IOWA DEPARTMENT OF
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Complaint/Incident Intake #: 42738-I
42654-C

March 27, 2013

Ms. Anita Zemba-Schadt, Director
Petersen Commons Assisted Living
1607 West 12th Street
Davenport, IA 52804-4086

RE: Final Complaint/Incident Investigation Report, Petersen Commons Assisted Living, Davenport, Iowa

Dear Ms. Schadt:

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.

DIA has reviewed the Plan of Correction (POC) submitted in response to the **Preliminary Complaint/Incident Investigation Report**. Based upon a complete review of the Report and the Program's proposed actions to correct the identified Regulatory Insufficiency, DIA accepts the POC.

If you have any questions in regard to the enclosed Report, please contact me at 515/281-4116 or James.Berkley@dia.iowa.gov

Sincerely,

Jim Berkley

Jim Berkley
Program Coordinator
Adult Services Bureau
Enclosure

IOWA DEPARTMENT OF INSPECTIONS AND APPEALS
Assisted Living Program
Final Complaint/Incident Investigation Report

Assisted Living Program:

Anita Zemba-Schadt, Director
Petersen Commons Assisted Living
1607 West 12th Street
Davenport, Iowa 52804-4086

Complaint/Incident Intake #:

42738-I
42654-C

Date of Complaint/Incident Investigation:

March 6, 2013

Monitor(s):

Maribeth Freland RN
Joyce Kix RN

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:	40
Number of tenants with cognitive disorder:	1
Total Population of Program at time of on-site	41
TOTAL census of Assisted Living Program	41

Program History – The program received regulatory insufficiencies during this certification period in the areas of Evaluation of Tenants, Service Plan, Medications, Nurse Review, Tenant Rights, Occupancy Agreement and Managed Risk.

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

A. Tenant Rights

Complaint/Incident Allegation: 42654-C- It was alleged a program staff member yelled at tenants and spoke unkindly to tenants during medication administration.

- Monitoring Observation: The monitors observed staff member/tenant interactions throughout the day, concentrating on times of meal service and medication administration. The monitors noted no yelling or unkind or inappropriate interactions, noting only easy conversations and polite responses to tenant requests by staff members.

  The monitors interviewed Tenants #1, #2, #3, #4, #5, #6, #7, #8 and #9. All nine tenants indicated dietary, nursing and administrative staff members are kind, respectful and non-threatening.

- Regulatory Insufficiency: None noted.

B. Medications

Complaint/Incident Allegation: 42654-C- It was alleged medications were not administered by program staff members within regulated timeframes.

- Monitoring Observation: Regulations allow staff members one hour prior to the scheduled time for medication administration and one hour after the scheduled time to be considered timely with medication administration.

On 3-6-13 the monitors observed morning medication administration by Staff #1. All medications ordered by the physicians to be administered at 8:00 a.m. were administered by 9:00 a.m. The monitor noted no medication administration errors occurring during the medication pass.

Staff #2 also administered medications to other program tenants at the same time. Staff #2 was done with her medication pass at 9:00 a.m. also.

The monitors observed Staff #1 and Staff #2 locked up the medication carts and placed the carts in a designated area in the lower level of the program at 9:05 a.m. The monitors reviewed the Medication Administration Records (MARs) noting all medications had been administered timely.

The monitors interviewed Tenants #1, #3, #4, #5, #7, #8 and #9. All seven tenants reported receiving medication administration by program staff members. All seven tenants indicated medications were administered routinely in a timely fashion.

The monitors reviewed all medication error reports from January, February and March 2013, noting no errors occurred due to untimely administration.

- Regulatory Insufficiency: None noted.

C. Staffing

Complaint/Incident Allegation: 42654-C- It was alleged untrained dietary staff members were required to perform personal care tasks and administer tenant medications due to inadequate staffing ratios.

- Monitoring Observation: The program Director completed the Monitoring Exit Form, indicating the program staffing patterns were to be as follows: Day shift- one registered nurse (RN), one licensed practical nurse (LPN), the Director, the Assistant to the Director, two certified nursing assistants (CNA) and two dietary staff members; Evening shift- one RN, two CNAs and two dietary staff members and Night shift- one CNA.

  The monitors reviewed the program's staff schedules for January, February and March 2013. The program routinely scheduled as described above by the program Director.

