IOWA DEPARTMENT OF
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Complaint/Incident Intake #:
48589-C

July 28, 2014

Ms. Vonnie Potter, Executive Director
Windsor Manor Assisted Living
608 South 15th Street
Indianola, IA 50125

RE: Final Complaint/Incident Investigation Report, Windsor Manor Assisted Living, Indianola, Iowa

Dear Ms. Potter:

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, following an investigation by DIA on **July 17 and 21, 2014.** The Report notes Regulatory Insufficiencies in the area(s) of: Evaluation and Service Plans.

Each Regulatory Insufficiency requires that the Program submit a written Plan of Correction (POC).

In preparing the POC, please use the tenant identifiers from the Report, i.e. Tenant #1, when reference is made to specific tenants. If your response includes a specific tenant's assessment or service plan, it is the Program's responsibility to conceal the tenant's name in order to maintain the tenant's anonymity. Your response shall include the following:

1. Elements detailing how the Program will correct each regulatory insufficiency.
2. What measures will be taken to ensure the problem does not recur.
3. How the Program plans to monitor performance to ensure compliance.
4. The date by which the regulatory insufficiency will be corrected.

Please note that all regulatory insufficiencies must be **corrected within 30 days of the date of the exit conference**; however, there may be situations where the timeframe may be shortened or lengthened, at the discretion of the department.

The POC must be submitted/emailed to DIA to my attention within ten (10) working days of receipt of this letter. It may be necessary for DIA to revisit the Program to confirm progress in fulfilling the POC's corrective measures.

As provided by IAC rule 481-67.14, you are afforded one opportunity to refute cited regulatory insufficiencies through the informal conference process. A request for an informal conference must be made within 20 working days of the notice or service of this letter and the final report. Please refer to rule 67.14 for more information.

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:

Vonnie Potter, Executive Director
Windsor Manor Assisted Living
608 South 15th Street
Indianola, IA 50125

Complaint/Incident Intake #: 48589-C

Date of Complaint/Incident Investigation:

July 17th and 21st, 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:	21
Number of tenants with cognitive disorder:	3
Total Population of Program at time of on-site	24
Dementia-Specific Program by Dedication	
Number of tenants without cognitive disorder:	0
Number of tenants with cognitive disorder:	9
Total Population of Program at time of on-site	9
TOTAL census of Assisted Living Program	33

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

A. Staffing

Complaint/Incident Allegation: It was alleged there was not enough staff to care for tenants.

- Monitoring Observation: The program reported one staff member was assigned to each unit each shift with a floating staff member available for four hours during the day and evening shifts. The RN was available from 8:00 a.m. to 5:00 p.m. on weekdays. The program provided written staff schedules which documented the staffing pattern as indicated.

  Clinical records were reviewed for Tenants #1, #7, #8, and #9. Incident reports and staff communications were reviewed as provided by the program. The documentation did not reveal any concerns that cares were not provided or that staff members were not available to provide the cares.

  Staff #1 stated sometimes tenant showers are not completed on the scheduled day, but the shower is completed by staff members on a later shift or the next day. Staff #2 and #4 stated there was enough staff and no tenants had complained that staff was not available. Staff #3 reported tenant needs were met and she had not heard directly of any tenant concerns about staffing.

  Tenants #2, #3, #4, and #5 were interviewed. None of the tenants voiced concern about a lack of staff. Medications and personal cares were reported to be completed.

No concerns were identified related to staffing.

- Regulatory Insufficiency: None noted.

B. Evaluation

Complaint/Incident Allegation: It was alleged the nurse was not evaluating tenants and emergency services were called when the nurse was busy.

- Monitoring Observation: Clinical records were reviewed for four tenants, #1, #7, #8, and #9. No issues were identified for Tenant #7. The nurse's notes for Tenant #1 documented Tenant #1 fell on 5-13-14 and documented the RN's assessment of Tenant #1 after the fall.

