IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
Lucas State Office Building
321 East 12th Street
Des Moines, IA 50319-0083
(515) 281-4115 Phone
(515) 242-5022 Fax

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake #:
48031-C

September 18, 2014

Lynne Popp, Executive Director
Windsor Manor Grinnell
229 Pearl Street
Grinnell, IA 50112

RE: Final Complaint/Incident Investigation Report, Windsor Manor Grinnell, Grinnell, Iowa

Dear Ms. Popp:

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 **September 2 & 3, 2014.** The Report notes Regulatory Insufficiencies in the area(s) of: Evaluation, Service Plans and Medications.

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:

Lynne Popp, Executive Director
Windsor Manor Grinnell
229 Pearl Street
Grinnell, IA 50112

Complaint/Incident Intake #: 48031-C

Date of Complaint/Incident Investigation:

September 2 & 3, 2014

Monitor(s):

Margaret Kaltefleiter, RN MS
Michael Rohner, OTR-L

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:	31
Number of tenants with cognitive disorder:	0
Total Population of Program at time of on-site	31

Dementia-Specific Program by Dedication	
Number of tenants without cognitive disorder:	0
Number of tenants with cognitive disorder:	10
Total Population of Program at time of on-site	10

TOTAL census of Assisted Living Program	41

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

A. Evaluation

During the course of the investigation the following information was obtained:

- Monitoring Observation: Seven tenant files (Tenants #1, #2, #3, #4, #5, #6 and #7) were reviewed.

  Tenant #1, an 86 year old, was admitted on 10-9-09 and diagnoses included: Gastric Esophageal Reflux Disease (GERD), Major Depressive Disorder, Mild Dementia, Hypertension (HTN), History of Urinary Tract Infections, Rheumatoid Arthritis, Anxiety, Hypothyroidism, Hypokalemia and Cataract Removal 2013. According to Nurse's Notes dated 8-11-14, Tenant #1 refused to take medication, spitting out at staff; threw a full glass of water (including the glass) at a kitchen worker; slapped the Executive Director (ED) on face, ran into several people with rolling walker, ran walker into the wall and yelled profanities in the hallway. Functional, cognitive and health evaluations were not completed regarding Tenant #1's behavior changes as needed with a significant change.

  Tenant #3, a 93 year old, was admitted on 2-1-10 and diagnoses included: Hyperlipidemia, HTN, Right Hip Fracture with Repair, Benign Prostrate Hypertrophy, Carotid Artery Disease, History of Hepatitis C and Altered Mental Status (Etiology Unknown). According to a Vital Sign Flow Sheet, Tenant #3's weights were recorded as follows:1-2-14 169 lbs.; 2-2-14 164 lbs.; 3-2-14 162 lbs.; 4-2-14 150 lbs.; 5-2-14 147 lbs. and 6-2-14 120 lbs.

According to the Nurse's Notes dated 6-20-14, Tenant #3's appetite was decreasing and sleeping more. Uninterested in activities, preferred to stay in apartment, ambulated per self with assist of walker. No complaints of pain or discomfort. According to the Nurse's Notes dated 6-24-14, Tenant #3 refused all meals, dietary supplement given without success, many different foods offered but only took one or two bites. Tenant #3 was down 27 pounds since first of May. Fax sent to physician with condition report. The fax identified Tenant #3 as sleeping more and refusing many times to eat. Was very weak and had trouble walking without assistance, denied pain or discomfort, was confused more frequently and quickly losing weight. Tenant #3 was down to 120 lbs. Functional, cognitive and health evaluations were not completed regarding Tenant #3's weight loss as needed with a significant change.

Review of tenant files indicated functional, cognitive and health evaluations were not completed as needed with significant change.

- 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 function, 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 Plans

During the course of the investigation the following information was obtained:

- Monitoring Observation: Seven tenant files (Tenants #1, #2, #3, #4, #5, #6 and #7) were reviewed.

Tenant #1's file was reviewed. According to Nurse's Notes dated 8-11-14, Tenant #1 refused to take medication, spitting out at staff; threw a full glass of water (including the glass) at a kitchen worker; slapped the ED on face, ran into several people with rolling walker, ran walker into the wall and yelled profanities in the hallway. The service plan was not updated to reflect changes in Tenant #1's behaviors. The service plan was not updated to reflect Tenant #1's identified needs and preferences for assistance.

Tenant #3's file was reviewed. According to a Vital Sign Flow Sheet, Tenant #3's weights were recorded as follows:1-2-14 169 lbs.; 2-2-14 164 lbs.; 3-2-14 162 lbs.; 4-2-14 150 lbs.; 5-2-14 147 lbs. and 6-2-14 120 lbs. According to the Nurse's Notes dated 6-20-14, Tenant #3's appetite was decreasing and sleeping more. Uninterested in activities, preferred to stay in apartment, ambulated per self with assist of walker. No complaints of pain or discomfort. According to the Nurse's Notes dated 6-24-14, Tenant #3 refused all meals, dietary supplement given without success, many different foods offered but only took one or two bites.

