IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

April 10, 2009

Complaint #22172-C

Jim Hunter, Executive Director
Legacy Gardens
15 Silvercrest Place
Iowa City, IA 52240-2951

RE: Complaint Investigation Report, Legacy Gardens, Iowa City, IA

Dear Mr. Hunter:

The Department of Inspections and Appeals (DIA) has reviewed the Plan of Correction (POC) in response to the Complaint Investigation Report dated February 25, 2009. Based on the information provided, DIA accepts the POC. No further action on the part of the program is necessary.

We appreciate your prompt action in correcting the Regulatory Insufficiencies. If you have questions, please contact me at 515-281-4116.

Sincerely,

Chris Nothaft
Certification Coordinator – Eastern Iowa
Adult Services Bureau

Iowa Department of Inspections and Appeals
Assisted Living Program
Final Complaint Investigation Report

Assisted Living Program: **Complaint Intake #: 22172-C**

Jim Hunter, Executive Director
Legacy Gardens
15 Silvercrest Place
Iowa City, IA 52240-2951

Date of Investigation:

February 25, 2009

Monitor(s):

Hal Chase, RN BSN MPH
Stephanie Cummins, MA
Ann Martin, RN

Definitions:

The following definitions are relevant:

Regulatory Insufficiency - A violation of a statutory or rule provision within the Iowa Code or 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 rule violations [321 IAC 26.2(5)(a)]. The plan should identify how, and by a specific date, an insufficiency will be corrected. The plan is due to DIA within ten (10) working days of the program's receipt of a Complaint Investigation Report. Depending on the circumstances, DIA may revisit the assisted living program to confirm progress in fulfilling a plan's corrective measures.

Dementia-specific assisted living program - An assisted living program certified under 321 IAC - chapter 25 that either serves five or more tenants with dementia or cognitive disorder staged between 4 and 7 on the Global Deterioration Scale or holds itself out as providing special care for persons with cognitive disorder or dementia, such as Alzheimer's disease, in a dedicated setting.

Overview:

A complaint investigation on-site visit was conducted at Legacy Gardens on February 25, 2009. In preparing this report, the following information was considered:

Current Program Census:

General Population Program (GPP)* – Not applicable.

Dementia Specific Program (DSP)* – A program that is a Dementia Specific Program by definition but may have tenants without cognitive disorder.

Current number of tenants in a DSP that serves 5 or more tenants with dementia or cognitive disorder staged between 4 and 7 on the Global Deterioration Scale (GDS):	15
Current number of tenants without cognitive disorder:	1
Total Population:	16

***These are the census numbers represented by the program to be applicable at the time of the on-site.**

Accreditation Status – Not applicable.

Program History – There have been no substantiated Regulatory Insufficiencies this certification period.

Complaint Investigation – The complaint investigator(s) made the observations detailed in the following areas.

A. Medications – Program has a comprehensive written medication policy that allows tenant self-administration, but accommodates the need for tenant medication assistance via nurse delegation. The medication assistance is appropriately supervised and administered. Medications are appropriately stored. [231C.16A]

Complaint Allegation #22172-C: It was alleged a tenant ran out of a medication, staff called the Registered Nurse (RN) who told the staff person to borrow the medication from another tenant. It was alleged the borrowed medication was administered, the dose was incorrect and the error was not recorded on the Medication Administration Record (MAR). It was alleged there was a mandatory meeting after the error occurred regarding medications.

Monitoring Observation: Staff #1, #5 and #8 were interviewed and indicated medications were not borrowed from a tenant and administered to another tenant. The RN was interviewed and she stated medications were not borrowed from one tenant and given to another and there had not been any medication errors related to borrowing medications. The Executive Director was interviewed and he indicated medications were not borrowed from a tenant and administered to another tenant. According to a program record there was a Mandatory Staff Meeting on 2-12-09 that discussed various issues including medications.

- Regulatory Insufficiency: None noted.

Complaint Allegation #22172-C: It was alleged the narcotic count was not accurate on 2-14-09 and the issue was not noted.

Monitoring Observation: According to the Licensed Practical Nurse (LPN), Staff #4 thought there was a narcotic count error, in February of 2009. The LPN counted the narcotics and the staff was in error. According to the LPN, the nurse did retraining via nurse delegation.

- Regulatory Insufficiency: None noted

Complaint Allegation #22172-C: It was alleged gaps on the MARs were filled in, or the computer system was turned off, when anyone from the Department came into the building.

Monitoring Observation: Staff #1, #5 and #8 and the Executive Director were interviewed and indicated nothing occurs and there are no changes related to the MARs, when the monitors from the Department arrive on-site.

- Regulatory Insufficiency: None noted.

Complaint Allegation #22172-C: It was alleged the MARs were not correctly signed.

