IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
Lucas State Office Building
321 East 12th Street
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TERRY E. BRANSTAD
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Complaint/Incident Intake #:
55694-C
56058-C

December 4, 2015

Ms. Pamela Wells, Manager
Glenwood Place
2907 S. 6th Street
Marshalltown, IA 50158

RE: Final Complaint/Incident Investigation Report, Glenwood Place, Marshalltown, Iowa

Dear Ms. Wells:

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 **November 30, 2015.**

Based on review of tenant files, review of incident reports, review of staff schedules, review of policies and procedures, staff interviews, manager interview and Nurse Clinician interview the following was found:

Allegation: Staffing
Findings: Not substantiated
Comments: A review of two tenant files, review of staff schedules, review of policies and procedures, staff interviews, manager interview and Nurse Clinician interview indicated there was enough staff to meet the needs of the tenants. A review of the past three months of staff schedules indicated there was enough staff to cover all shifts. During a two week period between one nurse leaving and another nurse starting, nursing responsibilities were covered between three nurses. One of the nurses was the corporate Nurse Clinician and the other two nurses were nurses who worked at nearby assisted living Programs managed by the corporation. The Program identified two tenants with open sores on their buttocks. Both tenants received wound care from a wound clinic and/or a home health agency. Both tenants received appropriate care for their wounds. A non-delegated staff was asked to fill a medication planner but before any medications were administered, the nurse reviewed the medication planner for

accuracy. There were no errors in the medication planner. The Program has since changed their process to only use nurses to fill medication planners. No concerns with staffing were identified.

The Report notes a Regulatory Insufficiency in the area(s) of: Nurse Review.

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

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0086	A. BUILDING: _____ B. WING _____	C 11/30/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLENWOOD PLACE	2907 S 6TH ST MARSHALLTOWN, IA 50158

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	481-67 Initial Comments Assisted Living Programs are defined by the type of population served. The census numbers were provided by the Program at the time of the on-site. General Population Program Number of tenants without cognitive disorder: 40 Number of tenants with cognitive disorder: 0 Total Population of Program at time of on-site: 40 Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 11 Number of tenants with cognitive disorder: 7 Total Population of Program at time of on-site: 18 TOTAL census of Assisted Living Program: 58 No regulatory insufficiencies were cited during the investigation of Complaints # 55694-C & #56058-C but the following regulatory insufficiency was cited during the course of the investigation.	A 000		
A 094	481-69.27(1) Nurse Review 481-69.27(231C) Nurse review. If a tenant does not receive personal or health-related care, but an observed significant change in the tenant ' s condition occurs, a nurse review shall be conducted. If a tenant receives personal or health-related care, the program shall provide for a registered nurse or a licensed practical nurse via nurse delegation: 69.27(1) To monitor, at least every 90 days,	A 094		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

DEPARTMENT OF INSPECTIONS AND APPEALS

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A 094	Continued From page 1 or after a significant change in the tenant ' s condition, any tenant who receives program-administered prescription medications for adverse reactions to the medications and to make appropriate interventions or referrals, and to ensure that the prescription medication orders are current and that the prescription medications are administered consistent with such orders. This REQUIREMENT is not met as evidenced by: Based on review of tenant files and an interview with the Nurse Clinician tenants who received personal and health related care did not have nurse reviews completed every 90 days or after a significant change in condition for tenants who received Program administered prescription medications. (Tenants #1 and #2) On 11-30-15, the Nurse Clinician was interviewed and stated the Program recently transitioned to an electronic charting system and prior to the transition, she made sure all 90 day and comprehensive assessments were completed, but she was unable to locate the 90 day nurse reviews for Tenant #1 and Tenant #2 during the onsite investigation. Tenant #1's file was reviewed and indicated annual health, cognitive and functional evaluations were completed on 7-15-15. Tenant #1 received Program administered prescription medications. No subsequent 90 day nurse reviews were completed as indicated after 7-15-15. Tenant #2's file was reviewed and indicated a significant change in condition occurred on 6-5-15. Tenant #2 received Program	A 094		

PLAN OF CORRECTION | IDENTIFICATION NUMBER: | A. BUILDING: _____ | COMPLETED

DEPARTMENT OF INSPECTIONS AND APPEALS

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A 094	Continued From page 2 administered prescription medications. No subsequent 90 day nurse reviews were completed as indicated after 6-5-15. Two tenant files were reviewed (Tenants #1 and #2) and revealed 90 day nurse reviews were not completed as indicated.	A 094		

Glenwood Place
2907 S. 6th Street
Marshalltown, IA 50158

Date: 12/8/2015

Complaint Intake #: 55694-C, 56058-C

Plan of Correction (POC) Submitted For:
- Investigation Date: 11/30/2015

POC:

A. Nurse Review - Tenants #1 and #2

Regulatory Insufficiency: 481-69.27(1) Nurse Review : To monitor, at least every 90 days, or after a significant change in the tenant's condition any tenant who receives program-administered prescription medications for adverse reactions to the medications and to make appropriate interventions or referrals, and to ensure that the prescription medication orders are current and that the prescription medications are administered consistent with such orders

Program POC:

1. **Elements detailing how insufficiency was corrected for residents**:
   a. Tenants #1 and 2 were reassessed with a full comprehensive evaluation and ISP by the Program RN, This was completed by 12/14/15.

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2. **Actions program taking to protect tenants in similar situations:**
   a. All resident's charts were audited by a Program RN for the last Comprehensive evaluation present and the last 90 Day Review present. Any missing assessments or reviews will be completed by Dec. 20, 2015.

3. **Measures taken to ensure problem does not recur:**
   a. The scheduler in the electronic software system will be audited weekly for assessments or reviews due by the Program RN and Manager.

   b. Program plans to monitor performance to ensure compliance

   c. 90 Day Reviews and Assessments will be monitored by the Program nurse for completion.

Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of regulatory insufficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of state law.