IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

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Complaint/Incident Intake #: 45562-C

October 31, 2013

Ms. Jana Happe, Administrator
Gardens at Cherokee
1610 Hwy 3
Cherokee, IA 51012

RE: Final Complaint/Incident Investigation Report – Gardens at Cherokee, Cherokee, IA

Dear Ms. Happe:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of October 16, 2013, 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. **No Regulatory Insufficiencies were identified.**

If you have any questions regarding 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 #:** 45562-C

Jana Happe, Administrator
Gardens at Cherokee Assisted Living
1610 Hwy 3
Cherokee, IA 51012

Date of Complaint/Incident Investigation:

October 16, 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.

Dementia-Specific Program by Definition	
Number of tenants without cognitive disorder:	30
Number of tenants with cognitive disorder:	8
Total Population of Program at time of on-site	38
TOTAL census of Assisted Living Program	38

Program History – There were regulatory insufficiencies in the area of Policy and Procedure during this recertification period.

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

A. Service Plans

Complaint/Incident Allegation: It was alleged the Program was not following physician orders for foot care, including the soaking feet nightly following by the application of lotion. It was alleged foot care wasn't given as the tenant refused foot care when the tenant reported he/she hadn't refused care.

- Monitoring Observation: Five tenant files were reviewed. A review of service plans revealed no orders or treatments for skin and foot care for Tenants #1, #4 and #5.

  Tenant #2, a 69 year old, was admitted on 4-2-11 and had diagnoses of: Diabetes Mellitus, Hypertension, Hyperlipidemia, Chronic Obstructive Pulmonary Disease (COPD), Asthma, a history of Cerbro Vascular Accident, Chronic Bronchitis and Glaucoma. A Global Deterioration Scale (GDS) was completed on 11-29-12 and staged Tenant #2 at two, which indicated mild cognitive decline.

  Nurse's notes of 8-2-13 indicated a written order was given for daily foot and nail care. Additionally, an order was given to soak feet 20 to 30 minutes before any nail appointment to soften the nails. Tenant #2 told the registered nurse (RN) that he/she didn't want staff doing foot care daily. A 90-day nurse review was completed related to this issue and Tenant #2's physician was contacted and daily foot care was discontinued.

  Nurse's notes of 10-4-13 indicated Tenant #2 was seen by a wound care nurse on 10-3-13 related to foot care. A written order was given to apply sween cream daily from toes to knees twice daily and as needed and Vicks Vapor Rub to toe nails at night. Nurse's notes of the same date (10-4-13) indicated the RN faxed the written order to Tenant #2's physician for his/her signature, as the written order was given by a wound care nurse and not the physician. Nurse's notes of 10-10-13 indicated a verbal order from Tenant #2's physician was given for foot and toe nail care.

Medication Administration Records (MARs) for October 2013 indicated daily foot care resumed on 10-10-13 and was done daily through 10-15-13.

Tenant #2 was interviewed privately by a monitor and reported he/she had refused daily foot and toe nail care numerous times until recently. Tenant #2 did not give any explanation as to why he/she had refused previously. Tenant #2 confirmed he/she had recently allowed staff to perform foot and toe nail care daily as ordered by the physician.

Tenant #3, a 70 year old, was admitted on 10-24-11 and had diagnoses of: HTN and Dementia. A GDS was completed on 3-5-13 and staged Tenant #3 at three, which indicated mild cognitive impairment.

A service plan of 3-5-13 indicated Tenant #3 had a callus on his/her left foot adjacent to the great toe and a reddened area on the right foot by the great toe. Staff was to apply Vaseline to the left bunion daily and to apply callus cushions to the bunion and a mohair pad as needed. MARs for August 2013 through October 15, 2013 indicated foot care was done daily.

- Regulatory Insufficiency: None noted.

B. Medications

Complaint/Incident Allegation: It was alleged the Program did not administer medications, specifically the injection of insulin because a needle used to administer the insulin wasn't available.

- Monitoring Observation: Five tenant files were reviewed. A review of MARs revealed Tenant #1, #3, #4 and #5 did not receive insulin injections. Tenant #2 received routine Insulin injections with the assistance of staff.

  Tenant #2's MARs indicated Tenant #2 received Humulin 70/30 – 60 units twice daily by pre-drawn syringe and Symlin 120mcg twice daily via an insulin pen. MARs for July 2013 through October 16, 2013 indicated both Humulin and Symlin were given as ordered.

Complaint/Incident Allegation: It was alleged a tenant's oxygen tank runs empty. Staff had been asked to bring a replacement oxygen tank and they have taken too long to bring a replacement.

