IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

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Complaint/Incident Intake #: 47169-CR
47230-CR
48969-C

October 21, 2014

Ms. Jean Greeley, Executive Director
Keelson Harbour Assisted Living
2810 Aurora Avenue
Spirit Lake, IA 51360

RE: Final Complaint/Incident Revisit & Complaint/Incident Investigation Report – Keelson Harbour Assisted Living, Spirit Lake, IA

Dear Ms. Greeley:

Enclosed is the **Final Complaint/Incident Revisit & Complaint/Incident Investigation Report** from the on-site monitoring visit of October 7 - 9, 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 Revisit and Complaint/Incident Investigation Report

Assisted Living Program:

Jean Greeley, Executive Director
Keelson Harbour Assisted Living
2810 Aurora Avenue
Spirit Lake, IA 51360

Complaint/Incident Intake #: 47169-CR
47230-CR
48969-C

Date of Complaint/Incident & Complaint/Incident Revisit Investigation:

October 7, 8 and 9, 2014

Monitor(s):

Stephanie Cummins, MA
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:	47
Number of tenants with cognitive disorder:	0
Total Population of Program at time of on-site	47

Dementia-Specific Program by Dedication	
Number of tenants without cognitive disorder:	0
Number of tenants with cognitive disorder:	19
Total Population of Program at time of on-site	19

TOTAL census of Assisted Living Program	66

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

A. Tenant Rights

The Program received a regulatory insufficiency at the time of the March 10, 11, 12, 13, 14, 17 and 24, 2014 complaint investigation (#47169-C; #47230-C) for tenants not being able to present grievances and recommend changes in program policies and services, to the Program's staff or person in charge without fear of reprisal, restraint, interference, coercion, or discrimination.

- Monitoring Observation: The Former Activity Director (AD) was not employed by the Program.

  A community meeting with 20 tenants was held. The tenants said they could go to management staff with questions or concerns and the majority of tenants said the management staff followed up on those concerns. The tenants could discuss with others including other tenants, if there were concerns. The tenants did not have concerns with retaliation if they did voice concerns. The tenants felt comfortable meeting with the representatives from the Department when they were in the building. The tenants received the cares requested and said staff was trained to provide the needed services.

  Staff #10, #14 and #15 said tenant rights were upheld and tenants could voice grievances and concerns. The Current Director of Health Services and the Current Executive Director (ED) said tenant rights were upheld and tenants could voice grievances and concerns.

Staff #1, #3, #5, #7, #9 and #10 had training on tenant rights.

Tenant Meeting Agenda minutes were provided from the meetings for May, June, July, August and September 2014. The agenda for the meeting on 5-16-14 indicated they would review two Tenant Rights at each meeting and the Grievance Policy was presented.

Review of staff files, staff interviews, Tenant Meeting Agenda minutes and a community meeting with tenants revealed there were no concerns with tenants fearing reprisal, restraint, interference, coercion or discrimination.

- Regulatory Insufficiency: None noted.

The Program received a regulatory insufficiency at the time of the March 10, 11, 12, 13, 14, 17 and 24, 2014 complaint investigation (#47169-C; #47230-C) for tenants not being treated with consideration, respect, and full recognition of personal dignity and autonomy including regarding Tenants #6 and #11.

- Monitoring Observation: Staff #2, Staff #4 and the Memory Care (MC) Nurse were not employed by the Program. Tenant #6 was discharged.

  A community meeting with 20 tenants was held. The tenants said their privacy was respected. The tenants said staff knocked on the door and waited for a response before entering their apartments. The tenants received the cares requested and said staff was trained to provide the needed services. The tenants said staff did not borrow their supplies to give to another tenant. They said staff provided privacy when cares were delivered.

  Staff #1, #3, #5, #7, #9 and #10 had training on tenant rights.

  Monitor observation on 10-8-14 at 10:18 a.m. indicated staff knocked and asked for permission to enter a tenant apartment.

  Staff #10 and #14 said tenant rights were upheld and staff knocked and waited for a response before entering a tenant apartment. Staff #15 said tenant rights were upheld and most of time staff knocked and waited for a response before entering a tenant apartment but sometimes the tenants could not hear staff knock. The Current Director of Health Services and the Current ED said tenant rights were upheld and staff knocked and waited for a response before entering a tenant apartment.

