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 #: 45300-C

October 15, 2013

Ms. Jennifer Osby, Administrator
Oaks at Parkview Care Center
2235 Highway 34 East
Fairfield, IA 52556

RE: Final Complaint/Incident Investigation Report, Oaks at Parkview Care Center, Fairfield, Iowa

Dear Ms. Osby:

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 515/281-7039 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: **Complaint/Incident Intake #:** 45300-C

Jennifer Osby, Administrator
Oaks at Parkview Care Center
2235 Highway 34 East
Fairfield, IA 52556

Date of Complaint/Incident Investigation:

September 24 and 26, 2013

Monitor(s):

Stephanie Cummins, MA

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:	16
Number of tenants with cognitive disorder:	0
Total Population of Program at time of on-site	16
TOTAL census of Assisted Living Program	16

Program History – The program has not received any regulatory insufficiencies during this certification period.

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

A. Staffing

Complaint/Incident Allegation: It was alleged staff did not respond promptly when a pendant was pushed and a tenant requested assistance.

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

  Tenant #1, an 83 year old, was admitted on 6-20-12 and diagnoses included: Hypertension (HTN), Chronic Bronchitis and Thoractic Aortic Aneurysm. There were incident reports regarding falls or being found on the floor on 2-1-13, 2-12-13 and 2-13-13. No injuries were noted with these incidents. On 6-11-13 Tenant #1 pushed the alarm and was found on the kitchen floor. There were no injuries noted. On 7-21-13 Tenant #1 was going out of the bathroom and fell. Tenant #1 said Tenant #1 forgot the walker and Tenant #1 hit Tenant #1's head. There were no apparent injuries. On 8-9-13 Tenant #1 stood up from the recliner and stated Tenant #1's knee gave out and Tenant #1 sat on the floor. No injuries were noted and Tenant #1 was encouraged to use the pendant to call for staff prior to getting up for assistance. Nursing Notes dated 8-9-13 indicated the pendant alarm sounded and Tenant #1 was found sitting on the floor.

  Tenant #1's service plan reflected Tenant #1 was able to discuss and demonstrate appropriate use and Tenant #1 kept the pendant around the neck. The service plan indicated Tenant #1 was independent with mobility with a walker. Review of Tenant #1's file indicated Tenant #1 had falls or was found on the floor and activated the pendant with at least two incidents. Nurse reviews were completed related to the falls.

Tenant #2, an 85 year old, was admitted on 2-24-12 and diagnoses included: Congestive Heart Failure (CHF), Pneumonia, Hypothyroidism, Diabetes Mellitus II and Vitamin and Mineral Deficiency. There were incident reports regarding falls or being found on the floor dated 2-2-13 at 3:15 a.m. and 5:00 a.m. There were no injuries with these incidents. On 8-29-13 an incident report indicated Tenant #2's alarm sounded and Tenant #2 was found sitting on the floor in front of the bed. Tenant #2 stated Tenant #2 was getting up to go to the bathroom and stubbed toe and fell. There was a moderate amount of blood on the floor and Tenant #2 but no active bleeding was noted. There was a small abrasion to the right knee and under nose. The nose was swollen and an ice pack was applied to the nose. On 9-10-13 Tenant #2 was up in the kitchen and fell. Tenant #2 had a one centimeter laceration to the right cheek. Tenant #2 did not want any medical attention. Nursing Notes dated 9-10-13 indicated Tenant #2 pressed the pendant at approximately 3:20 a.m. Tenant #2 had fallen in apartment and had tried unsuccessfully to get up for 20 to 30 minutes on own prior to pressing the pendant. Notes indicated Tenant #2 continued to deny medical assistance. On 9-19-13 Tenant #2 was found on the floor by the bed and stated Tenant #2 got Tenant #2's feet caught in the sheet when trying to get out of bed to answer the phone and ended up on knees. There were no injuries noted.

The service plan indicated Tenant #2 was able to discuss and demonstrate appropriate use of the pendant. Tenant #2 kept the pendant on the wheelchair/walker and kept the pendant on the bed stand at night. The service plan also reflected Tenant #2 kept the pendant near shower during bathing. The service plan reflected Tenant #2 was independent with mobility with a walker.

