IOWA DEPARTMENT OF
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RODNEY A. ROBERTS, DIRECTOR

October 31, 2014

Complaint/Incident Intake #: 49280-I

Ms. Rachel Benda, Executive Director
The Kensington
2210 Avenue H
Fort Madison, IA 52627

RE: Final Complaint/Incident & Recertification Monitoring Evaluation Report – The Kensington, Fort Madison, IA

Dear Ms. Benda:

Enclosed is the **Final Complaint/Incident & 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 **October 21 & 22, 2014.** The Report notes Regulatory Insufficiencies in the area(s) of: Policies and Procedures and 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.

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 **S0092** with effective dates of **August 15, 2014** through **August 14, 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

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

Assisted Living Program: **Complaint/Incident Intake #:** 49280-I

Rachel Benda, Executive Director
The Kensington
2210 Avenue H
Fort Madison, IA 52627

Date of Complaint/Incident Investigation & Monitoring Visit:

October 21 and 22, 2014

Monitor(s):

Stephanie Cummins, MA
Stephanie Radabaugh, PhD

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:	43
Number of tenants with cognitive disorder:	1
Total Population of Program at time of on-site	44
Dementia-Specific Program by Dedication	
Number of tenants without cognitive disorder:	0
Number of tenants with cognitive disorder:	26
Total Population of Program at time of on-site	26
TOTAL census of Assisted Living Program	70

Tenant/Family Satisfaction Results – A community meeting with 22 tenants was held. There were no improvements requested with housekeeping, laundry or maintenance services. The tenants said the apartments and common areas were kept clean. The building and grounds were safe, clean and sanitary. They described staff as good and said staff responded in five minutes or less if they requested assistance. Staff was trained to provide the needed services and the tenants were getting all the services they requested. They described the food as good and said they received enough food. There was a good variety of food served but a comment was made if a tenant was diabetic it was more difficult. They liked the restaurant style meal service. They said at times they did not have enough staff serving and the wait time to be served was too long. The tenants received an activity calendar and enjoyed activities involving food and Bingo. A request was made to bring back the Monday morning Euchre card game. The tenants felt safe and made their own decisions. Nursing services were available although the tenants felt they were spread out too thin. They received all the services requested when the occupancy agreement was signed and said they were updated with changes. The tenants would recommend the Program to others and said if they could not be at home it was the next 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. Policies and Procedures

Complaint/Incident Allegation: The Program reported a tenant fell and sustained injuries.

- Monitoring Observation: According to an incident report, Tenant #1 fell on 7-19-14 and sustained injuries.

  Tenant #1, an 88 year old, was admitted on 11-5-05 and diagnoses included: Cataract Surgery, Alzheimer's Dementia, Diabetes Mellitus (DM) Type II, History of Basal Cell Cancer (Face) and Hernia Repair. Tenant #1 was staged at a six on the Global Deterioration Scale (GDS), which indicated severe cognitive decline. Tenant #1 resided in the dementia unit and was discharged on 7-25-14.

  According to an incident report, on 7-19-14 at 1:15 p.m. staff was putting lunch dishes away, looked into the dining room and found Tenant #1 on the floor laying the right side. Tenant #1's forehead was bleeding and there was an open wound on Tenant #1's nose, which was bleeding. The incident was not witnessed. Tenant #1's vitals were as follows: blood pressure 170/100, pulse 80 and respiration 16, temperature 97. Tenant #1's blood sugar 361. The on-call nurse was notified and 911 was called. Tenant #1 was transported by ambulance to a hospital. The follow up on the incident report indicated Tenant #1 was sent to the hospital and was diagnosed with a subdural hematoma, frontal bone fracture and C6 fracture. Tenant #1 was transferred to another hospital.