  Tenant #11, an 88 year old, was admitted on 8-4-12 and diagnoses included: Diabetes and Neuropathy. The service plan (Master Care Plan) dated 7-15-14 indicated the nurse prefilled a weekly medication planner and Tenant #11 self-administered medications. The service plan also reflected Tenant #11 took diabetic medication. Review of Tenant #11's file did not reveal concerns with Tenant #11's supplies being borrowed.

Staff #10, #14 and #15 said supplies were not borrowed from a tenant and given to another tenant. The Current Director of Health Services and the Current ED said supplies were not borrowed from a tenant and given to another tenant.

Staff #1, #3, #5, #7, #9 and #10 had training on not borrowing supplies.

Staff #10, #14 and #15 said tenant privacy was respected during cares and doors were closed when cares were provided. The Current Director of Health Services and the Current ED said tenant privacy was respected during cares and doors were closed when cares were provided.

Staff #1, #3, #7, #9 and #10 had training on hygiene.

Review of staff files, a community meeting with tenants, a tenant file review, monitor observation and staff interviews revealed there were no concerns with tenant treatment, respect, and full recognition of personal dignity and autonomy.

- Regulatory Insufficiency: None noted.

The Program received a regulatory insufficiency at the time of the March 10, 11, 12, 13, 14, 17 and 24, 2014 complaint investigation (#47169-C; #47230-C) for tenants not receiving care, treatment and services which were adequate and appropriate regarding Tenant #6.

- Monitoring Observation: Staff #2 was not employed by the Program. Tenant #6 was discharged.

  A community meeting with 20 tenants was held. The tenants said their privacy was respected. The tenants received the cares requested and said staff was trained to provide the needed services. The tenants said the services received were adequate and appropriate.

  Staff #1, #3, #7, #9 and #10 had training on hygiene.

  Staff #10, #14 and #15 said if a tenant received assistance with toileting and was unable to wash their hands, staff provided hand washing assistance. The Current Director of Health Services and the Current ED said if a tenant received assistance with toileting and was unable to wash their hands, staff provided hand washing assistance.

  Review of staff files, a community meeting with tenants and staff interviews revealed there were no concerns with adequate and appropriate care, treatment and services for tenants.

- Regulatory Insufficiency: None noted.

B. Medications

Complaint/Incident Allegation #48969-C: It was alleged the medications and medication administration records (MARs) did not match. It was alleged tenants did not have all of the medications listed on the MARs in medication system. It was alleged a tenant who was not at the Program had medications still in the medication system.

- Monitoring Observation: A medication pass was observed with Staff #14 on 10-8-14 at 7:55 a.m. and there were no concerns noted with the administration of medications.

  On 10-8-14 at 9:30 a.m. a monitor checked the medication cart in the dementia unit with the Current Director of Health Services. The routine oral medications in the cart matched the MARs. There were missing items and extra items in the medication cart; however, the Current Director of Health Services followed up on those items and provided clarification of orders, ordered items from pharmacy, returned an item to pharmacy for proper disposal and added items to the MARs.

  Staff #10, #14 and #15 said the medications in the medication cart matched the MARs. Staff #10, #14 and #15 said medications were available to administer. The Current Director of Health Services said the MARs and the medications in the cart matched and the medications were available to administer.

  Staff #1, #5, #9 and #10 had training on medication administration. Staff #3 and Staff #7 did not administer medications.

  A community meeting with 20 tenants was held. Most of the tenants said medications were administered on time; although not always at the same time. The tenants said they received all the cares requested.

  Two discharged tenant files (Tenants #19 and #20) were reviewed.

  Tenant #19, an 89 year old was admitted on 4-25-13 and had a diagnosis of Memory Loss. Tenant #19 was staged at a five on the Global Deterioration Scale (GDS), which indicated moderately severe cognitive decline. Tenant #19 resided in the dementia unit and was discharged on 7-26-14. Nurse's notes (Resident Notes-Nurse) dated 6-3-14 indicated on 5-31-14 Tenant #19 was found in the shower area in Tenant #19's apartment with the walker on top of Tenant #19. Tenant #19 complained of right shoulder pain and 911 was called. Tenant #19 was transported to a hospital and it was discovered Tenant #19 had a broken right tibia. Tenant #19 was admitted to the hospital and then would be going to a care center for rehabilitation. Nurse's notes (Resident Notes-Nurse) dated 7-28-14 indicated Tenant #19's family was at the Program on 7-26-14 to pack and move Tenant #19's belongings as it was decided Tenant #19 would stay at the care center. Tenant #19 left the Program after the incident on 5-31-14 and did not return to the Program; however, Tenant #19 was not discharged until 7-26-14.

