IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

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Complaint/Incident Intake #: 41630-CR4

February 18, 2014

Ms. Annie Allen, Administrator
Linnwood Estates
700 North Linn
Glenwood, IA 51534

RE: I. Final Fourth Revisit to Complaint/Incident Investigation Report – Linnwood Estates, Glenwood, IA
II. Standard Certification
III. Conclusion

Dear Ms. Allen:

I. Final Fourth Revisit to Complaint/Incident Investigation Report – Linnwood Estates, Glenwood, IA

Enclosed is the **Final Fourth Revisit to Complaint/Incident Investigation Report** from the on-site monitoring visit of February 12 & 13, 2014, 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.**

II. Standard Certification

Enclosed you will find the standard certificate **S0191** effective **February 13, 2014 through May 26, 2014.**

III. Conclusion

The Program is in full compliance with the Administrative Rules and has been issued a Standard Certificate with an effective date of February 13, 2014. All previous sanctions have been lifted. 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 Fourth Revisit to a Complaint/Incident Investigation Report

Assisted Living Program: **Complaint/Incident Intake #: 41630-CR-4**

Annie Allen, Administrator
Linnwood Estates
700 North Linn
Glenwood, IA 51534

Date of Complaint/Incident Investigation:

February 12th and 13th, 2014

Monitor(s):

Lori Miner, RN BSN

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:	20
Number of tenants with cognitive disorder:	4
Total Population of Program at time of on-site	24
TOTAL census of Assisted Living Program	24

Program History – There were regulatory insufficiencies cited in the area of Other (Dependent Adult Abuse Training), Staffing, Evaluations, Tenant Documents, Service Plans, Nurse Review, Transportation, Policy and Procedure and Managed Risk during this recertification period.

A. Evaluation

The program received regulatory insufficiency at the time of the onsite complaint investigation in December 2012 and was recited at the first onsite revisit completed on May 15 and 16, 2013 related to evaluations not being completed within 30 days of admission and with significant change related to Tenants #1, #3, and #6. The regulatory insufficiency was recited during the second onsite visit completed on July 8 and 9, 2013 related to evaluations not being completed with change of condition and by an RN related to Tenants #1, #3, and #10. The regulatory insufficiency was recited during the third onsite visit completed in November 2013 related to evaluations not being completed with change of condition related to Tenants #8, #9, and #10.

- Monitoring Observation: Tenants #8 and #9 no longer resided at the program. The following clinical records were reviewed:

  Tenant #1, an 85 year-old, was admitted on 2-10-12 and had diagnoses of: Hypertension (HTN), Osteoarthrosis, Anxiety, Coronary Artery Occlusion and Urinary Retention resulting in Chronic Urinary Tract Infections. Tenant #1 answered all questions correctly when taking the Short Portable Mental Questionnaire (SPMSQ) on 7-29-13, indicating intact intellectual functioning.

  Evaluations of function, cognition, and health were completed on 7-29-13 and were completed by a Registered Nurse (RN). A review of the clinical record did not reveal any significant changes in condition that warranted new evaluations.

  Tenant #3, an 82 year-old, was admitted on 12-30-10 and had diagnoses of: Glaucoma, Hyperplasia of the Prostate, Dementia, and Parkinson's disease. Nurse's notes of 1-24-14 documented a fall resulting in a scalp laceration requiring sutures. Notes of 2-10-14 documented two falls with no injury.

The clinical record documented functional, cognitive, and health evaluations were completed on 1-24 and 2-10-14. Evaluations were completed with changes of condition.

Tenant #10, a 92 year-old, was admitted on 12-1-08 and had diagnoses of: Parkinson's Disease, Chronic Duodenal Ileus, Diabetes, Osteoarthritis, and Neurogenic Bladder. Tenant #10 answered all questions but one correctly when taking the SPMSQ on 1-31-14, indicating intact intellectual functioning. Evaluations of function, cognition, and health were completed on 1-9-14 and 1-31-14 for Urinary Tract Infections which were changes in condition.

Tenant #13, a 91 year-old, was admitted on 8-2-13 and had diagnoses of: Hypothyroidism, Hyperlipidemia, Esophageal Reflux, and Generalized Pain. The most recent cognitive screening tool dated 1-36-14 indicated Tenant #13 had mild intellectual functioning. A nurse review was completed on 1-24-14 which documented Tenant #13 had episodes of nausea, vomiting, and diarrhea. Blood was noted in the stool. An antibiotic was prescribed for a Urinary Tract Infection. Tenant #13 was also noted to be seeing things that weren't there. Evaluations of function, cognition, and health were completed on 1-26-14 with the change of condition.

