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Complaint/Incident Intake #:
47330-C
47680-C
48120-C

July 11, 2014

Ms. Kathleen Patrick, Executive Director
Petersen Commons
1607 West 12th Street
Davenport, IA 52804

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

Dear Ms. Patrick:

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 **June 24 - 26, 2014.** 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

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

Assisted Living Program:

Kathleen Patrick, Executive Director
Petersen Commons
1607 West 12th Street
Davenport, IA 52804

Complaint/Incident Intake #: #47330-C
#47680-C
#48120-C

Date of Complaint/Incident Investigation:

June 24, 25 and 26, 2014

Monitor(s):

Stephanie Cummins, MA

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:	46
Number of tenants with cognitive disorder:	2
Total Population of Program at time of on-site	48
TOTAL census of Assisted Living Program	48

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

A. Medications

Complaint/Incident Allegation #47680-C: It was alleged there were multiple medication errors related to poor training.

- Monitoring Observation: Staff #1, #2, #3 and #4 had nurse delegated training on medication management.

  Staff #1 and #3 said medication errors occurred rarely. Staff #2 said medication errors were not very frequent. Staff #1, #2 and #3 did not identify concerns related to lack of nurse delegated medication administration training.

  Registered nurse (RN) #1 said in the last three months medication errors were seldom. She said it had really improved and there had been an in-service. Staff was instructed to slow down and double check. There were no significant outcomes related to the medication errors.

  RN #2 said medication errors were seldom. She said staff was really good about calling with questions. There were no significant outcomes related to the medication errors.

  The Executive Director (ED) said medication errors were occasional and the errors were addressed. There were no significant outcomes related to the medication errors.

  A medication pass was observed on 6-25-14 and there were no regulatory insufficiencies identified related to the medication pass.

  Medication error reports for the past three months were provided and there were four medication error reports. According to the reports on 3-23-14, 3-28-14 and 6-23-14 the type of medication errors were missed doses. On 4-2-14 the type of error was

indicated as other and the description of the error reflected the medication was given but was not signed.

A community meeting with 17 tenants was held. The tenants said they received all the cares they requested. They said staff responded promptly when they called for assistance and staff was trained to provide the services needed.

Review of staff training documents, medication error reports, staff interviews, observation of a medication pass and a community meeting with tenants did not reveal concerns related to medication errors.

- Regulatory Insufficiency: None noted.

B. Staffing

Complaint/Incident Allegation #48120-C: It was alleged staff yelled at tenants when tenants voiced concerns about food. It was alleged staff was verbally abusive towards tenants and it was not addressed.

- Monitoring Observation: Staff #1 said tenants could voice complaints regarding the food. There was a communication box and the cooks came out after lunch and dinner asked if the tenants liked the food. Recently the Dietary Supervisor gave everyone a copy of the menu to write suggestions and cross out things they did not like. Staff #1 said the Dietary Supervisor did a very good job and tried to meet their requests.

  Staff #2 said tenants could voice complaints regarding the food. They might call staff over in the dining room or talk to dietary staff. When there were complaints staff responded appropriately.

  Staff #3 said tenants could voice complaints regarding the food. The cook came out to serve dessert and listened to comments, questions or concerns. There was an opportunity to talk with dietary staff and tenants could also talk to the ED. Staff #3 said when there were complaints staff responded appropriately.

  The Dietary Supervisor said tenants could voice complaints regarding the food, their complaints were listened to and staff responded appropriately to their concerns.

  RN #1 said tenants could voice complaints regarding the food. RN #1 said staff responded appropriately to complaints and some adjustments were made.

  RN #2 said tenants could voice complaints regarding the food. Staff responded appropriately when concerns were voiced.

  The ED said tenants could voice complaints regarding the food. The ED tried to come to the meals to taste the food and get feedback. Staff responded appropriately when concerns were voiced.

  Staff #1, #3 and #6 said none of the staff was verbally abusive towards to the tenants.