Review of Tenant #2's file indicated Tenant #2 had incidents of being found on the floor or falls. At times Tenant #2 activated the pendant to request assistance. Tenant #2 sustained an injury with a fall on 9-10-13 and declined medical treatment. Nurse reviews were completed related to the falls.

Tenant #3, a 91 year old, was admitted on 5-31-11 and diagnoses included: Glaucoma, Pacemaker, Hypothyroidism, CHF, Depression and HTN. Tenant #3 was discharged on 9-1-13. According to an incident report, on 5-27-13 Tenant #3 was observed on the floor between the wheelchair and recliner. Tenant #3 called staff and staff sounded the alarm. Tenant #3 stated Tenant #3 tripped on wheel of the walker and bumped head on the recliner. Tenant #3 had a skin tear on the right lower extremity (RLE). Tenant #3's alarm was hanging on the bed post. Tenant #3 was educated to have alarm near Tenant #3. Nursing Notes dated 5-27-13 indicated no laceration was noted. Tenant #3 had a skin tear on the right shin and steri strips were applied. Tenant #3 denied the need for any medical attention. Nursing Notes dated 6-11-13 indicated Tenant #3 returned yesterday with new orders. Tenant #3 had RLE Traumatic Cellulitis. There was a new order for Cephalexin 500 mg three times daily for ten days and Mupirocin apply to RLE twice daily. The notes indicated Cephalexin was put in the medication planner and Mupirocin was in Tenant #3's apartment. The new orders were discussed with Tenant #3 and Tenant #3 voiced understanding.

The service plan reflected Tenant #3 was able to discuss and demonstrate pendant use. Tenant #3 kept the pendant on the wheeled walker and on the bed stand at night.

The service plan indicated Tenant #3 was independent with mobility with a wheeled walker.

Review of Tenant #3's file indicated Tenant #3 had an incident and sustained a skin tear and Tenant #3 refused medical attention. Tenant #3 did not activate the alarm and it was on the bed post, according to the incident report. There was a nurse review completed related to the fall.

Tenant #4, an 83 year old, was admitted on 1-22-13 and diagnoses included: Parkinson's Disease, Kidney Stones, HTN and Anxiety. Tenant #4 discharged on 3-29-13. Tenant #4 had five incident reports. On 1-29-13 Tenant #4 was observed on the floor in the hallway near the laundry room and sounded the alarm. Tenant #4 did not have any injuries. On 2-6-13 Tenant #4 was walking down the hall, started side stepping and fell to the floor. Tenant #4 had no injuries. On 2-13-13 Tenant #4 was unable to state what happened and was found after pushing the alarm. Tenant #4 had no injuries. On 2-15-13 Tenant #4 pushed the alarm and was found lying on Tenant #4's back in the hallway outside the laundry room. Tenant #4 reported Tenant #4 fell last night (2-14-13) at 11:00 p.m. and did not notify the nurse. Tenant #4 had a laceration and hematoma and it was noted old dried blood was present. Nursing Notes dated 2-15-13 indicated Tenant #4 went to the Emergency Room (ER) for evaluation. Nursing Notes dated 2-15-13 indicated Tenant #4 returned from the ER with a diagnosis of Orthostatic Hypotension and Urinary Tract Infection. Tenant #4 had an order for Cipro 500 mg twice daily for ten days, compression stockings on in the a.m. and off in the p.m. and to increase fluid intake. On 3-10-13 Tenant #4 was found lying in the doorway of an apartment. Tenant #4 stated Tenant #4 slipped and hit head on the door molding.

Tenant #4's service plan indicated Tenant #4 was able to discuss and demonstrate appropriate pendant use. Tenant #4 kept the pendant on the wheelchair/walker and on the bed stand at night. Tenant #4 kept the pendant near the shower during bathing and Tenant #4 had two hour assurance checks dated 2-15-13. The service plan indicated Tenant #4 was independent with a wheeled walker.

Review of Tenant #4's file indicated Tenant #4 had falls and was either observed by staff or used the pendant to call staff. Tenant #4 went to the ER post one fall. There were nurse reviews completed related to the falls.

