IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

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Complaint/Incident Intake #: 46289-C

December 23, 2013

Ms. Gayla Gilliland, Executive Director
Windsor Manor Indianola
608 South 15th Street
Indianola, IA 50125

RE: Final Complaint/Incident Investigation Report – Windsor Manor Indianola, Indianola, IA

Dear Ms. Gilliland:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of December 12, 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 515/281-7039 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 #:** 46289-C

Gayla Gilliland, Executive Director
Windsor Manor Indianola
608 South 15th Street
Indianola, IA 50125

Date of Complaint/Incident Investigation:

December 12, 2013

Monitor(s):

Margaret Kaltefleiter, RN MS

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:	27
Number of tenants with cognitive disorder:	4
Total Population of Program at time of on-site	31
Dementia-Specific Program by Dedication	
Number of tenants without cognitive disorder:	1
Number of tenants with cognitive disorder:	8
Total Population of Program at time of on-site	9
TOTAL census of Assisted Living Program	40

Program History – The Program received a regulatory insufficiency in the area of Structural during the Sept. 2012 Recertification on-site.

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

A. Tenant Rights

Complaint/Incident Allegation: It was alleged a tenant and a wheelchair were dirty and smelled of urine and the tenant had sores on the buttocks.

- Monitoring Observation: Four tenant files were reviewed.

  Four tenants (Tenants #1, #2, #3 and #4) were identified as tenants who used wheelchairs. Tenants #1, #2 and #3 used electric scooter wheelchairs. The Program reported no tenants received wound care.

  Tenant #1, a 69 year old, was admitted on 11-11-13 and diagnoses included: Guillain-Barre Syndrome with Paralysis of Lower and Upper Extremities, Feet and Hands, Vertigo, and Non Weight Bearing. According to a service plan dated 11-11-13, Tenant #1 was non-weight bearing and preferred to use a slide board to maintain independence in transfers to and from the electric wheelchair. Tenant #1 was independent with transfers, but requested staff provide stand by assistance stabilizing the slide board only for all transfers. Tenant #1 was independent with mobility in the electric wheelchair and preferred to notify staff as needed for assistance with mobility.

  Tenant #2, a 92 year old, was admitted on 10-29-12 and diagnoses included: Cerebral Vascular Accident (CVA), Cataracts, Urinary Tract Infection (UTI), Hyperlipidemia, Diabetes Mellitus (DM) Type II, Gastric Esophageal Reflux Disease (GERD),

Transient Bilateral Lower Extremity Edema, Diarrhea, Constipation, Seasonal Allergies, Back Pain, Knee Pain, Rheumatoid Arthritis and Osteoarthritis (OA). According to a service plan dated 1-16-13, Tenant #2 preferred to use an electric wheelchair in room and for long distances. Tenant #2 was independent with transfers to and from electric wheelchair. Tenant #2 was independent with mobility and preferred to notify staff as needed for assistance with mobility.

Tenant #3, an 89 year old, was admitted on 8-25-12 and diagnoses included: Degenerative Joint Disease (DJD), Hypertension (HTN), Chronic Pain in Hips and Shoulders, Depression, Dry Skin, History of Skin Rash, History of Itchy Skin, History of GERD, History of Ulcers, Hiatal Hernia, OA, Post Traumatic Stress Disorder, DJD of Lumbar Spine and Hip, History of Hypertrophy (Benign) of Prostrate, Hard of Hearing, History of Constipation, History of Diarrhea, History of Forgetfulness, History of UTI, History of Upper Respiratory Infection, History of Urinary Frequency/Urgency, and History of Bladder Spasms. According to a service plan dated 8-26-13, Tenant #3 had a motorized wheelchair; the seat was motorized as well, went straight up and down and also tilted forward to assist with transfers. Tenant #3 was independent with transferring into and out of the wheelchair, as well as from and to bed, onto and off of the toilet. Tenant #3 would request assistance as needed. The service plan indicated Tenant #3 had a history of Prurigo Nodularis which caused severe itching and open sores. Staff assisted with applying creams to open sores. Tenant #3 had times of incontinence which Tenant #3 preferred to manage independently. Tenant #3 did not wear protective undergarments. Tenant #3 had a history of a pressure ulcer on bottom and had Duoderm applied every three days until healed. A physician's order dated 11-22-13 indicated Mupirocin Ointment 2.0% 22 gm apply twice each day to open and crusted areas until healed.

Tenant #4, an 87 year old, was admitted on 3-31-12 and diagnoses included: Depression, Tremor, HTN, DM, Dysphagia, Cataract, TIA, Hypothyroidism, Diverticulitis, Back Pain, Amnesia, Atrial Fibrillation, Cranial Neuralgia, CVA, Hyperlipidemia, Peripheral Vascular Disease, Benign Prostatic Hyperplasia, Dementia, Atherosclerotic Disease, Impacted Cerum, Coronary Artery Disease, Nerve Deafness, Sensorial Hearing Loss, OA, History of Falls, History of Anxiety, History of Agitation, History of Ileus, History of Sepsis, History of Acute Renal Failure and History of Pneumonia. According to a service plan dated 3-25-13, Tenant #4 was independent with transfers and would notify staff when assistance was needed. Tenant #4 was independent ambulating in apartment with walker and preferred to use a wheelchair for distance, was able to self-propel.