- Monitoring Observation: Five tenant files were reviewed. Tenants #3, #4 and #5 did not have oxygen therapy. Tenant #1 and #2's file indicated each received oxygen therapy.

  Tenant #1, a 79 year old, was admitted on 9-26-10 and had diagnoses of: COPD, Chronic Bronchitis, Emphysema and Lung Cancer. Tenant was admitted to hospice on 10-12-13. A cognitive evaluation was completed on 8-27-13, which indicated normal cognitive function.

A service plan of 8-27-13 indicated Tenant #1 was on three (3) liters of oxygen by nasal canula continuously. Staff was to change Tenant #2's nasal canula as directed. MARs for August 2013 through October 15, 2013 indicated staff checked placement of nasal canula and oxygen availability and settings twice daily and Tenant #1's nasal canula was to be changed every two-weeks.

Tenant #2's physician was notified by the RN on 11-27-12, 12-12-12 and 1-9-13 that Tenant #2 chose not to use his/her portable oxygen. Tenant #2 was able to apply and remove the oxygen tubing from the oxygen concentrator (which didn't require an oxygen tank) and portable oxygen. Tenant #2 would often turn off his/her oxygen concentrator and portable oxygen tank. The RN requested and was given an order to allow Tenant #2 to manage his/her own oxygen use independently and for staff to change tubing and maintain the concentrator as needed.

Tenant #2's service plan of 9-19-13 indicated Tenant #2 was on continuous two (2) liters of oxygen by nasal canula. Tenant #2 wore his/her oxygen in the apartment most of the time but, at time, chose not to wear his/her portable oxygen. Staff was to encourage Tenant #2 to wear his/her oxygen at all times. If staff notices Tenant #2 becoming short of breath they are to test his/her oxygen saturation and encourage him/her to apply oxygen.

Staff was to notify the RN if Tenant #2 shortness of breath continued. Tenant #2 was to mange his/her own oxygen independently and staff was to change the nasal canula as directed. MARs for August through October 15, 2013 indicated staff changed Tenant #2's nasal canula every two-weeks.

The Administrator, RN and Staff #1 were interviewed and reported Tenant #2 chooses whether he/she will use his/her oxygen. Tenant #2 smoked and didn't use his/her oxygen when smoking.

Tenant #2 was interviewed by a monitor and reported he/she didn't always use his/her oxygen and nasal canula. Tenant #2 reported he/she liked to smoke and was told he/she shouldn't have the oxygen on when doing so. Tenant #2 reported it was his/her choice to use the oxygen.

- Regulatory Insufficiency: None noted.

C. Staffing

Complaint/Incident Allegation: It was alleged there wasn't staff available or seen during the night time hours.

- Monitoring Observation: Program staff schedule for August 2013 through October 15, 2013, two staff were working. One staff worked from 11:00 p.m. to 6:00 a.m. and the other staff worked from 12:00 a.m. until 7:00 a.m.

  The Administrator, RN and Staff #1 reported there was enough staff available to meet identified needs of tenants.

Tenants #2, #4, #5 and #6 were interviewed and each reported there was enough staff available during night time hours to meet their needs.

- Regulatory Insufficiency: None noted.

D. Tenant Rights

Complaint/Incident Allegation: It was alleged the Program told a tenant he/she could no longer have visitors in his/her apartment. A visitor may sit and visit in the common areas of the Program.

- Monitoring Observation: Five tenant files were reviewed. Tenants #1, #2, #3, #4 and #5's service plans were reviewed and none indicated any restrictions related to visitation. The Administrator, RN and Staff #1 reported they were not aware of any tenant who was restricted from visiting with other tenants or from outside visitors either in the common areas of the Program or within their apartment.

  Tenants #2, #4, #5 and #6 were interviewed privately. Each had reported they knew of no restrictions of visiting with other tenants or outside visitors within the common areas of the Program or within their apartment.

Complaint/Incident Allegation: It was alleged the Program had threatened a tenant with discharge if the tenant was found sitting on the four wheeled walker with a padded seat and pushing himself/herself backwards. The tenant became short of breath and would sit on the walker and propelled himself/herself by pushing the walker with his/her feet.

- Monitoring Observation: A review of Tenants #1, #2, #3, #4 and #5's file indicated Tenant #1 and #2 used a four-wheeled walker for mobility. Nurse's notes were reviewed for both tenants. No issues were found for Tenant #1.