Tenant #14, a 91 year-old, was admitted on 7-15-13 and had diagnoses of: Renal Disorder, Atrial Fibrillation Esophageal Reflux, Hypertension, Osteoporosis, and History of Compression Fractures. On 1-21-14, Tenant #14 was staged at three on the Global Deterioration Scale (GDS) which indicated mild cognitive decline. An incident report dated 1-19-14 documented Tenant #14 was found on the floor and had a skin tear to a finger. Nurse's noted documented Tenant #14 did not complain of pain. Nurse's notes of 1-20-14 indicated Tenant #14 was having back pain. On 1-21-14 Tenant #14 went to see the physician who did not see any new compression fractures. Tenant #14 returned to the program. Evaluations of function, cognition, and health were completed on 1-21-14 with a change of condition.

Tenant #15, a 98 year-old, was admitted on 10-14-11 and had diagnoses of: Respiratory Disease, Congestive Heart Failure, Bursitis, Dementia, Osteoarthrosis, and Hypertension. On 4-9-13 Tenant #15 was staged at three on the GDS which indicated mild cognitive decline. A review of the clinical record did not reveal any significant changes in condition that warranted new evaluations since the plan of correction was implemented.

The clinical records for six tenants were reviewed and no issues were identified related to evaluations.

Regulatory Insufficiency: None noted.

B. Service Plans

The program received regulatory insufficiency at the time of the onsite complaint investigation in December 2012 and was recited at the first onsite revisit completed on May 15 and 16, 2013 related to service plans not based on evaluations, not completed within 30-days of admission, not updated with change in condition, not identifying outside service providers, not meeting identified tenant needs, and not identifying tenant preference for nursing facility care, and did not identify activities for a person with dementia as related to Tenants #1, #3, #6, and #9. The regulatory insufficiency was recited during the second onsite visit completed on July 8 and 9, 2013 related to outside service providers, no updates with changes in condition, not meeting identified needs of tenants, and service plans not based on evaluations related to Tenants #1, #9, and #10. The regulatory insufficiency was recited during the third onsite visit completed in November 2013 related to outside service providers and no updates with changes in condition, not meeting identified needs of tenants, and service plans not based on evaluations related to Tenants #1, #8, #9, #10, and #13.

Monitoring Observation: Tenants #8 and #9 no longer resided at the program. The following clinical records were reviewed:

Tenant #1's health evaluation of 7-29-13 indicated staff members were to monitor a cyst on the right foot between the toes. During the November 2013 onsite visit, the service plan did not identify a staff monitoring plan. The current service plan which created on 12-5-13 and updated 1-15-14 identified a staff monitoring plan for the cyst on the foot. The nurse's notes documented the staff were monitoring the cyst per the service plan. The service plan met the identified needs of Tenant #1.

Tenant #3's evaluations indicated Tenant #3 was a fall risk and that Physical Therapy (PT) services were provided. The service plan identified interventions for falls and the PT services. The service plan met the identified needs of Tenant #3.

The service plan for Tenant #10, dated 1-10-14, identified a strong urine odor as a symptom of Tenant #10's frequent urinary tract infections. The service plan identified Tenant #10's need to call for assistance to remove the heel boot in order to ambulate to the restroom. The service plan met the identified needs of Tenant #10.

The service plan for Tenant #13 dated 12-3-13 with updates on 1-13 and 1-26-14 identified interventions for dizziness related to position changes. The service plan identified the use of oxygen for shortness of breath and the use of nitroglycerin and the directions for use during an episode of chest pain. The service plan identified Tenant #13 was to be observed for swallowing difficulties or choking. Hospice was identified as an outside service provider. The service plan included updates following the evaluations of 1-26-14 for episodes of nausea, vomiting, diarrhea, and seeing things that were not there. The service plan met the identified needs of Tenant #13.

Tenant #14 sustained a fall on 1-19-14. Over the next few days, Tenant #14 began to complain of back pain. Evaluations were completed and indicated Tenant #14 required assistance with dressing due to back pain. The service plan was updated on 1-21-14 and indicated assistance was needed with dressing.
Fall prevention interventions were on the service plan. The service plan met the identified needs of Tenant #14.

Staff #1 was interviewed and identified Tenant #15 had increased shortness of breath and it took Tenant #15 longer to do activities. The service plan dated 12-6-13 and updated 1-16-14 directed staff to monitor for shortness of breath and identified interventions for Tenant #15 when having trouble breathing. The service plan met the identified needs of Tenant #15.

The service plans were reviewed for six tenants. No issues were identified related to service plans.

- Regulatory Insufficiency: None noted.