Tenant #3 was down 27 pounds since first of May. Fax sent to physician with condition report. The fax identified Tenant #3 as sleeping more and refusing many times to eat. Was very weak and had trouble walking without assistance, denied pain or discomfort, was confused more frequently and was losing weight quickly. Tenant #3 was down to 120 lbs. According to Tenant #3's service plan dated 2-3-14, Tenant #3's appetite was good. Tenant #3's service plan was not updated to reflect changes in Tenant #3's weight loss. The service plan was not updated to reflect Tenant #3's identified needs and preferences for assistance.

Review of tenant files indicated service plans were not individualized or identified the tenant's needs and preferences for assistance.

- Regulatory Insufficiency: The service plan shall be individualized and shall indicate, at a minimum: The tenant's identified needs and preferences for assistance. (IAC r. 481-69.26(4))

C. Tenant Rights

Complaint/Incident Allegation: It was alleged a tenant needed staff assistance to ambulate and staff were often unable to walk with the tenant. A wheelchair was requested to be used and a tenants' family was told the Program did not like to see wheelchairs used.

- Monitoring Observation: A community meeting with 18 tenants was held. The tenants stated if assistance with ambulation was needed there was staff available to help. The tenants stated wheelchairs were allowed to be used per tenant choice. The monitor observed two tenants attending the community meeting seated in wheelchairs.

  Staffs #1, #2, #3, #4 and the Nurse were interviewed and stated tenants who needed assistance with ambulation were provided that assistance. The ED was interviewed and stated "absolutely" tenants who needed assistance with ambulation were provided assistance.

  Staff #1 was interviewed and stated wheelchairs are allowed to be used but staff members would like tenants to walk as much as possible. No tenant was refused assistance with wheelchairs. Staff #3 was interviewed and stated wheelchairs are allowed to be used but tenants attempted to walk as much as possible. It was the "use it or lose it" motto. She stated wheelchairs are available for tenants who needed one. Staffs #2, #4 and the Nurse stated wheelchairs are allowed to be used at the Program. The ED was interviewed and stated "absolutely" wheelchairs are allowed to be used at the Program.

  The Program provided a list of six tenants that used wheelchairs.

Per interviews with tenants, staff, the Nurse, ED and monitor observations, and a list of tenants with wheelchairs indicated that staff members assist with ambulation when needed and wheelchairs are used at the Program.

- Regulatory Insufficiency: None noted.

Complaint/Incident Allegation: It was alleged the Program had taken tenant clothing so there would be less for staff to pick up.

- Monitoring Observation: A community meeting with 18 tenants was held. The tenants stated staff had not taken any of their personal possessions and not returned them. Four tenants indicated sometimes clothing items got lost during laundry services but most items were found and returned.

  Staffs #1, #2, #3 and the Nurse stated articles of clothing had not been taken away from tenants and clothing items were not limited for the convenience of staff. Staff #4 stated Tenant #1 was obsessed with clothes. Staff took clothes out of Tenant #1's apartment and limited the number of outfits/clothes. The clothes were kept in the laundry room and Tenant #1 was able to use them as needed. Tenant #1's clothing was not donated anywhere, just removed from the apartment. Staff #5 stated articles of clothing had not been taken away from any tenants. She stated Tenant #1 always had clothes in the closet.

  The ED was interviewed and stated clothing was stored for two tenants. Tenant #1 had massive amounts of clothing; so many that they did not fit in Tenant #1's closet so extra items were kept in a storage room. Anytime Tenant #1 wanted anything from storage, it was given to Tenant #1. Tenant #1 would take clothes from the Program's annual garage sale in all sizes from 3 to 30, even though the items did not fit Tenant #1. Tenant #1 was in agreement with extra items being stored in another area as Tenant #1 was always concerned about the apartment appearing neat and clean. The ED stated Tenant #2 had the Program store a winter coat in the storage room. Tenant #2 gave the Program permission to keep the coat in the storage room. The ED stated no tenants' clothing had been removed for staff convenience.

  Per interviews with tenants, staff, the Nurse and ED, the Program had not taken tenant clothing so there would be less for the staff to pick up.

- Regulatory Insufficiency: None noted.

Complaint/Incident Allegation: It was alleged staff did not knock before entering tenant apartments.

- Monitoring Observation: A community meeting with 18 tenants was held. The tenants stated staff knocked on their doors and waited before entering the apartment.

Staff #1 was interviewed and stated staff knocked before entering a tenant's apartment and would wait for a response before entering unless they had been told otherwise. Staff #2 stated staff knocked on tenant doors before entering a tenant's apartment and would wait for a response unless a little bit of time went by, she would open the door and call out the tenant's name. Staff #3 stated staff always knocked before entering an apartment and would attempt to wait for a response unless the tenant was hard of hearing and then would go in. Staff #4 stated she would knock and then holler in before entering the apartment and would enter after the tenant responded. She had observed other staff do the same thing.

The Nurse was interviewed and stated staff was supposed to knock and wait for a response before entering tenant apartments. The ED was interviewed and stated staff was trained to knock and then listen at the door, knock a second time and then crack the door to gain a response. This process was the same for staff working in the dementia unit.