  The nurse's notes for Tenant #8 dated 5-13-14 documented the RN assessed Tenant #8's complaint of chest and abdominal pain. Notes of 5-27-14 documented a nurse review of Tenant #8's complaint of neck and shoulder pain.

  The nurse's notes for Tenant #9 documented the RN assessed Tenant #9 following a fall on 5-13-14. Notes of 5-22-14 documented an assessment of an arm for cellulitis. Because Tenant #9 was started on a new antibiotic for the cellulitis, directions were given to the staff to call 911 for an allergic reaction of swelling of the eyes, lips, or tongue.

  The RN was interviewed and stated she assessed each tenant as listed above. The RN stated staff members call her first and she will assess tenants if she is in the building. The RN stated she has come in during off hours to assess tenants. The RN stated in an emergency, 911 is called. The RN reported staff members have appropriately called 911 and then notified her.

  Staff #2,#3,#4, and #5 were interviewed. Each reported they would call the RN to report an incident. Staff members reported the RN was helpful and would come in during off hours to see a tenant. Each staff member reported 911 would be called for an emergency such as a heart attack or stroke.

  There was no evidence to suggest 911 services were being used inappropriately or to replace the nurse's assessment of a tenant.

- Regulatory Insufficiency: None noted.

During the course of the investigation, the following was noted:

- Monitoring Observation: The nurse's notes for Tenant #1 revealed Tenant #1 became aggressive with another tenant and staff on 5-3-14. According to the notes, Lorazepam was to be given as needed for anxiety or aggression. Notes of 5-5-14 indicated Tenant #1 fell but was not injured. Notes of 5-7-14 reported Tenant #1 walked out the door of the dementia unit. A staff member observed Tenant #1 leaving and returned Tenant #1 to the dementia unit. On 5-13, Tenant #1 fell in the apartment

and skinned a knee. On 6-5, Tenant #1 started to walk out the door of the dementia unit when staff intervened. On 6-5-14, Tenant #1 fell which resulted in a hip fracture.

The current service plan, dated 12-6-13, indicated Tenant #1 was independent with ambulation.

Interviews were conducted with the following staff members: Staff #1 reported Tenant #1 needed reminders to use the walker and was unsteady on the feet at times.

Staff #2 reported Tenant #1 needed reminders to use the walker and needed stand-by assistance. Depending on the day, Tenant #1 was unsteady on the feet.

Staff #3 reported Tenant #1 walked with stand-by assistance and used a walker. Tenant #1 needed frequent reminders to use the walker.

Staff #4 reported Tenant #1 used the walker backwards and needed constant reminders to use the walker correctly. Staff #4 reported she always walked with Tenant #1 because Tenant #1 had a history of falls. Staff #4 reported Tenant #1 was shaky and wobbly on some days.

Staff #5 reported Tenant #1 sometimes needed stand-by assistance and sometimes needed reminders to use the walker.

Tenant #1 displayed aggressive behavior for which medication was ordered. Staff reported Tenant #1 was unsteady on the feet at times and needed assistance with ambulation and reminders to use the walker. Tenant #1 displayed exit-seeking behavior on two occasions.

Evaluations were not completed for Tenant #1 who exhibited a significant change of condition.

Tenant #9, an 85 year-old, was admitted on 12-1-13 and had diagnoses of: Hypertension, Dementia, and a History of Diverticulitis. Tenant #9 was staged at six on the GDS which indicated severe cognitive decline. Tenant #9 resided in the dementia unit.

According to nurse's notes, Tenant #9 fell on 5-13-14 and developed a hematoma under the left elbow and forearm. Ice packs were ordered four times a day, a sling was to be used as needed, and the arm was to be elevated according to physician orders of 5-13-14. On 5-22-14, Tenant #9 was started on an antibiotic for 10 days for possible cellulitis of the left upper arm. Evaluations were completed on 5-22-14 with the change of condition.