The Dietary Supervisor, RN #1, RN #2 and the ED did not identify any staff that was verbally abusive towards the tenants. The ED said there were no complaints from the tenants regarding staff being verbally abusive towards tenants.

A community meeting with 17 tenants was held. The tenants said they were offered three meals per day. They could voice concerns if needed about the food by telling staff. Staff responded appropriately when food concerns were raised. The tenants did not voice any complaints or concerns regarding the staff and said staff treated the tenants well. The tenants said they could to administrative staff with any concerns.

Staff interviews and a community meeting tenants did not reveal concerns regarding staff being verbally abusive or yelling at tenants.

- Regulatory Insufficiency: None noted.

Complaint/Incident Allegation #47330-C: It was alleged staff made inappropriate comments in front of the tenants. It was alleged staff was rude towards tenants.

- Monitoring Observation: Staff #8 and Staff #9 were no longer employed by the Program.

  Staff #1, #3 and #6 said there were no inappropriate comments made in front of the tenants and staff was not rude towards the tenants. Staff #2 said the Dietary Supervisor could get a little loud but it was not directed towards the tenants but could be overheard.

  The Dietary Supervisor said there were no inappropriate comments made in front of the tenants and staff was not rude towards the tenants when he was there.

  RN #1, RN #2 and ED said there were no inappropriate comments made in front of the tenants and staff was not rude towards the tenants. The ED said there were no complaints from the tenants regarding staff being rude or making inappropriate comments in front of tenants.

  A community meeting with 17 tenants was held. The tenants said there were no inappropriate comments or conversations between staff in front of the tenants. The tenants did not voice any complaints or concerns regarding the staff and said staff treated the tenants well. The tenants said they could to administrative staff with any concerns.

  Staff interviews and a community meeting with tenants did not reveal concerns regarding staff being rude or making inappropriate comments in front of tenants.

- Regulatory Insufficiency: None noted.

Complaint/Incident Allegation #47680-C: It was alleged staff did not have training on infection control.

- Monitoring Observation: Staff #1, #2 and #3 said they had training on infection control.

  RN #1, RN #2 and the ED said staff had training on infection control.

  According to Delegated Tasks documents, Staff #1, #2 and #3 had training on standard precautions. On 2-19-14 Staff #1, #2 and #3 completed a food handler training.

  On 4-2-14 Staff #6 (dietary staff) completed a food handler training. On 2-19-14 Staff #7 (dietary staff) completed a food handler training.

  The Dietary Supervisor had completed a state-approved food protection program.

  A community meeting with 17 tenants was held. The tenants said staff was trained to provide the services needed. The tenants also said staff served them appropriately at meals.

  A meal was observed and no concerns were identified. A medication pass was observed and there were no concerns with sanitation identified.

  Review of staff training documents, staff interviews, a community meeting with tenants and observations did not reveal concerns related to lack of training on infection control.

- Regulatory Insufficiency: None noted.

Complaint/Incident Allegation #47680-C: It was alleged staff were given days of medication training and then were on their own.

- Monitoring Observation: Staff #1, #2, #3 and #4 had nurse delegated training on medication management.

  Staff #1, #2 and #3 said they had nurse delegated training on medication administration. Staff #1 said she had enough training on medication administration and she estimated 75 hours of medication administration training. Staff #3 said she had received enough training on medication administration.

  Staff #1 and #2 said they had enough training on nurse delegated tasks to complete the assigned tasks.

  RN #1, RN #2 and ED said staff had received nurse delegated training on medication administration. RN #1 said the process for training on medication administration was approximately two and a half weeks.

  RN #1, RN #2 and the ED said staff had enough training on nurse delegated tasks to complete the assigned tasks.

A medication pass was observed on 6-25-14 and there were no regulatory insufficiencies identified related to the medication pass.

A community meeting with 17 tenants was held. The tenants said they received all the cares they requested. They said staff responded promptly when they called for assistance and staff was trained to provide the services needed.

Review of staff training documentation, staff interviews, a community meeting with tenants and observation did not reveal concerns regarding lack of medication administration training.

