IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

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RODNEY A. ROBERTS, DIRECTOR

August 7, 2014

Complaint Intake #: 49025-C

Ms. Sara Squire, Director of Nursing
Regency Assisted Living
815 High Road
Norwalk, IA 50211

RE: Final Complaint Investigation & Recertification Monitoring Evaluation Report – Regency Assisted Living, Norwalk, IA

Dear Ms. Squire:

Enclosed is the **Final Complaint Investigation & Recertification Monitoring Evaluation 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 a survey by DIA on **July 30, 2014.** The Report notes Regulatory Insufficiencies in the area(s) of: Evaluation of Tenant, Service Plans, Medications, Nurse Review, Food Service and Staffing.

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.

The review of the recertification documents you submitted has been completed and the documents are accepted. In addition, the State Fire Marshal's (SFM) inspection report has been received as well as the Facility Engineer's approval of the Evacuation Plans for your program.

Also enclosed you will find the Assisted Living Program Certificate **S0232** with effective dates of **April 14, 2014** through **April 13, 2016**.

If you have any questions in regard to this 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

cc: Amy Sherman

IOWA DEPARTMENT OF INSPECTIONS AND APPEALS
Assisted Living Program
Final Complaint Investigation & Recertification Monitoring Evaluation Report

Assisted Living Program: **Complaint # 49025-C**

Sara Squire, Director of Nursing
Regency Assisted Living
815 High Road
Norwalk, IA 50211

Date of Monitoring Visit:

July 30, 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 were provided by the Program at the time of the on-site.

	General Population Program
Number of tenants without cognitive disorder:	22
Number of tenants with cognitive disorder:	1
Total Population of Program at time of on-site	23
TOTAL census of Assisted Living Program	23

Tenant/Family Satisfaction Results – A meeting was held with 18 tenants. The best thing about the program was the nursing care, the ability to do your own cares, and being with other people who care. Housekeeping services were generally satisfactory, but tenants reported there was not a dedicated housekeeper and staff members were not able to spend as much time in the apartments to do things like dusting. The dining room needed more vacuuming on occasion. Tenants reported there were call buttons located in the bathroom and living rooms of the apartments. The tenants stated there was no call button located in the bedroom. It was reported staff members responded to requests for assistance in less than five minutes. According to the tenants, staff members provided good care and treated the tenants well and like family. Staff treated tenants kindly and respectfully. Breakfast and lunch were described as good with the evening meal described as too many meals of soup and sandwiches. Hot foods were served hot and the ice cream dessert was sometimes served too early, which resulted in the ice cream melting. There were enough activities offered during the week but the weekend lacked enough activities. A request was made for an organized movie time. Tenants reported feeling safe at the program, were generally satisfied, and would recommend the program to others.

On-Site Monitoring Evaluation – The monitor(s) made observations detailed in the following areas.

A. Evaluation of Tenant

Monitoring Observation: Tenant #1, a 92 year-old, was admitted on 4-26-14 and had diagnoses of: Chronic Obstructive Pulmonary Disease, Hypertension, and Pre-Diabetes. Evaluations of function, cognition, and health were completed on 4-26-14 by the Licensed Practical Nurse/Director of Nursing (LPN/DON). Initial evaluations were not completed by the program's Registered Nurse (RN).

Evaluations of function, cognition, and health were not completed within 30 days of admission for Tenant #1.

Tenant #2, a 91 year-old, was admitted on 6-12-13 and had diagnoses of : Arthritis and Dementia. Tenant #2 was staged at four on the Global Deterioration Scale (GDS) on 6-4-13 which indicated moderate cognitive decline. There was no documentation of any other evaluations of function, cognition, and health other than the ones completed in June of 2013. Evaluations were not completed at least annually.

A nurse review completed by the LPN/DON dated 4-4-14 documented Tenant #2 had frequent falls for which Physical and Occupational Therapy was prescribed, a urinary infection which was treated with an antibiotic. Tenant #2 complained of wrist pain and swelling. An xray of the area was negative for fractures. Tenant #2 exhibited a significant change of condition. Evaluations were not completed with the significant change of condition.

Tenant #6, an 84 year-old, was admitted on 2-11-13 and had diagnoses of: History of Osteomyelitis, and Diabetes. Nurse's notes dated 4-12-14 documented Tenant #6 complained of right foot pain and had an ulcer on the right foot. Tenant #6 was transferred to the hospital. Tenant #6 was hospitalized for a Neuropathic Diabetic Foot Ulcer of the toe with Osteomyelitis. The hospital reported indicated the infection was due to Methicillin Resistant Staphylococcus Aureus (MRSA). Tenant #6 underwent surgery for partial resection of the toe and closure of the ulcer. It was noted that Tenant #6 was treated with intravenous antibiotics. It was also noted Tenant #6 had a history of Clostridium Difficile.