  Tenant #20, a 103 year old, was admitted on 10-1-11 and diagnoses included: Hypertension (HTN), Hypothyroid, Myocardial Infarction and Osteoporosis. Tenant #20 was staged at a four on the GDS, which indicated moderate cognitive decline. Tenant #20 resided in the dementia unit and was discharged on 7-30-14. Nurse's

notes (Resident Notes-Nurse) dated 7-21-14 (late entry for 6-28-14) indicated Tenant #20 had transferred to a hospital due to illness. Tenant #20 was diagnosed with Pneumonia and then discharged to a nursing home. Nurse's notes (Resident Notes-Nurse) dated 7-29-14 indicated Tenant #20's family reported Tenant #20 would not be coming back to the Program. Tenant #20 transferred to a hospital on 6-28-14 due to illness, then transferred to a nursing home and did not return to the Program; however, Tenant #20 was not discharged until 7-30-14.

During the medication cart audit on 10-8-14 the extra items found did not belong to Tenant #19 or Tenant #20.

Review of staff files, staff interviews, observation of a medication pass, a community meeting with tenants, a medication cart audit and tenant file reviews did not reveal concerns regarding the MARs and the medications in the medication cart, medications from previous tenants that were left in the medication cart or the availability of medications to administer.

- Regulatory Insufficiency: None noted.

The Program received a regulatory insufficiency at the time of the March 10, 11, 12, 13, 14, 17 and 24, 2014 complaint investigation (#47169-C; #47230-C) for not providing the administration of medications 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) regarding Tenants #9, #10 and #12.

- Monitoring Observation: Tenant #9, an 84 year old, was admitted on 11-18-11 and had a diagnosis of Dementia. Tenant #9 was staged at a six on the GDS, which indicated severe cognitive decline. Tenant #9 resided in the dementia unit. Review of Tenant #9's August and September 2014 MARs indicated medications were administered and documented including as needed medications with the effectiveness noted. Review of the MARs indicated medications were consistently available to administer.

  Tenant #10, an 88 year old, was admitted on 10-1-13 and diagnoses included: Memory Loss, Bradycardia and Urinary Frequency. Tenant #10 was staged at a six on the GDS, which indicated severe cognitive decline. Tenant #10 resided in the dementia unit. Review of August and September 2014 MARs indicated medications were administered and documented including as needed medications with the effectiveness noted. Review of the MARs indicated medications were consistently available to administer. An order was found to crush Tenant #10's medications dated 5-8-14.

  Tenant #12, a 75 year old, was admitted on 12-14-13 and had a diagnosis of Memory Loss. Tenant #12 had an order noted on 4-2-14 to apply Bacitracin (or similar) twice daily. The April 2014 MAR reflected the order for Bacitracin topical twice daily at 8:00 a.m. and 8:00 p.m. It was discontinued on the MAR dated 4-21-14. The April 2014 MAR reflected Bacitracin as a topical.

A medication pass was observed with Staff #14 on 10-8-14 at 7:55 a.m. and there were no concerns noted with the administration of medications.

Staff #1, #5, #9 and #10 had training on medication administration including as needed medications. Staff #3 and Staff #7 did not administer medications.

Staff #10, #14 and #15 said they received medication administration training and they felt comfortable with the training provided. Staff #10, #14 and #15 said medications were available to administer. Staff #10, #14 and #15 said medications were not crushed without an order, physician orders were followed and staff documented the effectiveness of as needed medication.

The Current Director of Health Services said medications were not crushed without an order, physician orders were followed and staff documented the effectiveness of as needed medication.

The Current Director of Health Services said there had been a big decrease in the frequency of medication errors and she said maybe one per week but it went in spurts. The Current ED said there were big advancements and they were improving regarding medication errors. The Current ED said there were no outcomes related to the medication errors.

Review of staff files, staff interviews, tenant files and a medication pass did not reveal concerns regarding the documentation of effectiveness for as needed medications, the administration and documentation of routine medications, correct identification of medications on the MAR or with physician orders being followed.

- Regulatory Insufficiency: None noted.