  The monitors interviewed Staff #3, #4, #6, #7 and #8, all dietary staff members. All five staff members reported performing dietary tasks, (such as cooking, cleaning, dishwashing, serving tenant meals) and escorting tenants to and from meals. All five dietary staff members denied having performed any hands –on tenant personal care tasks, denied administering tenant medications and denied having been asked to perform personal care tasks or medication administration by administration.

The monitors interviewed Tenants #1, #3, #4, #5, #7, #8 and #9. All tenants who receive medication administration by staff members and/or staff member assistance with personal care tasks. All seven tenants report staff seem to be well-trained in how to care for each individual.

- Regulatory Insufficiency: None noted.

D. Criteria for Admission and Retention

Complaint/Incident Allegation: 42738-I- The program reported a tenant left the building through an alarmed door in the early morning hours and had expressed suicidal ideations.

- Monitoring Observation: The program reported having no tenants currently residing at the program who wander aimlessly or have eloped from the program. The program reported Tenant #10 exited the building once during the early morning hours but staff members followed up appropriately and were able to return Tenant #10 back into the building safely. The program reported having one tenant, Tenant #10, who had expressed suicidal ideation but had not made an attempt.

  On 3-6-13 the program Director reported the program doors are unalarmed but secured, requiring use of an intercom system by those other than tenants and staff members, to prevent unauthorized access into the building from 6:30 a.m. until 9:00 p.m. seven days weekly. The doors are alarmed from 9:00 p.m. to 6:30 p.m., which alerts staff members when anyone enters or exits any one of the program's doors, because the program is large and has multiple doors. During the night time hours, only one staff member is on the premises, making it impossible for the staff member to have visual access to all of the doors. The alarm signifies which door was opened so the staff member can seek out who had come in or had gone out and the reason for admission or departure.

  Tenant #10, a 78 year old, was admitted to the program on 1-21-12 with diagnoses of Diabetes, Mild Dementia, Parkinson's Disease and Hypertension. Tenant #10 answered 27 of 30 questions accurately on the Mini-Mental Examination (MMSE) on 1-14-13 and scored a 2 on the Global Deterioration Scale (GDS) completed on 1-14-13, indicating very mild cognitive decline. Tenant 10 again answered 27 of 30 questions accurately on the MMSE taken on 2-21-13 and again scored a 2 on the GDS completed on 2-21-13.

  The Service Plan, dated as completed on 1-14-13 and updated on 2-21-13, indicated Tenant #10 required assistance with bathing and medication administration. Tenant #10 was independent with all other activities of daily living, using a walker independently when walking.

  The Incident Report, dated 2/14/13, indicated Tenant #10 exited the east door of the program at 4:22 a.m. Staff #9, CNA, responded to the alarm and saw Tenant #10 walking with a walker. Tenant #10 appeared agitated and hurried. Tenant #10 told Staff #9 that he/she was going to "jump in front of a train and commit suicide." Staff #9 walked with Tenant #10 and easily redirected him/her back into the building.

Once inside, Tenant #10 calmed and told Staff #9 that he/she was angry with a family member for "taking over everything and making me live here." Tenant #10 expressed frustrations with lack of control and anger at being required to leave his/her home. After several minutes of conversation, Tenant #10 calmed, reported feeling better and returned to his/her apartment to sleep.

The Incident Report, dated 2-14-13, indicated Staff #10 visited with Tenant #10 at 9:30 a.m. to discuss the incident earlier in the morning. Tenant #10 was calm at this time and reported she no longer felt angry or sad. Tenant #10 denied suicidal ideations or plans. Tenant #10 reported the plan at 4:00 a.m. had been to walk off the anger not really "jump in front of a train" and reported "it was just the moment- a state of mind."

At 10:00 a.m. Staff #10 notified Tenant #10's family of the incident and at 10:25 a.m. Staff #10 contacted the tenant's physician's office with an update and sent the incident report documentation to the physician by facsimile.

Narrative Notes, dated 2-14-13 at 2:30 p.m., documented Staff #10 called the physician's office as she had had no response to the incident report facsimile. The physician made a psychiatric referral and Staff #10 immediately made an appointment for Tenant #10 to go for a psychiatric evaluation. The nurse posted the incident in the program's communication book and directed staff to keep an extra awareness of the alarms at night and to check on Tenant #10 more frequently to assure safety. At 5:30 p.m. the nurse held a care conference with Tenant #10's family member.

Narrative Notes, dated 2/20/13, indicated Tenant #10 was admitted for the psychiatric evaluation and returned to the program on 1/22/13.

