IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

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Complaint/Incident Intake #:
50006-C
50027-I

October 21, 2014

Ms. Pamela Wells, Manager
Glenwood Place Assisted Living
2907 South 6th Street
Marshalltown, IA 50158

RE: Final Complaint/Incident Investigation & Recertification Monitoring Evaluation Report, Glenwood Place Assisted Living, Marshalltown, Iowa

Dear Ms. Wells:

Enclosed is the **Final Complaint/Incident Investigation & Recertification Monitoring Evaluation Report 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 **October 1, 2 and 6, 2014.** The Report notes a Regulatory Insufficiency in the area(s) of: 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.

Also enclosed you will find the Assisted Living Program Certificate **S0086** with effective dates of **July 7, 2014** through **July 6, 2016**.

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 & Recertification Monitoring Evaluation Report

Assisted Living Program:

Pamela Wells, Manager
Glenwood Place Assisted Living
2907 South 6th Street
Marshalltown, IA 50158

Complaint/Incident Intake #: 50006-C
50027-I

Date of Complaint/Incident Investigation & Monitoring Visit:

October 1, 2 and 6, 2014

Monitor(s):

Stephanie Cummins, MA

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:	41
Number of tenants with cognitive disorder:	0
Total Population of Program at time of on-site	41
Dementia-Specific Program by Dedication	
Number of tenants without cognitive disorder:	4
Number of tenants with cognitive disorder:	4
Total Population of Program at time of on-site	8
TOTAL census of Assisted Living Program	49

Tenant/Family Satisfaction Results – A community meeting with 23 tenants and a tenant interview was held. The tenants said housekeeping services were provided to their satisfaction and the building and grounds were safe, clean and sanitary. Maintenance issues were addressed quickly and laundry was returned promptly. The tenants received all the cares they requested and nursing services were available. Staff was trained to provide the services needed. They liked the food served and said there was enough food offered. The tenants enjoyed the ice cream machine which was available all day. They also liked the potato bar, salad bar and breakfast bar. The temperature of the food was appropriate for the majority of the tenants and staff would heat it up if needed. Staff served the tenants appropriately and there was a variety of foods offered. There were enough activities offered and an activity calendar was provided. They enjoyed Bingo, music, card games and exercises. The tenants felt safe and made their own decisions. They received the services expected when the occupancy agreement was signed. They were satisfied with the Program and would recommend it to others. The tenants said they could go to the Manager with any concerns and she would follow up. The tenants said it was like a family and it was the best place to be.

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

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

A. Medications

Complaint/Incident Allegation #50006-C: It alleged a tenant did not receive pain medications and there was a possible medication diversion.

Complaint/Incident Allegation #50027-I: The Program reported a tenant possibly had medication diverted.

- Monitoring Observation: According to the ALP Monitoring Entrance Form, Tenant #1 was identified as the only tenant who experienced theft of personal belongings or medications.

  Tenant #1, an 87 year old, was admitted on 8-21-12 and diagnoses included: History of Bone Cancer, Osteoporosis, Hypothyroidism, History of Constipation, Insomnia, History of Pedal Edema and Narcotic Withdrawal. The service plan (Individualized Service Plan) dated 8-29-14 reflected Tenant #1 received staff assistance with medication administration. Tenant #1's medications were stored in a locked cupboard or drawer in Tenant #1's apartment.

  Tenant #1 had an order for Fentanyl Patch 100 microgram per hour (mcg/hr) apply one patch topically change every 3 days rotate and document site. Tenant #1 also had an order for Oxycodone HCL 5 milligram (mg) tablet one tablet by mouth every 6 hours as needed.

  September 2014 medication administration records (MARs) reflected Fentanyl 100 mcg/hr patch apply 1 patch topically change every 3 days rotate and document site at 9:00 p.m. was documented as completed on 9-18-14. September 2014s MARs reflected Oxycodone HCL 5mg tablet 1 tablet by mouth every 6 hours as needed was documented as given 11 times from 9-8-14 9-18-14.