C. Staffing

The Program received a regulatory insufficiency at the time of the March 10, 11, 12, 13, 14, 17 and 24, 2014 complaint investigation (#47169-C; #47230-C) for each tenant not having access to a 24-hour personal emergency response system that automatically identified the tenant in distress and could be activated with one touch regarding Tenant #18.

- Monitoring Observation: Tenant #18, a 91 year old, was admitted on 9-27-09 and diagnoses included: Cognitive Impairment, Diverticulitis, Degenerative Joint Disease, Hyperlipidemia and HTN. Tenant #18's pendant history from 3-18-14 to 10-6-14 was provided. The average response time was 1.7 minutes. There were 27 calls for assistance.

  According to a Program document dated 5-28-14, Tenant #18 said staff was checking the pendant weekly and Tenant #18 did not identify any concerns with the pendant.

A community meeting with 20 tenants was held. The tenants said the pendant was available for them to use and staff responded in two to five minutes when tenants requested assistance.

Staff #10, #14 and #15 said the pendant system functioned appropriately. The Current Director of Health Services and the Current ED said the pendant system functioned appropriately.

Staff #1, #3, #5, #7, #9 and #10 had re-education on the importance of emergency pendants and the new policy regarding the emergency pendants.

According to Phone System Daily Audit Log records, an audit of the telephone systems "call forward phone" would be completed to check the phone system was in proper working condition and was properly forwarding calls to the designated cell phone when the option was selected through the system. The phone system logs were provided to the monitors. The dates of the audits were from 3-18-14 to 10-9-14.

According to Pendant Checks records, pendants were checked to ensure the pendants were working. The dates of the completed pendant checks were from the week of 6-16-14/6-20-14 to the week of 9-29-14/10-3-14. Pendant checks were started for the week of 10-6-14/10-10-14.

Review of pendant history records, pendant check records, staff files, phone system audit records, a tenant file review, a Program document, a community meeting with tenants and staff interviews revealed there were no concerns with the personal emergency system and staff response to the system.

- Regulatory Insufficiency: None noted.

The Program received a regulatory insufficiency at the time of the March 10, 11, 12, 13, 14, 17 and 24, 2014 complaint investigation (#47169-C; #47230-C) for staff not being able to implement the accident, fire safety, and emergency procedures.

- Monitoring Observation: Tenant #8 was discharged.

Staff #1, #3, #5, #7, #9 and #10 had re-education on fire safety and emergency preparedness.

Staff #10, #14 and #15 said they were trained on emergency procedures including fire alarms. Staff #10, #14 and #15 said they could implement the training if needed. The Current Director of Health Services and the Current ED said staff was trained on emergency procedures including fire alarms. The Current Director of Health Services and the Current ED said staff could implement the training if needed.

A community meeting with 20 tenants was held. The tenants said staff knew what to do in an emergency situation.

Review of staff files, staff interviews and a community meeting with tenants did not reveal concerns regarding staff implementation of emergency procedures.

- Regulatory Insufficiency: None noted.

The Program received a regulatory insufficiency at the time of the March 10, 11, 12, 13, 14, 17 and 24, 2014 complaint investigation (#47169-C; #47230-C) for the Program's registered nurse (RN) not ensuring certified and noncertified staff was competent to meet the individual needs of tenants.

- Monitoring Observation: A medication pass was observed with Staff #14 on 10-8-14 at 7:55 a.m. and there were no concerns noted with the administration of medications. There were no concerns noted with sanitation or touching medications with bare hands. The medications were administered in the appropriate timeframe.

  Staff #1 had training on hand washing, use of gloves and infection control with medication administration. The training for infection control with medication administration indicated not to handle medication with one's hands.

  Staff #1, #5, #9 and #10 had training on medication administration. Staff #3 and Staff #7 did not administer medications.

  Staff #10, #14 and #15 said staff did not touch medications with bare hands and medications were administered in the appropriate timeframe. Staff #10, #14 and #15 said they had medication administration training and felt comfortable with the training. The Current Director of Health Services and the Current ED said staff did not touch medications with bare hands and medications were administered in the appropriate timeframe.

  A community meeting with 20 tenants was held. Most of the tenants said medications were administered on time; although not always at the same time. The tenants said they received all the cares requested.

  Review of staff files, staff interviews, a community meeting with tenants and observation of a medication pass revealed no concerns with the timeframe medications were administered or with infection control with medication administration.

- Regulatory Insufficiency: None noted.