Tenant #10 had not expressed any further attempts to leave the program and had not expressed any further indication of anger, sadness or suicidal ideation.

Tenant #10's cognitive status was not impaired, the alarm system alerted staff to Tenant #10's exit from the building, staff responded appropriately and Tenant #10 was easily returned to the building due to his/her agitation and expression of suicidal ideation. The program followed up appropriately to Tenant #10's suicidal ideation.

- Regulatory Insufficiency: None noted.

E. Food Service

Complaint/Incident Allegation: 42654-C- It was alleged the program staff members did not follow universal precautions while preparing and serving tenant meals or during food related activities. 42654-C- It was alleged the program kitchen was unsanitary and that foods were not stored in a manner to prevent contamination. 42654-C- It was alleged the dietary staff members did not monitor temperatures of foods routinely prior to serving the food to tenants. 42654-C- It was alleged staff members who prepared or served tenant meals did not receive the required training related to food safety and sanitation.

- Monitoring Observation: On 3-6-13 at 8:02 a.m. the monitors began observing breakfast service. Staff #2, dietary, Staff #3, dietary, and Staff #4, CNA, were in the kitchen preparation area. All three staff members wore gloves during food preparation and serving. All three staff members had head coverings on or had their hair secured.

  Staff #11, CNA, and Staff #12, CNA, later assisted with serving the tenants. Neither entered the food preparation area. Both delivered glasses filled with beverages and plates with food on them to the tenants in the dining room area. Both wore gloves during the meal service.

  At 9:00 a.m. the monitor entered the kitchen area, making the following observations:

  The kitchen countertops and other surfaces were clean;

  The walk- in cooler shelves appeared clean and well organized. All items had been marked with date opened. Left-over items were marked with the date the items were placed in the cooler. The monitor found no outdated items. No items were stored on the floor. A separate shelf was used for thawing of meat with multiple large pieces of meat being stored on the middle three shelves with no other food products located beneath the meat. Eggs were being stored on the top shelf of another shelf within the cooler;

  The walk-in freezer appeared clean and well organized. No items were stored on the floor;

  The pantry appeared clean and well organized. All items were marked with the date when each item was placed on the shelves. The monitor found no outdated items.

  At 11:50 a.m. the monitor observed the lunch meal service. All staff had head coverings on or their hair secured. All staff wore gloves during the meal service. Staff #4, cook, monitored the temperatures of each item served on the menu. The monitors chatted with tenants randomly throughout the dining room area during meal service. All reported no dietary concerns and indicated meals had been much improved over the past few weeks due to change in staff members working in the kitchen. The monitors reviewed the program's food temperature logs, noting the staff members routinely monitored food temperatures before serving the meal to tenants.

  The program is required by regulation to assure each employee who will be preparing or serving tenant meals receive an orientation related to food safety and sanitation prior to preparing or serving food and then receive training related to food safety and sanitation at least annually.

  The monitors reviewed seven staff members' (Staff #3, #4, #5, #6, #7, #8 and #13) personnel files for the required orientation and/or annual training related to food safety and sanitation. All seven of the staff members had participated in either preparation or service of tenant meals. Staff #3, #4, #7, #8 and #13 had documentation in their personnel file indicating participation of the food safety and sanitation training at least annually.

Staff #5, CNA, had a hire date of 2/18/13. Staff #5 reported she had been begun orientation to food preparation and service on 3-6-13. During the breakfast meal and lunch meal on 3-6-13, Staff #5 was observed preparing beverages for tenant consumption independently and serving food items to tenants independently. Staff #4, the person identified by the program as the trainer for food safety and sanitation) reported he had not yet completed the food safety and sanitation orientation/training with Staff #5. Staff #5's personnel file lacked documentation of the food safety and sanitation orientation training and Staff #5 was serving and preparing food independently.

Staff #6, dietary staff, had a hire date of 2-4-13 and went on medical leave on 2-26-13. During telephone interview, Staff #6 reported she had independently been serving and preparing tenant food prior to her medical leave of absence. Staff #6 indicated a pre-existing back condition was exacerbated by her work as a dietary staff member while working between 2-4-13 and 2-26-13. Staff #6's personnel file lacked documentation of the required food safety and sanitation orientation training and preparing food independently.

- Regulatory Insufficiency: Personnel who are employed by or contract with the program and who are responsible for food preparation or service, or both food preparation and service, shall have an orientation on sanitation and safe food handling prior to handling food and shall have an annual in-service training on food protection. (IAC r. 481-69.28 (5))