Monitoring Observation: The program nurse stated, staff used a computerized system to record medication administration. Staff, at the end of each shift, are to audit the shift report that will identify "any holes" in the report. If the computerized system is not available staff are advised to document the medications on a hand written MAR. A

review of the computerized records of medication administration and the hand written MAR were completed. The following information was obtained:

Tenant #1	Debrox otic drops, 1drop to right ear, twice daily.	Not recorded as given or not given on 2-13-09 at 7:00 p.m.
Tenant #2	Alprazolam, 0.125mg, twice daily.	Not recorded as given or not given on 1-8-09 at 8:00 a.m.
	Metoprolol Succinate, 50mg, twice daily.	Not recorded as given or not given at 8:00 a.m. on 1-2-09, 1-3-09, 1-4-09, 1-08-09, 1-09-09 & 1-10-09, 1-12-09, 1-13-09 & 1-14-09 and it was not recorded as given at 8:00 p.m. on 1-9-09, 1-12-09, 1-13-09 & 1-15-09.
	Alprazolam, 0.125mg, twice daily.	Not recorded as given or not given on 2-10-09 at 8:00 p.m.
Tenant #3	Accu-checks three times daily	Not recorded as taken or not taken on 2-13-09 and 2-14-09 at 5:00 p.m. Not recorded as taken or not taken on 2-15-09 at 7:00 a.m.
	Lantus Insulin, 25units. Daily at 8:00 a.m.	Not recorded as given or not given on 2-15-09.
	Aspirin, 81mg, one tablet daily at 8:00 a.m.	Not recorded as given or not given on 2-15-09.
	Warfarin, 2.5mg, one tablet daily at 8:00 a.m.	Not recorded as given or not given on 2-15-09.
	Metoprolol, 50mg, one tablet daily at 8:00 a.m.	Not recorded as given or not given on 2-15-09.
	Lipitor, 10mg, take 0.5 mg daily at 8:00 a.m.	Not recorded as given or not given on 2-15-09.
	Abilify, 15mg, take ½ a tablet daily at bedtime.	Not recorded as given or not given on 2-13-09 and 2-14-09.
	Hydrochlorothiazide, 25mg, one tablet daily at 8:00 a.m.	Not recorded as given or not given on 2-15-09.
	Levothroid, 0.025 mg, one tablet before meals daily at 8:00 a.m.	Not recorded as given or not given on 2-15-09.
	Colace, 100mg, one tablet daily at 8:00 a.m.	Not recorded as given or not given on 2-15-09.
	Potassium Chloride, 10meq, one tablet daily at 8:00 a.m.	Not recorded as given or not given on 2-15-09.
Tenant #4	Ensure twice daily at 12:00 p.m. and at 5:00 p.m.	Not recorded as given or not given on 2-13-09 at 5:00 p.m.
	Proshield Plus Skin Protectant, apply twice daily at 10:00 a.m. and p.m.	Not recorded or not treated on 2-13-09, 2-18-09 & 2-19-09.
	Sigvaris 120CB26 B, to both lower extremities daily, on in the a.m. and off in the p.m.	Not recorded as removed on 2-13-09 and 2-14-09.

- Regulatory Insufficiency: The program did not consistently provide the administration of medications by an Iowa-licensed registered nurse or advanced registered nurse practitioner registered in Iowa or the authorized agent in accordance with 655—subrule 6.2(5) and 655—subrule 6.3(1) and Iowa Code chapter 155A and in executing the medical regimen as prescribed by the physician, the registered nurse shall exercise professional judgment in accordance with minimum standards of nursing practice as defined in these rules: 25.29(2)a, 655-6.2(5)e(152).

B. Staffing - The provisions of this section address the program's staffing and training practices and associated documentation in responding to the identified needs of the tenant. [321 IAC 25.33]

Complaint Allegation #22172-C: It was alleged staff were prepped for interviews with the Department.

Monitoring Observation: IAC Chapter 25 for assisted living programs does not have a regulation that pertains to the allegation of staff preparation for interviews with the Department.

- Regulatory Insufficiency: None noted.

Complaint Allegation #22172-C: It was alleged that staff were not appropriately trained to administer medications.

Monitoring Observation: Seven staff files were reviewed. Staff #1, #2 and #3 currently administer medications and have appropriate training regarding medication administration. Staff #1, #5 and #8 were interviewed and indicate they have had appropriate medication training, including shadowing by a nurse. Staff #1, #5 and #8 and the Executive Director indicated that all staff administering medications are trained.

- Regulatory Insufficiency: None noted.

C. Dementia-specific education for program personnel – A dementia-specific program shall employ or contract with personnel who have received appropriate dementia-specific education and training. [321 IAC 25.34]

Complaint Allegation #22172-C: It was alleged that staff did not have appropriate dementia training and that a staff that held in-services, did not have specialized training.

Monitoring Observation: Seven staff files were reviewed. Staff #1, #2, #3, #4, #5 and #6 had six hours of dementia training. Staff #7 was not required to have dementia training at the time of the on-site. IAC Chapter 25 for assisted living programs does not have a regulation that pertains to the allegation of training requirements for staff that lead in-services.

- Regulatory Insufficiency: None noted.

D. Record Checks – The program conducts applicable employee record checks. [Iowa Code section 135C.33(5)]

Complaint Allegation #22172-C: It was alleged that staff had criminal charges against them and they were allowed to continue to work. It was alleged that select staff were taken off the staff list that was provided to the Department when the Department arrived on-site.

Monitoring Observation: Seven staff files were reviewed and Staff #1, #2, #3, #4, #5, #6 and #7 were allowed to work in a health facility. The staff list provided included the select staff that were alleged not to be on the staff list given to the Department.

- Regulatory Insufficiency: None noted.

Dated this 10th day of April, 2009.