The Program received a regulatory insufficiency at the time of the March 10, 11, 12, 13, 14, 17 and 24, 2014 complaint investigation (#47169-C; #47230-C) for certified and noncertified staff not receiving training regarding service plan tasks in accordance with medical or nursing directives and the acuity of the tenants' health, cognitive or functional status.

- Monitoring Observation: The Former AD was not employed by the Program. Tenant #17 was discharged.

Staff #10, #14 and #15 had medication administration training and felt comfortable with the training. The Current Director of Health Services said staff did not administer insulin.

Staff #1, #5, #9 and #10 had training on medication administration and blood glucose monitoring. Staff #3 and Staff #7 did not administer medications.

A community meeting with 20 tenants was held. The tenants received all the cares they requested and staff was trained to provide the services needed.

Review of staff files, staff interviews and a community meeting with tenants revealed there were no concerns regarding staff training on tasks.

- Regulatory Insufficiency: None noted.

The Program received a regulatory insufficiency at the time of the March 10, 11, 12, 13, 14, 17 and 24, 2014 complaint investigation (#47169-C; #47230-C) for not training the other delegating nurse in Iowa rules and laws on assisted living when there were multiple delegating nurses and only one nurse completed the training.

- Monitoring Observation: The MC Nurse was not employed by the Program.

  The ALP Monitoring Entrance Form indicated the Current Director of Health Services was the delegating RN and she completed the ALP training on 8-21-14.

  In addition to the Current Director of Health Services, RN #1 also completed the ALP training course on 8-21-14.

  Review of the ALP Monitoring Entrance Form and Program documents revealed no concerns regarding nurse training and delegations on Iowa rules and laws on assisted living.

- Regulatory Insufficiency: None noted.

D. Evaluation

The Program received a regulatory insufficiency at the time of the March 10, 11, 12, 13, 14, 17 and 24, 2014 complaint investigation (#47169-C; #47230-C) for not evaluating each tenant's functional, cognitive and health status as needed with significant change regarding Tenants #6, #9 and #10.

- Monitoring Observation: Tenant #6 was discharged.

  Tenant #9's file was reviewed. Tenant #9 had evaluations completed as needed.

  Tenant #10's file was reviewed. Tenant #10 had evaluations completed as needed.

  Review of tenant files indicated evaluations were completed as needed.

- Regulatory Insufficiency: None noted.

E. Criteria for Admission and Retention

The Program received a regulatory insufficiency at the time of the March 10, 11, 12, 13, 14, 17 and 24, 2014 complaint investigation (#47169-C; #47230-C) for retaining a tenant who required routine, two-person assistance with standing, transfer or evacuation or required maximal assistance with activities of daily living regarding Tenant #6.

- Monitoring Observation: Tenant #6 was discharged.

  Seven tenant files were reviewed, including five current tenants and two discharged tenants. None of the current tenants reviewed exceeded the level of care.

  The ALP Monitoring Entrance Form indicated none of the current tenants had a waiver for exceeding level of care from the Department.

  Staff #10, #14 and #15 said none of the current tenants exceeded the level of care. The Current Director of Health Services and the Current ED said none of the current tenants exceeded the level of the care.

  Review of the ALP Monitoring Entrance form, tenant files and staff interviews revealed there were no concerns regarding a tenant who exceed the level of care.

- Regulatory Insufficiency: None noted.

F. Tenant Documents

The Program received a regulatory insufficiency at the time of the March 10, 11, 12, 13, 14, 17 and 24, 2014 complaint investigation (#47169-C; #47230-C) for not completing incident reports regarding Tenant #8.

- Monitoring Observation: Tenant #8 was discharged.

  Staff #10, #14 and #15 said incident reports were completed as needed and per policy. The Current Director of Health Services and the Current ED said incident reports were completed as needed and per policy.

  Staff #1, #3, #5, #7, #9 and #10 had training on incident reporting.

  Incident reports were provided and reviewed and there were no concerns noted regarding lack of incident reports.

  Review of staff files, incident reports and staff interviews revealed there were no concerns regarding the completion of incident reports.

- Regulatory Insufficiency: None noted.

The Program received a regulatory insufficiency at the time of the March 10, 11, 12, 13, 14, 17 and 24, 2014 complaint investigation (#47169-C; #47230-C) for not maintaining documentation for each tenant including nurse's notes written by exception regarding Tenant #9.

- Monitoring Observation: Tenant #9's file was reviewed. Review of Tenant #9's file and nurse's notes (Resident Notes-Nurse) indicated nurse's notes were documented by exception.