Tenant #6 was discharged from the hospital to a skilled care facility and returned to the program on 5-9-14 according the nurse's notes. Evaluations of function, cognition, and health were not completed by the program's RN with a significant change of condition.

Tenant #7, an 80 year-old, was admitted on 3-12-14 and had diagnoses of: Diabetes, Coronary Artery Disease, Hypertension, and Dementia. Tenant #7 was staged at four on the GDS which indicated moderate cognitive decline. Initial evaluations of function, cognition, and health were not completed by the program's RN.

Regulatory Insufficiency: A program shall evaluate each prospective tenant's functional, cognitive and health status prior to the tenant's signing the occupancy agreement and taking occupancy of a dwelling unit in order to determine the tenant's eligibility for the program, including whether the services needed are available. The cognitive evaluation shall utilize a scored, objective tool. When the score from the cognitive evaluation indicates moderate cognitive decline and risk, the Global Deterioration Scale shall be used at all subsequent intervals, if applicable. If the tenant subsequently returns to the tenant's mildly cognitively impaired state, the program may discontinue the GDS and revert to a scored cognitive screening tool. The evaluation shall be conducted by a health care professional or human service professional. (IAC r. 481-69.22(1))

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))

B. Service Plan

Monitoring Observation: Tenant #1 was admitted to the program on 4-26-14. A service plan was not signed until 4-28-14. A service plan was not completed prior to taking occupancy of the apartment.

A service plan was not completed for Tenant #1 within 30 days of admission.

Tenant #2 had service plan dated 3-25-14. The service plan was not based on evaluations.

A nurse review completed by the LPN/DON dated 4-4-14 documented Tenant #2 had been having falls mostly during the overnight hours related to toileting. The service plan was not updated with interventions for the prevention of nighttime falls.

Tenant #6 had been hospitalized due to a Diabetic Foot Ulcer and Osteomyelitis. According to the nurse's notes of 5-9-14, Tenant #6 required the use of a surgical shoe and "contact isolation." The service plan signed by Tenant #6 on 5-15-14 did not identify the use of the surgical shoe and did not provide instruction to the staff as to how to carry out the "contact isolation." The service plan did not meet the identified needs of Tenant #6.

Tenant #7 had an initial service plan dated 3-6-14. The service plan was not signed by Tenant #7.

Tenant #7 was identified by the program as routinely refusing personal or health-related cares. Nurse's notes dated 5-16-14 documented the LPN/DON had spoken with Tenant #7's family regarding Tenant #7 not showering or picking up the apartment. Notes of 7-29-14 documented Tenant #7 was refusing to bathe or to let staff members assist with bathing. The current service plan dated 4-4-14 identified the program was assisting with bathing. The service plan did not identify interventions for a tenant who was routinely refusing personal and health cares.

Regulatory Insufficiency: A service plan shall be developed for each tenant based on the evaluations conducted in accordance with subrules 69.22(1) and 69.22(2) and shall be designed to meet the specific service needs of the individual tenant. The service plan shall subsequently be updated at least annually and whenever changes are needed. (IAC r. 481-69.26(1))

Regulatory Insufficiency: Prior to the tenant's signing the occupancy agreement and taking occupancy of a dwelling unit, a preliminary service plan shall be developed by a health care professional or human service professional in consultation with the tenant and, at the tenant's request, with other individuals identified by the tenant, and, if applicable, with the tenant's legal representative. All persons who develop the plan and the tenant or the tenant's legal representative shall sign the plan. (IAC r. 481-69.26(2))

C. Medications

Monitoring Observation: A medication pass was observed with Staff #2. During the medication pass to Tenant #5, Staff #2 was not observed to cleanse hands prior to the medication pass. A pill was popped from a bubble pack into Staff #2's bare hand, then placed into a medication cup.

During the medication pass to Tenant #6, Staff #2 was not observed to cleanse hands prior to entering the apartment and did not cleanse hands prior to the application of gloves. A blood sugar was checked. An insulin pen was observed to be stored in an unlocked drawer in Tenant #6's apartment. Insulin was administered traditionally by Staff #2 after the check of the blood sugar. Staff #2 was not observed to check the insulin pen against the Medication Administration Record (MAR) to determine the correct medication or dosage. Gloves were removed. Staff #2 was not observed to cleanse hands after the removal of gloves.

