IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

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Complaint/Incident Intake #: 48632-C

August 18, 2014

Ms. Diana Niemeier, Executive Director
Village Ridge
365 Marion Blvd.
Marion, IA 52302

RE: Final Complaint/Incident Investigation Report – Village Ridge, Marion, IA

Dear Ms. Niemeier:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of July 7 & 8, 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.**

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:

Diana Niemeier, Executive Director
Village Ridge
365 Marion Blvd.
Marion, IA 52302

Complaint/Incident Intake #: 48632-C

Date of Complaint/Incident Investigation:

July 7 & 8, 2014

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:	29
Number of tenants with cognitive disorder:	3
Total Population of Program at time of on-site	32
Dementia-Specific Program by Dedication	
Number of tenants without cognitive disorder:	2
Number of tenants with cognitive disorder:	15
Total Population of Program at time of on-site	17
TOTAL census of Assisted Living Program	49

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

A. Other

Complaint/Incident Allegation: It was alleged a tenant presented at the Emergency Room (ER) with an infection that had been neglected.

- Monitoring Observation: The Program provided a list of tenants who had ER visits within the previous three months. Tenants #1 and #2 were identified as going to the ER for treatment of a urinary tract infection (UTI).

  Tenant #1, a 79 year old, was admitted on 4-10-12 and diagnoses included: Hyperglycemia, Insulin Dependent Diabetes Mellitus, Hypothyroidism, Proximal Atrial Fibrillation, Hypertension, Gastric Esophageal Reflux Disease and Recurring UTI. Tenant #1 was staged at a 3.1 on the Global Deterioration Scale (GDS) which indicated mild cognitive decline. According to Nurse's Notes dated 4-2-14 at 1:00 p.m., Tenant #1's family reported Tenant #1 appeared mixed up and requested a urinalysis (UA) be done per the standing order. A UA was obtained and the lab notified. On 4-3-14, Tenant #1 was admitted to the hospital for a UTI and Tenant #1 received an intravenous antibiotic. Tenant #1 returned to the Program on 4-5-14. A Resident Reassessment dated 4-10-14 indicated Tenant #1 returned from the hospital with new orders for Levoquin 500 mg orally for seven days and Cipro 250 mg orally for 60 days. According to Tenant #1's service plan, Tenant #1 was independently able to complete perineal care as tolerated. Tenant #1 was able to wipe perineal area by self when toileting. A Notice to Vacate dated 4-29-14 indicated Tenant #1 provided a 30 day notice to vacate the apartment effective 5-28-14. According to

Nurse's Notes dated 5-27-14, Tenant #1 left the Program and was admitted to a long term care facility.

Tenant #2, a 92 year old, was admitted on 8-1-12 and diagnoses included: Glaucoma, Macular Degeneration, Corneal Dystrophy, Psoriasis, Cellulitis, Hypothyroidism and Hyperlipidemia. Tenant #2 was staged at a 3.2 on the GDS which indicated mild cognitive decline. According to Nurse's Notes dated 5-12-14, Tenant #2's physician faxed an order to elevate legs more as tenant had stasis dermatitis. A fax was sent to the physician on 5-27-14 indicating the edema had increased in the right leg. A return fax received on 5-28-14 regarding the edema indicated no new orders for diuretics as the physician preferred anti-embolism stockings placed on in the mornings and off at bedtime. According to Treatment Administrative Records (TARs) an order was received on 2-26-14 for Nystatin powder applied topically under breast and abdominal folds twice a day. The order was changed on 3-17-14 to be applied twice a day as needed. According to the TARs an order was received on 2-27-14 for Sween 24 Cream to apply topically to right lower leg and bilateral feet daily. According to Nurse's Notes dated 6-3-14 at 1:00 p.m. Tenant #2 had been in bed all day and refused meals and medications that morning. Tenant #2's family was notified that Tenant #2 did not want to get out of bed and had no complaints of pain or discomfort. At 3:00 p.m. Staff #1 was called to Tenant #2's room and Tenant #2 was lying in bed on left side. Family was there and trying to get Tenant #2 to get up. Tenant #2 waved hand at family and stated "Stop that, I'm tired, just leave me alone." At 4:00 p.m. Staff #1 was called back to Tenant #2's room as Tenant #2 was incontinent of bowel movement (BM). The Executive Director (ED) and Staff #1 assisted Tenant #2 to the bathroom, provided perineal care and assisted Tenant #2 back to a couch. Family arrived at 5:00 p.m. and wanted Tenant #2 transported to the ER for an evaluation as Tenant #2 had not been weight bearing, left eyelid was swollen and Tenant #2 had refused all medications that day. Emergency medical technicians arrived and transported Tenant #2 to the hospital. A call made on 6-3-14 at 9:20 p.m. to family indicated Tenant #2 was being admitted for pneumonia and a UTI. A Notice to Vacate dated 6-5-14 indicated Tenant #2 provided a 30 day notice to vacate the apartment. Tenant #2 did not return to the Program after the hospitalization and was transferred to a higher level of care.

Staff #1 was interviewed and stated Tenant #2 was incontinent of BM and she helped Tenant #2 walk to the bathroom and helped Tenant #2 return to the couch. She could tell Tenant #2 had Clostridium Difficule (C. Diff) as the BM smelled like C. Diff. Staff #1 assisted cleaning up Tenant #2 and applied Nystatin to the Psoriasis and cream to the abdominal folds. There was no other odor than the C. Diff.

Staff #2 was interviewed and stated she applied Nystatin powder in Tenant #2's groin area. Sometimes the skin was pink and then it would flare up and be redder at other times. There were never any odors. Tenant #2 had psoriasis on hips and a cream was applied and anti-embolism hose were put on Tenant #2's legs for fluid.

The ED was interviewed and stated Tenant #1's family provided a 30 day notice as they wanted Tenant #1 to move to a long term care facility. Tenant #1 was discharged on 5-27-14. The ED stated Tenant #2 was admitted to the hospital for pneumonia and a UTI. Tenant #2 had diarrhea and also had C. Diff. When Tenant #2's family was at the Program, Tenant #2 didn't want to get up. The ED helped

Tenant #2 walk to the bathroom along with Staff #1. Perineal care was provided for Tenant #2 after having diarrhea. Tenant #2 had Psoriasis on the hips and abdominal groin areas, powders and creams were applied and no odor was detected. The ED assisted in walking Tenant #2 to a couch and heard Tenant #2 have more diarrhea bursts so she decided to send Tenant #2 to the ER. Tenant #2's normal demeanor was that there were days Tenant #2 wouldn't want to get up. On those days staff would bring a breakfast tray to the apartment. Tenant #2 previously lived in the independent living area and Tenant #2 maintained this same routine there. She stated when Tenant #2 didn't want to get out of bed; Tenant #2 didn't get out of bed.

Review of Tenants #1 and #2's files and interviews with Staffs #1, #2 and the ED indicated tenants received all cares indicated and physician orders were followed.

- Regulatory Insufficiency: None noted.