  Review of a tenant file revealed no concerns with the documentation of nurse's notes.

- Regulatory Insufficiency: None noted.

The Program received a regulatory insufficiency at the time of the March 10, 11, 12, 13, 14, 17 and 24, 2014 complaint investigation (#47169-C; #47230-C) for not maintaining accurate documentation of the completion of routine personal or health-related care on task sheets when the tenant was unable to advocate on the tenant's own behalf or the tenant had multiple service providers, including hospice care providers regarding Tenant #6.

- Monitoring Observation: Tenant #6 was discharged.

  The ALP Monitoring Entrance Form indicated there were no tenants with a waiver for exceeding the level of care from the Department and no tenants receiving hospice services.

  Staff #10, #14 and #15 said there were assignment sheets. The Current Director of Health Services said staff had assignment sheets. Staff #10, #14 and #15 said there were no tenants that exceeded the level of care. The Current Director of Health Services and the Current ED said there were no tenants that exceeded the level of care.

  Seven tenant files were reviewed, including five current tenants and two discharged tenants. Tenant file reviews and staff interviews did not identify any tenants that needed task sheets as required by rule.

  Review of the ALP Monitoring Entrance Form, tenant files and staff interviews revealed there were no concerns regarding the maintenance of task sheets.

- Regulatory Insufficiency: None noted.

G. Service Plans

The Program received a regulatory insufficiency at the time of the March 10, 11, 12, 13, 14, 17 and 24, 2014 complaint investigation (#47169-C; #47230-C) for not updating service plans as needed, not obtaining signatures on service plans, not reflecting identified needs and preferences for assistance and not reflecting the service provider(s), if other than the Program regarding Tenants #6, #8, #9 and #10.

- Monitoring Observation: Tenant #6 and Tenant #8 were discharged.

  The ALP Monitoring Entrance Form indicated there were no tenants receiving hospice services.

  Tenant #9's file was reviewed. The service plan was updated as needed and signed. The service plan reflected Tenant #9's identified needs preferences or assistance.

  Tenant #10's file was reviewed. The service plan was updated as needed and signed. The service plan reflected Tenant #10's identified needs and preferences for assistance.

  Review of tenant files revealed no concerns with service plans.

- Regulatory Insufficiency: None noted.

H. Nurse Review

The Program received a regulatory insufficiency at the time of the March 10, 11, 12, 13, 14, 17 and 24, 2014 complaint investigation (#47169-C; #47230-C) for not completing nurse reviews as needed regarding Tenant #8.

- Monitoring Observation: Tenant #8 was discharged.

  Seven tenant files were reviewed, including five current tenants and two discharged tenants. Review of tenant files did not reveal concerns with the completion of nurse reviews.

  Review of tenant files revealed no concerns with the completion of nurse reviews as needed.

- Regulatory Insufficiency: None noted.

I. Food Service

The Program received a regulatory insufficiency at the time of the March 10, 11, 12, 13, 14, 17 and 24, 2014 complaint investigation (#47169-C; #47230-C) for not providing meals that met the daily recommended dietary allowances and for not having menus reviewed by a dietician.

- Monitoring Observation: A community meeting with 20 tenants was held. They said the food was very good and the quality had improved. Staff served them appropriately and the temperature of the food had improved. They said the substitutions offered were not always what were listed and they could not always count on the menu.

  The Chef said she and a dietician planned the menus and the meals met the daily recommended dietary allowances. The temperature of the food was appropriate and substitutions were available. Staff served the tenants appropriately and staff had food

safety training. The Chef said she had taken an approved food protection course. The Chef met with the tenants at the monthly tenant meetings and feedback was provided. She said the menus that were planned by the dietician were followed.

Menus were provided that were signed by a dietician. The evening meal was observed in the general population on 10-7-14 at 5:05 p.m. The breakfast meal was observed in the dementia unit on 10-8-14 at 8:05 a.m. and the evening meal was observed in the general population on 10-8-14 at 5:00 p.m. There were no concerns identified during the meal observations.

Review of the menus, a staff interview, monitor observation and a community meeting with tenants did not reveal concerns regarding menu planning or with the meals meeting the recommended dietary allowances.

- Regulatory Insufficiency: None noted.