During the medication pass to Tenant #7, Staff #2 did not apply gloves to check Tenant #7's blood sugar. Based on Tenant #7's blood sugar reading, Staff #2 reported Tenant #7 should receive a regular dose of insulin and additional insulin according to a sliding scale. Staff #2 was not observed to check the insulin pen against the MAR to determine the correct medication or dosage. Staff #2 was not observed to cleanse hands after performing the blood sugar check or prior to leaving Tenant #7's apartment.

During the medication pass to Tenant #8, Staff #2 did not apply gloves to check Tenant #8's blood sugar. An insulin pen was observed to be stored on the counter in Tenant #8's apartment. Insulin was administered traditionally by Staff #2 after the check of the blood sugar. Based on Tenant #8's blood sugar reading, Staff #2 reported Tenant #8 should receive a regular dose of insulin and additional insulin according to a sliding scale. Staff #2 was not observed to check the insulin pen against the MAR to determine the correct medication or dosage. Staff #2 was not observed to cleanse hands after performing the blood sugar check or prior to leaving Tenant #8's apartment.

The LPN/DON was asked about the expectations of the program for medication administration. Hands were to be cleansed before and after each medication pass. Hands were to be washed prior to and after the use of gloves. Gloves were to be worn to check blood sugars and to administer insulin. Pills were not to be touched with bare hands.

The accepted practice for medication administration was not followed.

Insulin pens were not secured for two tenants for whom insulin was administered traditionally.

Regulatory Insufficiency: When medications are administered traditionally by the program: (a) The administration of medications shall be provided by a registered nurse, licensed practical nurse or advanced registered nurse practitioner registered in Iowa or by certified and noncertified staff in accordance with subrule 67.9(4) or a physician assistant (PA) in accordance with 645—Chapter 327. Injectable medications shall be administered as permitted by Iowa law by a registered nurse, licensed practical nurse, advanced registered nurse practitioner, physician, pharmacist, or physician assistant (PA). (IAC r. 481-67.5(6)(a))

Regulatory Insufficiency: Medications shall be kept in a locked place or container that is not accessible to persons other than employees responsible for the administration or storage of such medications. (IAC r. 481-67.5(6)(b))

D. Nurse Review

Monitoring Observation: Nurse's notes dated 6-23-13 documented Tenant #1 needed to have pulse oximetry completed three times a day for three days. The nurse's notes indicated if the pulse oximetry reading was low, Tenant #1 was to be sent to the hospital. In an interview with the LPN/DON she stated Tenant #1 had an upper respiratory infection. A nurse review was not completed with a significant change of condition.

Nurse's notes dated 5-13-14 documented Tenant #7 had nausea, vomiting, and diarrhea and had a low blood pressure. The notes also documented Tenant #7 had been given medications prescribed for another tenant. Tenant #7 was sent to the hospital via ambulance. Notes of 5-14-14 documented Tenant #7 returned to the program with a diagnosis of urinary infection and had been started on an antibiotic. A nurse review was not completed with a significant change of condition.

Regulatory Insufficiency: If a tenant does not receive personal or health-related care, but an observed significant change in the tenant's condition occurs, a nurse review shall be conducted. If a tenant receives personal or health-related care, the program shall provide for a registered nurse or a licensed practical nurse via nurse delegation: To assess and document the health status of each tenant, to make recommendations and referrals as appropriate, and to monitor progress relating to previous recommendations at least every 90 days and whenever there are changes in the tenant's health status.
(IAC r. 481-69.27(3))

E. Food Service

Monitoring Observation: The program identified it used the attached nursing facility to obtain meals. The assisted living program did not have a food license. The kitchen of the assisted living program was observed to have a refrigerator. The refrigerator contained multi-serving size containers of orange, tomato, and grape juice. A one-half gallon container of almond milk was present.

The unlicensed kitchen stored beverages in containers greater than single-serving size.

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. The department will not require the program to be licensed as a food establishment if the program limits food activities to the following: (b) Baked goods that do not require temperature control for safety and single-service juice or milk may be stored in the program's kitchen and provided as part of a continental breakfast.
(IAC r. 481-69.28(6)(b))

F. Staffing

Monitoring Observation: Four employee files were reviewed. Staff #1 was hired 11-14-13 as a Universal Worker (UW). Staff #2 was hired 12-10-13 as a Medication Aide (CMA). Staff #3 was hired 9-18-13 as a Certified Nursing Assistant (CNA). Staff #4 was hired on 3-19-14 as a CMA. None of the staff members had documentation of competency by a Registered Nurse (RN). There was no documentation an RN had provided any training.

Regulatory Insufficiency: The program's registered nurse shall ensure certified and noncertified staff are competent to meet the individual needs of tenants. Nurse delegation shall, at a minimum, include the following: (b) Within 30 days of beginning employment, all program staff shall receive training by the program's registered nurse(s). (IAC r. 481-67.9(4)(b))

G. Structural requirements

Complaint allegation: It was alleged the program had mold in the kitchen area.