Staff #1 said there was sufficient staff to meet the needs of the tenants and no tenants had complained regarding lack of staff. Staff #1 said tenants had pendants and some had phones to call for assistance. The pendant system functioned appropriately. The pendant was worn on the wrist or walkers and some had necklaces. Staff responded immediately, less than five minutes when tenants requested assistance. The tenants had not complained regarding lack of staff response or concerns with the pendant system. Nursing services were provided regarding incidents, falls and injury.

Staff #2 said there was sufficient staff to meet the needs of the tenants and no tenants had complained regarding lack of staff. Staff #2 said tenants had pendants and some had phones to call for assistance. The pendant system functioned appropriately. Some tenants wore the pendant around the neck or put it beside them. There were no issues with keeping them on, according to Staff #2. Staff responded right away, less

than five minutes, when tenants requested assistance. The tenants had not complained regarding lack of staff response or concerns with the pendant system. Nursing services were provided regarding incidents, falls and injury.

The Nurse said there was sufficient staff to meet the needs of the tenants and no tenants had complained regarding lack of staff. The Nurse said tenants used pendants or phones to call for assistance. The pendant system functioned appropriately and the pendants were checked monthly. She said the pendants were worn around the neck, on walkers and in pockets and that was indicated on the service plans. At night, staff responded in approximately less than one minute. On first and second shifts staff responded in approximately 30 seconds when tenants called for assistance. There were no complaints from tenants regarding lack of response or concerns with the pendant system. There were no complaints of lack of nursing services regarding incidents, falls and injury.

The Admissions Director said tenants used a pendant or phone to call for assistance. The pendant system functioned appropriately and there were no complaints; however, one tenant wanted a wrist pendant. Some tenants wore the pendant around their necks; some tenants kept it on the walker, at bedside or over the bed and it varied depending on the tenant. She said there were no issues with the chain for the pendant. Staff responded within a couple of minutes when tenants requested assistance and there had been no complaints regarding staff response to the pendant. There had been no complaints of lack of nursing services regarding incidents, falls and injury.

A community meeting with 11 tenants was held. The tenants used a pendant to call staff if it was an emergency. Staff responded right away and the tenants said staff responded in five minutes or less. The pendant system functioned appropriately. They said the pendant was a necklace and there were no issues how the pendant was attached. One tenant requested a bracelet pendant. The tenants received the services requested and nursing services were available. There were no concerns with the pendant or call system. The tenants described staff as good, kind and helpful. The tenants were satisfied with the Program and would recommend it to others.

Resident Council Minutes for the last three months were reviewed and did not reflect any tenant concerns regarding the pendant system or staff response to request for assistance.

Documentation of six months of monthly pendant checks was provided. The pendant system was tested and functioned at the time of the investigation.

Review of tenant files, incident reports, review of council meeting minutes, review of monthly pendant checks, staff interviews, a community meeting with the tenants, an interview with the Nurse and Admissions Director and monitor observation indicated there were no issues with staff response to the pendant system.

- Regulatory Insufficiency: None noted.

B. Service Plans

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

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

  Tenant #1's file was reviewed. The service plan indicated Tenant #1 was independent in medication administration, Tenant #1 used a pill reminder, Tenant #1 was independent in medication administration with RN filling pill reminders (hospice) and RN to manage all aspects of medication administration (hospice). The Nurse said hospice set up medications for Tenant #1 in a medication planner. Hospice ordered medications. Tenant #1 took them from the pill cassette without reminders. The service plan did not reflect the identified needs of Tenant #1 regarding medications.

  Tenant #2's file was reviewed. On 8-29-13 an incident report indicated Tenant #2's alarm sounded and Tenant #2 was found sitting on the floor in front of the bed. Tenant #2 stated Tenant #2 was getting up to go to the bathroom and stubbed toe and fell. There was a moderate amount of blood on the floor and Tenant #2 but no active bleeding was noted. There was a small abrasion to the right knee and under nose. The nose was swollen and an ice pack was applied to the nose. On 9-10-13 Tenant #2 was up in the kitchen and fell. Tenant #2 had a one centimeter laceration to the right cheek. Tenant #2 did not want any medical attention. Nursing Notes dated 9-10-13 indicated Tenant #2 pressed the pendant at approximately 3:20 a.m. Tenant #2 had fallen in apartment and had tried unsuccessfully to get up for 20 to 30 minutes on own prior to pressing the pendant. Notes indicated Tenant #2 continued to deny medical assistance. On 9-19-13 Tenant #2 was found on the floor by the bed and stated Tenant #2 got Tenant #2's feet caught in the sheet when trying to get out of bed to answer the phone and ended up on knees. There were no injuries noted. There was an order for PT on 9-19-13. The service plan was not updated when PT was ordered and did not reflect falls and interventions.