J. Dementia-Specific Education

The Program received a regulatory insufficiency at the time of the March 10, 11, 12, 13, 14, 17 and 24, 2014 complaint investigation (#47169-C; #47230-C) for not providing hands-on dementia specific training as part of the dementia training for Staff #1, #6, #7, #8, #9, #11, #12 and #13.

- Monitoring Observation: Staff #6, Staff #8, Staff #11, Staff #12 and Staff #13 were not employed by the Program.

  Staff #10, #14 and #15 said they had hands-on dementia training. The Current Director of Health Services and the Current ED said staff had hands-on dementia training.

  Staff #1, #3, #5, #7, #9 and #10 had documented hands-on dementia training.

  Review of staff files and staff interviews revealed there were no concerns regarding hands-on dementia training.

- Regulatory Insufficiency: None noted.

K. Life Safety

The Program received a regulatory insufficiency at the time of the March 10, 11, 12, 13, 14, 17 and 24, 2014 complaint investigation (#47169-C; #47230-C) for not providing an operating system connected to each exit door in a dementia-specific program.

- Monitoring Observation: Tenant #8 was discharged.

  Monitor observation on 10-7-14 at 3:05 p.m. revealed the main entrance door to the dementia unit was secure and the key pad functioned.

Staff #10, #14 and #15 said the doors and door alarms functioned in the dementia unit. The Current Director of Health Services and the Current ED said the doors and the door alarms functioned in the dementia unit.

The Maintenance Director said a new latch, new maglock and secondary audible alarm were installed. He said all equipment was working. The Maintenance Director provided an invoice for the work that was completed.

Alarm monitoring records for the dementia unit were provided for August, September and October 2104 (at the time of the investigation). Staff documented they monitored the alarms on each shift and the person that completed the task initialed the time block. The checks were consistently documented as completed.

Review of alarm monitoring records, monitor observation, staff interviews and an invoice revealed there were no concerns with the door alarm system in the dementia unit.

- Regulatory Insufficiency: None noted.

L. Structural Requirements

The Program received a regulatory insufficiency at the time of the March 10, 11, 12, 13, 14, 17 and 24, 2014 complaint investigation (#47169-C; #47230-C) for not having building and grounds that were well-maintained, clean, safe and sanitary regarding the storage of chemicals.

- Monitoring Observation: A tour of the dementia unit on 10-7-14 at 3:06 p.m. revealed no concerns with the storage of chemicals.

  Staff #10, #14 and #15 said chemicals were locked in the dementia unit. The Current Director of Health Services and the Current ED said chemicals were locked in the dementia unit.

  Environmental walk through documents from 4-29-14 to 10-7-14 were provided.

  Staff #1, #3, #5, #7, #9 and #10 had training on environmental safety including securing chemicals, electrical appliances and sharp items in the dementia unit.

  Review of staff files, staff interviews, Program documents and monitor observations revealed no concerns with the storage of chemicals in the dementia unit.

- Regulatory Insufficiency: None noted.

M. Policies and Procedures

The Program received a regulatory insufficiency at the time of the March 10, 11, 12, 13, 14, 17 and 24, 2014 complaint investigation (#47169-C; #47230-C) for not following the

policies and procedures established by the Program including the Missing Resident Plan and Incident Reporting.

- Monitoring Observation: Staff #10, #14 and #15 said policies were followed. The Current Director of Health Services and the Current ED said policies were followed.

  Staff #1, #3, #5, #7, #9 and #10 was re-educated on the policies and procedures for Missing Resident and Incident Reporting.

  Review of staff files and staff interviews revealed there were no concerns regarding staff following policies and procedures.

- Regulatory Insufficiency: None noted.

N. Compliance with Plan of Correction

During the course of complaint investigation revisit and complaint investigation the following information was obtained:

- Monitoring Observation: The Program's Plan of Correction (POC) included a plan to correct the cited insufficiencies related to Tenant Rights, Medications, Staffing, Evaluation, Criteria for Admission and Retention, Tenant Documents, Service Plans, Nurse Review, Food Service, Dementia-Specific Education, Life Safety, Structural Requirements and Policies and Procedures.

  During the course of the complaint investigation revisit there were no regulatory insufficiencies found in the areas of: Tenant Rights, Medications, Staffing, Evaluation, Criteria for Admission and Retention, Tenant Documents, Service Plans, Nurse Review, Food Service, Dementia-Specific Education, Life Safety, Structural Requirements and Policies and Procedures. The Program followed the POC submitted.

- Regulatory Insufficiency: None noted.