- Regulatory Insufficiency: None noted.

C. Criteria for Admission and Retention

Complaint/Incident Allegation #47680-C: It was alleged several tenants exceeded the level of care including those with unmanageable incontinence and increased dementia. It was alleged tenants were not transferred to a higher level of care appropriately.

- Monitoring Observation: Seven tenant files were reviewed (Tenants #1, #2, #3, #4, #5, #6 and #7).

  Tenant #3, a 77 year old, was admitted on 2-1-13 and diagnoses included: Hypertension (HTN), History of Transient Ischemic Attack (TIA), Diabetes, History of Hypomagnesaemia and Schizoaffective Disorder. Tenant #3 was staged at a four on the Global Deterioration Scale (GDS), which indicated moderate cognitive decline. Tenant #3 was discharged.

  Narrative Notes dated 1-22-14 to 3-14-14 indicated Tenant #3 had increased confusion and there were meetings and conversations with Tenant #3's family regarding discharge. Narrative Notes dated 3-31-14 indicated Tenant #3 was admitted to a nursing facility. Tenant #3 was discharged.

  Tenant #4, an 85 year old, was admitted on 11-1-13 and diagnoses included: B12 Deficiency and Anemia, Asthma, Depression, Anxiety, Arthritis and Irritable Bowel Syndrome. Tenant #4 was staged at a four on the GDS, which indicated moderate cognitive decline. Tenant #4 was discharged.

  According to Narrative Notes dated 2-17-14 a significant change evaluation was completed regarding Tenant #4's incontinence. Tenant #4 verbalized Tenant #4 was completely unable to control bladder and unable to complete perineal cares, changing protective undergarments and/or pants. Tenant #4 relied on staff to complete all hygiene cares regarding incontinence. According to Narrative Notes dated 2-20-14, a meeting was held with the ED, RN #1, RN #2 and Tenant #4's family regarding Tenant #4's condition. At that time it was decided staff and family would work together to maintain a safe environment but the goal was to begin nursing facility interviewing for placement in the future. According to Narrative Notes from 3-27-14 to 4-4-14 Tenant #4 was found on the ground beside the chair in the living room, complained of back pain and right side chest pain and was transported to a hospital.

Tenant #4 was admitted to a hospital with a diagnosis of back pain and a Urinary Tract Infection (UTI) and then admitted to a nursing facility for rehabilitation. Narrative Notes dated 4-10-14 indicated Tenant #4 was evaluated and required complete assistance with activities of daily living, had unmanageable incontinence and ambulation was stand by assistance due to high risk for falls. Tenant #4 was higher level of care and had difficulty managing incontinence. Tenant #4 was not appropriate for assisted living, according to the notes. Tenant #4 was discharged.

Tenant #5, an 83 year old, was admitted on 3-30-11 and diagnoses included: Diabetes, HTN, High Cholesterol and Broken Shoulder. Tenant #5 was staged at a four on the GDS, which indicated moderate cognitive decline. Narrative Notes dated 3-13-14 indicated there was a meeting to discuss Tenant #5's worsening confusion and not coming down to meals frequently. A plan was discussed regarding looking into a skilled facility. The notes indicated they would continue to monitor Tenant #5 as discharge plans developed. According to Narrative Notes dated 3-20-14, there was a referral to an outside provider for evaluation due to increased confusion and decreased appetite. Notes dated 5-13-14 indicated the nursing services provided by an outside provider were discontinued and physical therapy (PT) services were discontinued on 5-19-14. Narrative Notes dated 5-21-14 indicated Tenant #5 was currently in the process of evaluation for skilled nursing facility placement due to deteriorating cognitive status. Tenant #5 did not currently exceed the criteria for admission and retention and the Program was working on a discharge plan.

Staff #1, #2 and #3 did not identify any current tenants that exceeded the level of care. RN #1, RN #2 and the ED said there were no current tenants that exceeded the level of care and they said tenants were transferred to a higher level of care as needed. RN #1 and the ED said there was discharge pending for Tenant #5.