  Tenant #2's file indicated a 90-day nurse review was completed on 9-29-13 and indicated concerns related to Tenant #2's use of a four wheeled-walker which included a bench seat. The RN noted she had seen Tenant #2 push himself/herself down the hallway while sitting on the bench seat backwards on his/her walker. The RN had asked Tenant #2 not to do this, as Tenant #2 was unable to see where he/she was going and may run into another tenant, staff or the wall which could cause injury to himself/herself or others. The RN suggested for Tenant #2 to sit on his/her walker off to the side or to sit on one of the benches or she could page staff for assistance.

  A service plan of 9-19-13 established interventions related to the use of wheel walker with the bench seat. Tenant #2 was not to sit on his/her walker and push himself/herself backwards. A review of Tenant #2's file indicated there had been no notice or discussion of possible discharge related to the incorrect use of a four wheeled walker.

  Tenant #2 reported he/she had used his/her walker for ambulation and had previously been asked not to sit on the walker while propelling himself/herself down the hallway. Tenant #2 reported he/she had been asked by the nurse not to do so as it was dangerous to do so.

A manufacturer's safety instruction manual indicated the wheeled walker was a walking aid only and was not to be used as a transportation device.

- Regulatory Insufficiency: None noted.

E. Life Safety

Complaint/Incident Allegation: It was alleged the Program locked the exterior doors and a code was needed to open the door(s), but none of the tenants knew the code. It was alleged a tenant was outside and couldn't get back inside and had to knock on a neighbor's window to let him/her in.

- Monitoring Observation: During the investigation a visual inspection of the entrance and exit doors indicated the following. The front entrance of the Program consists of two sets of doors. The first set, or the outer most set of doors are always unlocked. The Program reported these doors remain unlocked 24-hours a day, seven days a week. Upon entering the outer most doors you enter into a small enclosed entry way where a second set of inner doors are present. The inner doors are unlocked from 7:45 a.m. until 9:00 p.m. At 9:00 p.m. tenants, staff and visitors must used the doorbell located to the right of the inner doors in order to summon staff to let them in. According to Program staff schedules for August 2013 through October 15, 2013, two staff was assigned to work each of three shifts.

  The Program has five exterior doors that are locked by a key pad. The key pads are coded with two separate codes. The first code will allow staff to exit the door with the door locking behind them. A second code allows staff to exit the door with the door locking when the door shuts. Staff members are then able to re-enter through the door and recode the door to the locked position. The first code is used by staff only.

  The Administrator reported an incident involving Tenant #2. Tenant had the code to back exit door leading outside to smoke. The Administrator did not know how the tenant was able to obtain the code. Tenant #2 attempted to re-enter the Program which sent off the door exit alarm. The code used for the exit door was changed and the Program established designated smoking areas for tenants and staff. The designated smoking area for tenants is outside and to the right of the front entrance. Tenants who smoke between the hours of 9:00 p.m. and 7:45 a.m. can leave through the front door. Tenants wanting back into the building will need to ring the door bell to alert staff to let them in.

- Regulatory Insufficiency: None noted.

F. Structural Requirements

Complaint/Incident Allegation: It was alleged the Program did not provide adequate housekeeping services. A tenant's apartment was dusty. A carpet stain was located adjacent to the bed and no attempt had been made to remove the stain.

- Monitoring Observation: Program records indicated a full-time housekeeper performed 30-minutes of housekeeping services for each tenant weekly. Housekeeping services included the cleaning of the bathroom, kitchen sink and counters and vinyl floors. Vacuuming of carpets would also be done. If time permits additional housekeeping services would be completed at the request of the tenant. Additional cleaning services beyond the 30 minutes would be an additional cost to the tenant.

  Staff schedule for August 2013 through October 15, 2013 indicated a fulltime housekeeper had been scheduled weekly. Program records indicated each tenant had been assigned a specific day of the week that their apartment would be cleaned.

  Tenants #2, #4, #5 and #6 were interviewed and each reported they were satisfied with the housekeeping services provided by the Program. Tenant #2 reported there was a carpet stain adjacent to his/her bed and the Program had not attempted to remove the stain. The Administrator was advised by the monitor of the stain and the Administrator reported she would have maintenance staff clean Tenant #2's carpet.

Complaint/Incident Allegation: It was alleged the Program allowed tenants to walk across the courtyard and into the dining room, when coming from their apartment, rather than walking around the courtyard via the hallways. One of the doors was locked and tenants now have to walk the long hallway to the front of the building.

- Monitoring Observation: The Program reported that due to concrete issues the courtyard was closed until the concrete could be replaced. The concrete was replaced and the courtyard re-opened the middle of August. The courtyard is locked and not accessible to tenants beginning the first part of November until Spring for their safety.

- Regulatory Insufficiency: None noted.