

TERRY E. BRANSTAD
GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

KIM REYNOLDS
LT. GOVERNOR**Complaint/Incident Intake #: 56815-C**

February 23, 2016

Ms. Diana Niemeier, Executive Director
Village Ridge
365 Marion Blvd.
Marion, IA 52302**RE: Final Complaint/Incident Investigation Report – Village Ridge, Marion, IA**

Dear Ms. Niemeier:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of February 3 - 16, 2016, 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.

Based on review of tenant files, review of incident reports, review of policies and procedures, staff interviews, nursing interviews, Executive Director (ED) interview, and monitor observations the following was found:

1. Allegation: Tenant Rights/Admission Discharge—It was alleged the Program wanted to move a tenant to the memory care unit for one month to see how the tenant adjusted.
Findings: Not substantiated
Comments: Three tenant files were reviewed. Documentation of the Program being proactive regarding tenant safety was reflected. Documentation indicated moving tenants was based on the benefits of memory care, such as more staff, smaller area to ambulate in, more activities during the day, one on one activities as needed and apartment size were documented. No tenants were moved to memory care without family agreement. No concerns with tenant rights or admission/discharge were identified.
2. Allegation: Level of Care—It was alleged a tenant needed assistance with dressing and using a walker. An independent assessment was completed indicating a tenant

was totally dependent and needed two person assistance with all transfers.

Findings: Not substantiated

Comments: Three tenant files were reviewed. All tenants had previously resided at the Program. None of the tenants reviewed indicated total dependency or a need for two person assistance with all transfers. An independent assessment for one tenant indicated it was completed by a home care staff. The independent assessment conflicted with documentation by Program staff as well as results of interviews with staff, nursing and ED. No concerns with level of care were identified.

3. Allegation: Nurse Review—It was alleged a tenant had a large sore on the lower leg, the Director of Nursing looked at it, said it was okay and pulled anti-embolism stockings up and over the open sore. It was alleged a tenant had toenails that looked like talons. It was alleged staff were not trained appropriately regarding catheter care.

Findings: Not substantiated

Comments: Three tenant files were reviewed. Nursing Notes indicated one tenant reported a scar on right lower leg for many years measuring 5.2 mm long, whitish in color. At bottom of scar was a 1 mm by 1 mm circular pink reddish dry scabbed area. The area was left open to air as no erythema, no yellowish drainage and non-tender to touch. The tenant had a history of picking at shin. The wound had been present for six years. A Clinic Referral note dated 12-14-15 indicated the wound was healing and compression hose could be used.

According to the Nurse's Notes a family asked when a tenant last had toenails cut. They were cut on 9-6-15. The tenant was added to the podiatrist list for December. A staff nurse was interviewed and stated she had seen the tenant's toenails and they were normal in length, not excessively long. The tenant had not complained about the toenails. The staff nurse stated the caregivers were very good about telling staff to add tenants to the list to see the podiatrist. Another staff nurse was interviewed who stated the tenant's toenails were thick, were of normal length and were usually painted.

Interviews with staff and nurses indicated staff were trained regarding basic catheter cares, such as peri care, cleaning foley tubing, how to empty the bag and changing bags from one type to another. The Executive Director indicated only simple tasks were completed by the staff, such as cleaning the catheter tubing, draining the bag and changing the bag. If there was leakage or a catheter needed to be changed, the company providing the catheter cares would be called. The Program provided a Competency Checklist used to train staff which reflected catheter care. Policies and Procedures on In-Dwelling Catheter Care and Care of Urine Drainage Bag and Leg Bag were provided.

No concerns with nurse review were identified.

4. Allegation: Staffing—It was alleged a staff pulled up a tenant by the hands and started to pull the tenant around during a music activity. It was alleged the tenant was very unsteady and frightened. It was alleged the Program took photos of the dance and posted them on Facebook without the tenant or family's permission.

Findings: Not substantiated

Comments: A staff interview revealed a staff asked each tenant attending the

monthly birthday party if they would like to dance. There were more than 20 tenants present and she asked each one of them. She would modify the dancing to meet any special tenant needs. If a tenant said yes, the staff would dance with them and if they said no, the staff respected their response and moved on to the next tenant. No tenants voiced any complaints regarding dancing at the activity. The monitor asked the Program to see their Facebook page. Numerous photos of tenants and staff were observed attending many activities, such as a speaker talking about Australia on 1-28-16, a New Year's Eve party on 12-31-15 and the birthday activity with dancing on 11-13-15. The monitor reviewed three tenant files and all tenants had signed a Resident Photographic/Media Release. The release indicated photographs, film footage of the tenant or their personal belongings for the purpose of illustration, advertising, publication, promotion and/or facility displays was agreed. This may include internal or external publications. No concerns with staffing were identified.

5. Allegation: Service Plans—It was alleged there was no documentation in a tenant's file when a sore on the leg first appeared.

Findings: Not substantiated

Comments: Three tenant files were reviewed. According to a dermatology clinic note dated 12-10-15 for one of the tenants indicated a wound had been present for six years. Documentation regarding the wound, treatment and healing was reflected. A staff nurse interview indicated if staff noticed changes in tenant skin conditions they would report it to the medication manager. An interview with the ED indicated staff filled out an Interact Form and would give it to the nurse if they observed any changes in skin conditions. No concerns with service plans or cares provided to tenants were identified.

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

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0026	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/16/2016
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NAME OF PROVIDER OR SUPPLIER VILLAGE RIDGE	STREET ADDRESS, CITY, STATE, ZIP CODE 365 MARION BLVD MARION, IA 52302
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(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	<p>481-67 Initial Comments</p> <p>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.</p> <p>General Population Program</p> <p>Number of tenants without cognitive disorder: 32 Number of tenants with cognitive disorder: 1 Total Population of Program at time of on-site: 33</p> <p>Dementia-Specific Program by Dedication</p> <p>Number of tenants without cognitive disorder: 0 Number of tenants with cognitive disorder: 12 Total Population of Program at time of on-site: 12</p> <p>TOTAL census of Assisted Living Program: 45</p> <p>No regulatory insufficiencies were cited during the investigation of Complaint #56815-C.</p>	A 000		

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