  Staff #1 was working at the time of the incident. Staff #1 said Tenant #1 required assistance with feeding and ate meals in the dining room to the back. The other staff in the dementia unit was transporting tenants to another area. Staff #1 was washing dishes and checked on Tenant #1 who was in the wheelchair which was locked and sitting up to the table. Staff #1 then checked on other tenants sitting in the right side dining room and then checked on Tenant #1 again and she found Tenant #1 on the floor. The wheelchair was not tipped over and it was still locked. Tenant #1 was lying on Tenant #1's stomach with Tenant #1's head down. Staff #1 called other staff for help. Tenant #1 said Tenant #1 was fine. Staff #1 did not see any visible injuries besides a scrape on the forehead and it was not bleeding much. Staff got Tenant #1 into the wheelchair and there were no complaints of pain. The RN Manager assessed Tenant #1 and Tenant #1 was sent to the emergency room. Staff #1 said Tenant #1 was okay to sit by Tenant #1's self and the timeframe was less than five minutes between the times when Tenant #1 was checked. Staff #1 said there was enough staff at meals.

  The RN Manager said she was on call that weekend and came in to assess Tenant #1 after the incident. Tenant #1 had an abrasion on the front of the head and a cut on the nose. Tenant #1 pupils were equal and reactive to light and grips were equal. There were no complaints of pain. An ambulance was called as Tenant #1 exhibited some abnormal behaviors during the assessment and Tenant #1's blood sugars were 361. Tenant #1 was transported to a hospital and then another hospital before transferring to a hospice house. The RN Manager said the discharge process had already been started for Tenant #1.

  According to Nurse's Notes dated 7-19-14 at 2:45 p.m. Tenant #1 was found on the floor in the dining room, Tenant #1 had tried to get up from the wheelchair on Tenant #1's own. Tenant #1 had a laceration to the forehead and bridge of the nose. Tenant #1's eyes became bloodshot as time passed as well as nose bleeding. Tenant #1 was lethargic and combative when assessing which was not normal for Tenant #1 and 911

was called. Tenant was diagnosed with a frontal bone fracture, subdural bleed and C6 fracture. Nurse's notes dated 7-25-14 at 1:30 p.m. indicated Tenant #1 was transferred from a hospital to a hospice house and was moved out of the Program.

A Program document provided Tenant #1's fall history for the six months prior to the fall on 7-19-14. Tenant #1 had falls on 6-3-14, 4-30-14, 4-29-14 and 4-24-14. There was a follow up noted on the incident reports for the incidents on 6-3-14, 4-30-14 and 4-24-14.

According to Nurse's notes dated 7-16-14 at 9:30 a.m., it was noted that upon review of Tenant #1's file medication changes from 5-22-14 were not transcribed. The doctor was contacted and explained Tenant #1 had not received the medications. The doctor was out of the office until 7-21-14 and would call back. Tenant #1 had a follow up appointment on 7-25-14. Aricept 10 milligrams (mg) by mouth twice daily, Aspirin 325 mg by mouth once per day and Sinemet 25/100 1 tablet three times daily were ordered on 5-22-14, according to a document in Tenant #1's file. The orders were noted on 5-22-14. The medications were not transcribed to the medication administration record and Tenant #1 did not receive the medications as prescribed. A Disciplinary Action Notice for Staff #2 was completed regarding the new orders being noted but medication changes were missed and not followed through. An incident report was not completed regarding the medication error.

According to the Program's Incident Reporting policy, incidents were unusual events, such as accidents, errors, suspected abuse or theft that occurred at the Program. Any incident that affected a tenant, visitor, or partner (employee) must be reported immediately. For tenants and visitors an incident reports were used.

An incident report was completed related to the incident on 7-19-14 when Tenant #1 fell and sustained injuries. Review of Tenant #1's file indicated there was a medication error and an incident report was not completed regarding the medication error for Tenant #1. The Program did not follow their Incident Reporting policy.

- Regulatory Insufficiency: A program's policies and procedures must meet the minimum standards set by applicable requirements. The program shall follow the policies and procedures established by a program. All programs shall have policies and procedures related to the reporting of incidents including allegations of dependent adult abuse. (IAC r. 481-67.2)

B. Service Plans

- Monitoring Observation: Eight tenant files were reviewed.

