAP #3 was given beginning 5-15-13 through 6-27-13 and indicated this medication was appropriately documented. A physician's order to discontinue this medication was given on 6-27-13.

  An internal investigation was completed on 6-27-13 and indicated Staff #1 and #2, both universal workers, with the permission of the program nurse, removed seven (7) tablets of APAP #3 from Tenant #1's medication locker, with each documenting the destruction of this medication.

  The Program's policy and procedure for the destruction of tenant's medication required two witnesses be present when medications were destroyed. One was to be the program nurse and the other was to be a universal worker or manager.

- 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))