  Tenant #3's file was reviewed. According to an incident report, on 5-27-13 Tenant #3 was observed on floor between the wheelchair and recliner. Tenant #3 called staff and staff sounded the alarm. Tenant #3 stated Tenant #3 tripped on wheel of the walker and bumped head on the recliner. Tenant #3 had a skin tear on the RLE. Tenant #3's alarm was hanging on the bed post. Tenant #3 was educated to have alarm near Tenant #3. Nursing Notes dated 5-27-13 indicated no laceration was noted. Tenant #3 had a skin tear on the right shin and steri strips were applied. Tenant #3 denied the need for any medical attention. Nursing Notes dated 6-11-13 indicated Tenant #3 returned yesterday with new orders. Tenant #3 had RLE Traumatic Cellulitis. There was a new order for Cephalexin 500 mg three times daily for ten days and Mupirocin apply to RLE twice daily. The notes indicated Cephalexin was put in the medication planner and Mupirocin was in Tenant #3's apartment. The new orders were discussed with Tenant #3 and Tenant #3 voiced understanding. The service plan was not updated to reflect the diagnosis of Traumatic Cellulitis and treatment including Cephalexin and Mupirocin .

  The service plan indicated Tenant #3 was independent in medication administration with RN filling pill reminders and RN to manage all aspects of medication administration. The Nurse indicated Tenant #3 had medication planners filled and had medication reminders every day. The service plan did not reflect the routine

medication reminders and the frequency of those reminders. The service plan did not reflect the identified needs of Tenant #3 regarding medications.

Review of tenant files indicated changes were not added to the service plans and the service plans did not reflect the identified needs of the tenants.

- Regulatory Insufficiency: When a tenant needs personal care or health-related care, the service plan shall be updated within 30 days of the tenant's occupancy and as needed with significant change, but not less than annually. If a significant change does not exist, the program, may after nurse review, add minor discretionary changes to the service plan without a comprehensive evaluation and without obtaining signatures on the service plan. (IAC r. 481-69.26(3)(b))

- Regulatory Insufficiency: The service plan shall be individualized and shall indicate, at a minimum: The tenant's identified needs and preferences for assistance. (IAC r. 481-69.26(4)(a))

C. Food Service

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

- Monitoring Observation: The Program was attached by structure to a care center. The Program had a kitchen; however, the kitchen was not licensed. Meals were prepared at the care center and served at the Program.

  The Dietary Manager said three meals per day were prepared at the attached care center and served at the Program. On Wednesday mornings staff made pancakes for the tenants in the Program's kitchen. The pancakes were prepared by a staff who worked there or by the Dietary Manager. A griddle was used to make the pancakes. There was Happy Hour on Thursdays and there were finger foods, such as crackers and cheese and appetizer type foods. The food was prepared by staff who worked there. Items for the pancakes and Happy Hour were kept in the kitchen and items were labeled and marked. She said milk, juice, sometimes fruit, cereal and bread were kept in the kitchen. Staff would also fry eggs using a pan on the stove top. Temperatures were taken before the food came from the care center to the Program, the food was kept in warmer wells, and the temperature of the food was taken before serving.

  A tour of the Program's kitchen was conducted. There were food items in the freezer including: chicken drumsticks, egg rolls, waffles, cookies, salmon, ice cream, frozen meat, frozen pastries and popsicles. The refrigerator had cans of beer (for Happy Hour), shredded cheese, condiments, ice cream containers with leftovers in them, a pie tin with foil loosely over the pie tin and a utensil in the pie tin. In the cupboards there was a bag of marshmallows not sealed and what appeared to be a dry cookie mix in a plastic storage container. There was pepper in a Styrofoam cup with foil over the cup and there was vanilla and cinnamon. There were Happy Hour items kept in the kitchen, including boxes and bottles of wine and snacks. There were various items not marked or dated found throughout the tour of the kitchen. During the tour

of the kitchen the Dietary Manager threw out various items that were not properly stored or marked.