Staff #1 stated Tenant #3 itched all the time and took whirlpool bathes with tea tree oil which helped sooth the itching. Tenant #3 could take whirlpool bathes as often as desired, and was scheduled for bathes three times a week.

Staff #2 stated even before Tenant #3 moved to the Program, Tenant #3 had sores on legs and arms, dry skin that itched, and Tenant #3 scratched. Tenant #3 had prescriptions for creams and lotions. Tenant #3 had a cushion with a plastic cover in a wheelchair with a towel over the top. Staff #2 was only aware of Tenant #3 having an accident once or twice and Tenant #3 pushed pendant to call for help. If an accident happened, Staff #2 removed the towel and cleaned the cushion with a disinfectant wipe. She stated there were no tenants that had feces or urine on

wheelchairs or walkers and if a tenant did have, she'd clean it right away. She tried to wipe down equipment in the mornings when assisting tenants up.

Staff #3 stated laundry was completed one time a week and as needed. Tenant apartments were cleaned one time a week and as needed. She stated odor was a challenge with Tenant #3's room. Every week the sheets were changed and an egg crate mattress had been removed. An odor removal product was sprayed on the bed, carpet, chair, wheelchair and wheelchair cushion. Staff had used vinegar also as a cleaner. Staff had cleaned as much as they could and the odor would return. Staff #3 had personally not noticed any odor on Tenant #3 when Tenant #3 was out of the apartment. Trash was removed from the apartment every shift. Staff #3 had taken Tenant #3's wheelchair apart to clean it. A new cleaning product had been ordered and she was planning to shampoo the carpets. Cleaning crystals were used in Tenant #3's laundry to help with the odor and sometimes vinegar was added. Tenant #3's apartment was cleaned frequently to take care of the odor.

Staff #4 stated Tenant #3 had a pre-existing skin condition at the time Tenant #3 moved into the Program. Tenant #3 complained of itching and had seen many specialists. Tenant #3 had a nerve condition under the skin that itched badly. Creams and whirlpool bathes were used and nothing resolved the situation. She went with Tenant #3 to a physician appointment who stated it was a rare condition usually found in people Tenant #3's age. She stated when Tenant #3 had to go to the bathroom; Tenant #3 had to go right away. Tenant #3's wheelchair pad got washed and the wheelchair was cleaned. Housekeepers washed the wheelchair cushion after lunch during Tenant #3's afternoon naps.

Staff #5 stated Tenant #3 had a persistent skin condition for the past 12 years. It was a skin condition with bumps; it itched and would get inflamed. Tenant #3 was under the care of a dermatologist and Staff #5 had seen improvement in the past six months. Housekeeping was very aggressive in addressing the odor. A new cleaning product had been designed for this condition and was ordered two days before. The Program put in a new whirlpool that prevented water loss from the skin and a non-oil conditioner for skin with a Ph balance was used.

The Executive Director stated Tenant #3's skin condition was not as severe upon move in but had intensified in the last six months. Physician appointments were more frequent and new bathing techniques were used. She stated she thinks Tenant #3's body was producing the odors. She did spot checks of Tenant #3's apartment, bed sheets were changed daily if needed and whirlpools were two to three times a week. She stated staff had gone above and beyond to assist Tenant #3. She was concerned about the dignity issue regarding the situation. She stated Tenant #3 met the criteria for living at the Program; staff needed to stay on top of the situation and continued to help control it.

Tenant #3 was interviewed. Tenant #3 had a motorized scooter with a cushion, covered with a blanket sitting next to Tenant #3's recliner. Tenant #3 stated he/she liked living at the Program and received good care. Tenant #3 used a metal extender to scratch back and had a spot that itched. Tenant #3 stated he/she might have a small accident if he/she couldn't get to the bathroom fast enough. Tenant #3 used the bus for medical appointments and activities and stated he/she had not had any urine

accidents when out. Tenant #3 stated staff came real fast when called and was good about cleaning up when needed. Tenant #3 stated he/she was independent in toileting.

During the noon meal, the monitor observed 11 walkers, 3 motorized wheelchairs and one wheelchair in the dining room. All assistive devices were clean and free of any debris or odors.

A policy on Wound Care stated the purpose was to ensure prompt attention was provided to any tenant's wound to preclude an escalation of injury.

Review of tenant files, policy review, interviews with Tenant #3, staff and the Executive Director revealed no areas of concern.

- Regulatory Insufficiency: None noted.