The service plan of 5-22-14 indicated Tenant #8 required additional assistance with bathing and grooming due to the cellulitis. There was no documentation after 5-22-14 to indicate whether or not there was improvement in the left upper arm after the completion of the antibiotic. Evaluations were not completed to determine whether or not there was a change in Tenant #8's function after the completion of the antibiotics.

- Regulatory Insufficiency: A program shall evaluate each tenant's functional, cognitive and health status within 30 days of occupancy. A program shall also evaluate each tenant's functional, cognitive and health status as needed with significant change, but not less than annually, to determine the tenant's continued eligibility for the program and to determine any changes to services needed. The evaluation shall be conducted by a health care professional or human service professional. A licensed practical nurse may complete the evaluation via nurse delegation when the tenant has not exhibited a significant change. (IAC r. 481-69.22(2))

C. Service Plans

During the course of the investigation, the following was noted:

- Monitoring Observation: Tenant #1 displayed aggression which resulted in an order for Lorazepam according to nurse's notes dated 5-3-14. Tenant #1 sustained falls on 5-5 and 5-13. Tenant #1 exhibited exit-seeking behavior on 5-7 and 6-5-14. The service plan was not updated to include interventions for aggression, directions from the nurse to the staff for the use of the Lorazepam, interventions for falls including assistance with ambulation which staff reported using, and interventions for exit-seeking behavior. The service plan did not meet the identified needs of Tenant #1.

  The current service plan for Tenant #1 dated 12-6-13 did not include activities, planned and spontaneous, for a tenant with dementia.

  Tenant #9 fell on 5-13-14 and injured the left arm. A sling was ordered by the physician to be used as needed, and ice was to be applied and the arm was to be elevated. Tenant #9 was diagnosed with Cellulitis of the left arm on 5-22-14 and an antibiotic was started.

  The service plan dated 5-5-14 was not updated with left arm care following the injury of 5-13-14 and did not include the use of the sling, the ice, or instructions for pain management. The service plan dated 5-22-14 did not identify the use of ice as needed. The service plan did not meet the identified needs of Tenant #9.

- Regulatory Insufficiency: The service plan shall be individualized and shall indicate, at a minimum: (a) The tenant's identified needs and preferences for assistance; and (d) For tenants who are unable to plan their own activities, including tenants with dementia, planned and spontaneous activities based on the tenant's abilities and personal interests. (IAC r. 481-69.26(4)(a,d))

D. Activities

Complaint/Incident Allegation: It was alleged the program was not providing activities for all tenants.

- Monitoring Observation: The Activity Director was interviewed. She stated she developed activity calendars for both the general population and dementia unit. The

Activity Director reported staff members in the dementia unit assisted those tenants with activities. It was reported there were both planned and spontaneous activities available for the tenants. The Activity Director also reported assistance was given to tenants who needed it when playing games.

The Activity Director reported there had been a complaint about Bingo, which had been held six days a week. The complainant indicated Bingo was a "nursing home game and this is not a nursing home." The Activity Director reported the Resident Council took a vote to decrease the number of times Bingo was offered and add more outings.

The program provided documentation from a Resident Council meeting held5-27-14 which indicated the council wanted to compromise on Bingo, and offer more outings and music in place of Bingo. There were no concerns about activities during the 6-30-14 Resident Council meeting.

The July 2014 activity calendar for the general population continued to indicate Bingo was offered.

Tenants #2, #3, #4, #5, and #6 were interviewed. It was reported when management changed, the activities changed. Bingo used to be offered six days a week but was now offered twice a week. Three of the tenants reported they would like to see Bingo offered more than twice a week. One tenant reported not participating in any activities as the tenant preferred reading. One tenant reported the change in activities was a good thing and some tenants were having a hard time adjusting to the change. Some of the tenants reported they had limited sight and were able to play Bingo without difficulty.

During the course of the onsite visit on 7-17 and 7-21-14, activities were observed to be held in both the general population and the dementia unit.

The program had an activity calendar and provided activities according to the calendar. Tenants with a visual impairment indicated they were able to participate in activities as they chose.

- Regulatory Insufficiency: None noted.