The kitchen had a dishwasher and the Dietary Manger indicated the majority of the dishes were washed in the Program's kitchen.

There was documentation of temperatures for the refrigerator and freezer. There were daily checks of the sanitizer for the dish washer. There were records of the food temperature for the lunch and evening meal.

A fire extinguisher was observed in the kitchen. There had been no issues with food and sickness according to the Dietary Manager.

The Program's kitchen was not licensed and the functions of the kitchen exceeded the parameters allowed without obtaining licensure.

- Regulatory Insufficiency: Programs engaged in the preparation and service of meals and snacks shall meet the standards of state and local health laws and ordinances pertaining to the preparation and service of food and shall be licensed pursuant to Iowa Code chapter 137F. (IAC r. 481-69.28(6))

D. Life Safety

Complaint/Incident Allegation: It was alleged there were issues with the call system and pendant.

- Monitoring Observation: Four tenant files (Tenants #1, #2, #3 and #4) were reviewed. Incident reports were reviewed. Review of Tenant #1, #2, #3 and #4's files and incident reports did not reveal concerns related to issues with the call system and pendant not functioning appropriately.

  Staff #1 said there was sufficient staff to meet the needs of the tenants and no tenants had complained regarding lack of staff. Staff #1 said tenants had pendants and some had phones to call for assistance. The pendant system functioned appropriately. The pendant was worn on the wrist or walkers and some had necklaces. Staff responded immediately, less than five minutes when tenants requested assistance. The tenants had not complained regarding lack of staff response or concerns with the pendant system. Nursing services were provided regarding incidents, falls and injury.

  Staff #2 said there was sufficient staff to meet the needs of the tenants and no tenants had complained regarding lack of staff. Staff #2 said tenants had pendants and some had phones to call for assistance. The pendant system functioned appropriately. Some tenants wore the pendant around the neck or laid it beside them. There were no issues with keeping them on, according to Staff #2. Staff responded right away, less than five minutes, when tenants requested assistance. The tenants had not complained regarding lack of staff response or concerns with the pendant system. Nursing services were provided regarding incidents, falls and injury.

The Nurse said there was sufficient staff to meet the needs of the tenants and no tenants had complained regarding lack of staff. The Nurse said tenants used pendants or phones to call for assistance. The pendant system functioned appropriately and the pendants were checked monthly. She said the pendants were worn around the neck, on walkers and in pockets and that was indicated on the service plans. At night, staff responded in approximately less than one minute. On first and second shifts staff responded in approximately 30 seconds when tenants called for assistance. There were no complaints from tenants regarding lack of response or concerns with the pendant system. There were no complaints of lack of nursing services regarding incidents, falls and injury.

The Admissions Director said tenants used a pendant or phone to call for assistance. The pendant system functioned appropriately and there were no complaints; however, one tenant wanted a wrist pendant. Some tenants wore the pendant around their necks; some tenants kept it on the walker, at bedside or over the bed and it varied depending on the tenant. She said there were no issues with the chain for the pendant. Staff responded within a couple of minutes when tenants requested assistance and there had been no complaints regarding staff response to the pendant. There were no complaints of lack of nursing services regarding incidents, falls and injury.

A community meeting with 11 tenants was held. The tenants used a pendant to call staff if it was an emergency. Staff responded right away and the tenants said staff responded in five minutes or less. The pendant system functioned appropriately. They said the pendant was a necklace and there were no issues how the pendant was attached. One tenant requested a bracelet pendant. The tenants received the services requested and nursing services were available. There were no concerns with the pendant or call system. The tenants described staff as good, kind and helpful. The tenants were satisfied with the Program and would recommend it to others.

Resident Council Minutes for the last three months were reviewed and did not reflect any tenant concerns regarding the pendant system or staff response to request for assistance.

Documentation of six months of monthly pendant checks was provided. The pendant system was tested and functioned at the time of the investigation.

Review of tenant files, incident reports, review of council meeting minutes, review of monthly pendant checks, staff interviews, a community meeting with the tenants, an interview with the Nurse and Admissions Director and monitor observation indicated there were no issues with the pendant or pendant system.

- Regulatory Insufficiency: None noted.