Monitoring Observation: Staff #1 and #2, Universal Workers, were interviewed. Staff #1 reported two to three weeks ago, Maintenance was working under the sink in the kitchen.

Maintenance was interviewed and stated he began employment with the program around the first of June. At that time, he became aware of a problem underneath the kitchen sink in the assisted living program. Maintenance stated he ordered materials to fix the problem at that time.

On 7-8-14, Maintenance reported he started working on the cabinet. Maintenance stated the floor of the cabinet was affected. At that time, water stains were present on cabinetry on either side of the dishwasher. It was determined the sanitizer dispenser was not level and moisture was leaking onto the wood. Maintenance reported the woodwork to the cabinets on either side of the dishwasher was removed. The drywall had stains but was dry and had no evidence of moisture. The drywall was painted with a paint designed to limit mold growth.

When the flooring of the cabinet was removed, the supports were observed by Maintenance to have a black-colored mold growing on them. The supports were removed and taken out in a garbage bag. Maintenance reported the interiors of both cabinets were re-built from the inside out. The sanitizer was leveled to prevent further moisture.

The cabinets on either side of the dishwasher were observed to have new boards without any staining. Neither cabinet had any odor present. At the top of the interior of the cabinet on the right side of the dishwasher was an approximate one-inch gap which allowed for some visualization of the drywall behind the cabinetry. There was no staining or discoloration of the drywall observed.

Maintenance was asked about any other areas of concern. Maintenance reported he had been told there was another sink located in the kitchen/dining area that once held a

beverage machine. The beverages had leaked causing the bottom board of the cabinet to warp. Maintenance reported the board was dry, and that he had painted the board with the special paint.

The cabinet under the other sink in the kitchen/dining area was observed. The bottom board appeared warped. The interior of the cabinet was dry with evidence of the paint on the bottom of the cabinet. The cabinet had a musty odor. Maintenance was informed of the odor and asked to follow-up.

The rest of the kitchen/dining area was observed including wall space behind a steam table and the table observed to contain a salad bar. No moisture and no discoloration was noted on the walls.

The program identified an area of concern in the kitchen area of the assisted living program. Moisture had damaged cabinetry and the moisture was due to an uneven placement of the sanitizer for the dishwasher. Mold was found as the cabinetry was dismantled. The wood contained the observed mold was removed and the cabinets were reconstructed. The sanitizer was leveled to prevent new moisture damage. The program took action to fix an identified concern. There was no moisture or discoloration noted to the woodwork in the cabinets identified. One cabinet had a musty odor and Maintenance was informed.

Regulatory Insufficiency: None noted.

H. Policies and Procedures

Complaint allegation: It was alleged the program did not provide proper equipment during the cleaning of mold from the kitchen.

Monitoring Observation: Maintenance was interviewed and stated while he was working on replacing cabinetry damaged by water, meals were served in the activity room, one evening and the following morning. Maintenance stated there was dust from the work done which had spread into the dining room.

The Director of Nursing (LPN/DON) reported the construction had not impacted any tenants. The LPN/DON reported after boards were replaced in the kitchen, vacuuming was done to clean up. The vacuum blew dust onto the dining room tables. The LPN/DON reported masks were made available to anyone. Three tenants identified as having respiratory problems and residing in the area of the dining room were asked to stay in the apartments. Because the dust was on the dining room tables, service for two meals was moved to the activity room. The dining room was cleaned.

Staff #1 was interviewed and stated she wore a mask one day, and then was not scheduled to work again until after the dust was cleaned up. Staff #2 reported she personally had a respiratory condition and was told to wear a mask. Staff #2 reported none of the tenants reported any concerns. Staff #2 confirmed meals were moved to the activity room.

During the tenant meeting, tenants were asked about recent construction in the dining room. It was reported sanitizer had made boards rot and there was dust as the boards

were replaced. One tenant reported hearing there was mold. One tenant reported looking at the area and saw no mold. Two tenants reported they were asked to stay in their apartments because they had respiratory conditions. Both reported they were able to take the long way around to meals and avoided the kitchen/dining area. The tenants did not report any breathing issues. There were no concerns voiced regarding the work in the kitchen.

The program identified a concern with dust following a construction project in the kitchen/dining area. Staff and tenants who had a history of breathing problems were identified and masks were made available and asked to avoid the area. The kitchen/dining area was cleaned. Tenants did not voice concerns and reported no negative outcomes.

The program instituted a procedure to minimize risk to tenants and staff related to dust exposure. No negative outcomes were reported.

Regulatory Insufficiency: None noted.