Monitor observations of Staff #1 and #3 during multiple medication passes indicated each consistently knocked on tenant apartment doors and waited for a response prior to entering.

Per interviews with tenants, staff, the Nurse and ED and monitor observations, staff knocked on tenant doors and waited for a response before entering the tenant apartments.

- Regulatory Insufficiency: None noted.

D. Medications

Complaint/Incident Allegation: It was alleged a tenant did not receive medication as scheduled.

- Monitoring Observation: A community meeting with 18 tenants was held. The tenants stated medications were available when needed. One tenant stated about six months ago, once in a while, a medication was not available but the issue was now resolved.

  Tenant #6, a 77 year old, was admitted on 12-1-12 and diagnoses included: Hypothyroidism, GERD, Parkinsonism and Allergic Rhinitis. A review of Tenant #6's Medication Administration Records (MARs) were reviewed from 3-1-14 through 9-2-14. It was documented Venlafaxine caps 37.5 mg one by mouth daily was not given from 4-10-14 through 4-12-14. It was documented on 4-12-14 that the medication was not available. The medication was administered again on 4-13-14.

  Staffs #1, #2, #3, the Nurse and the ED were interviewed and stated medications were available and given on time. The Nurse stated it was not very often that medications were not available as the pharmacy delivered medications as needed.

She stated Tenant # 6 was a special case as Tenant #6 would go to the physician frequently and didn't always tell the Program when Tenant #6 had new medications. Tenant #6 would go to the pharmacy on Tenant #6's own. The Nurse could not recall the reason Tenant #6's Venlafaxine was not available from 4-10-14 through 4-12-14.

A medication pass was observed by the monitor with Staffs #1 and #3 and all medications ordered were available and administered on time.

Per interviews with tenants, staff, the Nurse, ED, review of Tenant #6's MARs and medication passes with two staff, medications were available as ordered and administered on time.

- Regulatory Insufficiency: None noted.

During the course of the investigation the following information was obtained:

- Monitoring Observation: The monitor observed a medication pass with Staff #1 on 9-2-14 beginning at 10:58 a.m. for four tenants. Staff #1 did not wash her hands or use hand sanitizer for the first three tenants. The fourth tenant received eye drops. Staff #1 did not wash her hands or use hand sanitizer prior to administration. She donned gloves, administered the eye drops, removed the gloves and washed her hands. Proper hand washing was not observed during the medication pass.

  The monitor observed a medication pass with Staff #3 on 9-2-14 beginning at 2:00 p.m. Staff #3 washed her hands before starting the medication pass with the first tenant. She used hand sanitizer prior to preparing a nebulizer treatment for the second tenant and washed hands after the treatment was turned on. With the third tenant hand sanitizer was used after the tenant was given the medication and had swallowed it. Proper hand washing was not observed during the medication pass.

  According to the Medication Administration policy's Step by Step instructions: Step 1. Cleanse hands before beginning of medication assistance or administration.

  According to the Nurse Delegation for Eye Drop Administration, step one was to wash hands, read order on MAR and don gloves. After instillation of the eye drops, the next step was to remove and discard gloves and wash hands.

  According to the Nurse Delegation for Nebulizer Treatment Assistance, step one was to wash hands and the last step prior to documenting on the Medication Administration Record was to ensure tenant was comfortable and wash hands after medication administration completed.

  A Program Document provided by the Nurse indicated all staff could use hand sanitizer instead of hand washing for up to five tenants if: 1. They were not administering eye drops, ear drops or nose drops 2. They were not testing blood sugar 3. They were not completing a treatment 4. They were not encountering bodily fluids.

If staff was only administering oral medications, they could use alcohol based hand sanitizer for up to five tenants, then, they must wash hands per delegation.

Staff #1 did not follow the policies for medication administration and eye drops in regards to hand washing. Staff #3 did not follow the policies for medication administration and nebulizer treatment assistance in regards to hand washing.

The ED was interviewed and stated staff had been trained to wash their hands before starting the medication administration process and at the end of the medication administration.

Per observation of two medication passes, policy reviews, review of a Program document and an interview with the ED, Staffs #1 and #3 did not use hand washing or hand sanitizer as indicated per policy and delegations in accordance with the training provided.

- 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: Services shall be provided to tenants in accordance with the training provided. (IAC r. 481-67.9(4)(f))

E. Criteria for Admission and Retention

Complaint/Incident Allegation: It was alleged a tenant might require a higher level of care.

- Monitoring Observation: Seven tenant files (Tenants #1, #2, #3, #4, #5, #6 and #7) were reviewed. All tenants were at the appropriate level of care.

  The Program provided a document that listed tenants who had been discharged within the previous five months. Five tenants had been discharged; three of the tenants were discharged to a higher level of care. Of the seven tenant files reviewed, Tenant #1 was discharged on 8-24-14 and Tenant #3 was discharged on 7-1-14 and both were transferred to a higher level of care.

  Per review of tenant files and a Program document, there were no tenants who exceeded the appropriate level of care.

- Regulatory Insufficiency: None noted.