Tenant #1's file was reviewed. A nurse review dated 7-16-14 indicated Tenant #1's functional status had declined and Tenant #1 was over the level of care. More often than not Tenant #1 required a two person assist and on a bad day Tenant #1 had a flat effect and did not communicate much, required assistance with eating and was dependent on the wheelchair. Occasionally Tenant #1 had a few good days where Tenant #1 remained able to eat independently with cues, was a pivot transfer of one and was respondent to commands. Family was contacted and the Program would

assist with the discharge process. The service plan updated on 7-16-14 reflected changes including Tenant #1 needed total assistance with oral care, hygiene, dressing and bathing. The service plan was updated and reflected Tenant #1 used a wheelchair routinely and could pivot transfer. A nurse review was completed and the service plan was updated; however, the changes were not minor discretionary changes and the service plan was updated with the completion of a nurse review. The service plan was updated with significant changes and was not based on evaluations. The service plan (under Eating) reflected staff would verbally prompt Tenant #1 to eat as needed. Staff would assist/cue Tenant #1 during meal times. The nurse review dated 7-16-14 indicated on a bad day Tenant #1 required assistance with eating and on a good day ate independently with cues. The service plan did not reflect the assistance with eating. The service plan did not reflect the identified needs of Tenant #1.

Tenant #2, an 88 year old, was admitted on 5-11-11 and diagnoses included: Back Pain, Sacroiliitis and Shoulder Pain. Tenant #2 was staged at a five on the GDS, which indicated moderately severe cognitive decline. Tenant #2 resided in the dementia unit. A nurse review dated 8-14-14 indicated Tenant #2 had an increase in falls the past week and Tenant #2 said Tenant #2 was falling for attention. Interventions included were to keep Tenant #2 in the common areas with staff around when Tenant #2 was not in the recliner or bed, Tenant #2 was given activities to keep busy when in in said places, two hour toiletings schedule and Tenant #2 used the wheelchair only with brakes locked when not being escorted. The service plan updated on 8-14-14 did not reflect the interventions including the two hour toileting schedule. The service plan did not reflect the identified needs of Tenant #2.

Tenant #3, a 92 year old, was admitted on 7-3-06 and diagnoses included: Renal Failure Stage IV, Hypertension and DM. The Nurse's Notes dated 8-26-14 at 2:24 p.m. indicated Tenant #3 decided to have the Program administer the breathing treatment, Budesonide twice daily and Ipratropium-Albuterol four times daily. The service plan dated 6-12-14 was not updated and did not reflect staff assistance with the Budesonide and Ipratropium-Albuterol. The service plan did not reflect the identified needs of Tenant #3.

Tenant #4, an 84 year old was admitted on 4-10-07 and diagnosis included: Alzheimer's Dementia, Bilateral Hip Replacement and Hysterectomy. Tenant #4 was staged at a six on the GDS, which indicated moderately severe cognitive decline. Tenant #4 resided in the dementia unit. An incident report dated 8-20-14 at 8:30 p.m. indicated Tenant #4 was found by staff lying in front of a wheelchair. On 10-21-14 at 2:15 p.m. the RN Manager was questioned about Tenant #4's use of a wheelchair. The RN Manager stated staff used a wheelchair with Tenant #4 off and on in the past but were instructed not to do so anymore so the tenant could build leg strength. After the RN Manager's instruction, staff only used the wheelchair for Tenant #4 during extreme tiredness at the end of the day. The service plan dated 4-2-14 was not updated and did not reflect Tenant #4's use of a wheelchair at any time.
Incident reports dated 3-2-14 and 5-9-14 revealed Tenant #4 choked on eggs and required staff intervention using the Heimlich maneuver. The service plan dated 4-2-14 was not updated and did not reflect that Tenant #4 had a history of choking. The service plan did not reflect the identified needs of Tenant #4.

Review of tenant files indicated service plans were not based on evaluations and did not reflect the identified needs and preferences of the tenants.

- 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 subsequently be updated at least annually and whenever changes are needed. (IAC r. 481-69.26(1))

- 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))