  According to a Program document, on 9-18-14 Tenant #1 was complaining of increased back pain with no relief from pain medication. Tenant #1 was pacing the hallway exhibiting elevated anxiety, increased agitated like body movement and was unable to sit still. Tenant #1 was transported by ambulance to an emergency room. At a hospital it was determined Tenant #1 was suffering from narcotic withdrawal. The patch found on Tenant #1's back had zero medicine on it. On 9-19-14 the Program Nurse and a police officer arrived at the Program at approximately 2:20 a.m. The Program Nurse and a police officer entered Tenant #1's apartment and the officer was shown the location of the medication cupboard. The Program Nurse opened the cupboard and showed the officer the Fentanyl Patch container and Oxycodone bubble packs. The narcotic count for both the Fentanyl Patch and the Oxycodone bubble packs were accurate.

  According to a Program document, all employees had a drug screen completed and all were negative. Tenant #1 returned to the Program on 9-19-14 at approximately 3:30 p.m. and was at Tenant #1's baseline. Evaluations were completed and the service plan updated. Tenant #1's Fentanyl Patch would be administered by a nurse and all of Tenant #1's narcotic medication would be stored in separate lock box within the locked medication cupboard in the apartment. Visual checks of the narcotic patch

would be completed every shift and recorded on the MAR. All employees would have a re-education on Narcotic Count Policies and Procedures.

The Program reported the incident with Tenant #1 to the Department and completed an investigation. There were no other incidents regarding possible medication diversions.

Per staff interviews, a tenant interview, review of tenant files, review of policies and review of investigation materials it could not be determined what happened regarding the incident with Tenant #1.

- Regulatory Insufficiency: None noted.

B. Service Plans

- Monitoring Observation: Six tenant files were reviewed.

Tenant #2, a 63 year old, was admitted on 2-13-14 and diagnoses included: Dementia in Alzheimer's Disease with Early Onset and Osteoporosis. Tenant #2 was staged at a five on the Global Deterioration Scale (GDS), which indicated moderately severe cognitive decline. Tenant #2 resided in the dementia unit.

Nurse's Notes dated 9-9-14 indicated Tenant #2 had 1-2+ PE, ankles with more swelling to the left lower extremity. Tenant #2 was unable to wear shoes and socks. A fax was sent to the doctor and daily weights were to start in the morning. According to Nurse's Notes dated 9-16-14, a new order was received for Hydrochlorothiazide 25 mg 1 by mouth for 7 days. According to Nurse's Notes dated 9-25-14 an order was received to continue Hydrochlorothiazide 25 mg daily.

The service plan (Individualized Service Plan) dated 3-13-14 indicated Tenant #2 received hands-on assistance and prompt/cues with dressing including upper and lower body and stockings/hose. The service plan did not reflect Tenant #2's edema and issues with shoes and socks. The service plan did not reflect the identified needs and preferences for assistance.

Tenant #3, a 79 year old, was admitted on 3-24-14 and had a diagnosis of Dementia without Behavioral Disturbance. Tenant #3 was staged at three on the GDS, which indicated mild cognitive decline. Tenant #3 resided in the dementia unit. According to a 90 Day Review dated 9-18-14, Tenant #3 resided in the dementia unit but was allowed to walk or sit on the patio. Tenant #3 also attended activities outside the dementia unit which Tenant #3 enjoyed. According to Nurse's Notes dated 9-30-14 Tenant #3 had an episode of agitation at 2:00 a.m. It was reported Tenant #3 was yelling and entered another tenant's apartment and was striking staff. There were no injuries. The Manager was notified and was able to calm Tenant #3. A cookie and hot cocoa were also given to Tenant #3.

The service plan (Individualized Service Plan) dated 4-21-14, indicated Tenant #3 would voice that Tenant #3 needed to leave and go home. When that occurred Tenant

#3 was to be redirected by offering to walk with Tenant #3, play a game or offer a snack and if the redirection was not successful report to the nurse. Tenant #3 had been known to walk into other tenant apartments looking for family members and if it occurred to redirect back to Tenant #3's apartment and report to the nurse. The service plan did not reflect Tenant #3 walked and sat on the patio and attended activities outside of the dementia unit. The service plan did not reflect interventions for behavior related to the incident when Tenant #3 struck staff. The service plan did not reflect the identified needs and preferences for assistance.

Review of tenant files indicated service plans did not reflect the identified 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)(a))