Review of tenant files and staff interviews did not reveal concerns regarding level of care.

- Regulatory Insufficiency: None noted.

Complaint/Incident Allegation #47680-C: It was alleged a tenant would go outside and would forget how to get back in. It was alleged a tenant had several falls and incidents when outside.

- Monitoring Observation: Seven tenant files were reviewed (Tenants #1, #2, #3, #4, #5, #6 and #7). Tenants #1 and #3 had documentation in Narrative Notes regarding a fall that occurred outside.

  Tenant #1, a 75 year old, was admitted on 2-2-06 and diagnoses included: Diabetes Type II, Congestive Heart Failure (CHF), Osteoarthritis, TIA and Cataract Right Eye. According to Narrative Notes dated 6-16-14, Tenant #1 reported Tenant #1 was outside walking yesterday, tripped on the sidewalk and scraped Tenant #1's arm. Tenant #1 went to the emergency room (ER) and returned with no new orders. The area to the right elbow was scraped. The area was cleaned with water and covered with band aids. There were no signs or symptoms of infection and no bleeding. The service plan indicated Tenant #1 ambulated independently.

Tenant #3's file was reviewed. According to Narrative Notes dated 1-22-14, Tenant #3 had a non-witnessed fall outside while smoking and 911 was called. Tenant #3 requested to be seen in the ER due to back pain. Tenant #3's family was notified. It was also stressed to family the concern for Tenant #3 and Tenant #3's altered mental status and increased confusion. Family was reminded the Program was not a secured Program and concern for Tenant #3 going out to smoke.

Narrative Notes dated 2-5-14 indicated Tenant #3 went outside to smoke and was unable to get back in due to confusion. Tenant #3 knocked on a window to alert another tenant to let Tenant #3 back in the building. Family was contacted and would start looking for another facility for transfer. On 2-10-14 Tenant #3 went outside at approximately 8:25 a.m. and was unable to remember how to get back into the Program. Tenant #3 began banging on the window and was let in by another tenant. Tenant #3 was not dressed appropriately for the weather. Tenant #3 denied pain and appeared visibly upset and voiced Tenant #3 was lost. Narrative Notes dated 2-10-14 indicated evaluations were completed with significant change and the service plan was updated. Family was notified of Tenant #3's GDS and interventions put into place to ensure safety. The family requested Tenant #3's cigarettes be removed along with the lighter and kept in the nurse's office. Narrative Notes dated 2-17-14 indicated Tenant #3 went outside unassisted by staff, waiting for a cigarette. Tenant #3 was brought back in and was reminded to only go out of the Program with staff assist.

Cognitive, health and functional evaluations were completed on 2-10-14 with a significant change in condition and the service plan was updated. Tenant #3 was staged at a four on the GDS on 2-10-14. Tenant #3 was previously staged at a three on the GDS on 11-18-13, which indicated mild cognitive decline. The service plan reflected Tenant #3 had a history of falls. The service plan reflected the cigarettes and lighter were removed from the apartment and kept at the nurse's station for Tenant #3's access when needed. An escort would be offered when Tenant #3 requested to go out to smoke. Narrative Notes dated 3-31-14 indicated Tenant #3 was admitted to a nursing facility. Tenant #3 was discharged.

Staff #1, #2 and #3 did not identify any current tenants that exceeded the level of care. RN #1, RN #2 and the ED said there were no current tenants that exceeded the level of care.

Review of tenant files and staff interviews indicated none of the current tenants exceeded the level of care. Tenant #3 had an unwitnessed fall outside and went outside to smoke and was unable to get back inside. Evaluations were completed and the service plan updated. Transfer planning discussions were started with family and Tenant #3 was discharged.

- Regulatory Insufficiency: None noted.

D. Service Plans

Complaint/Incident Allegation #47680-C: It was alleged a tenant refused to eat.

- Monitoring Observation: Seven tenant files were reviewed (Tenants #1, #2, #3, #4, #5, #6 and #7).

  Tenant #3's file was reviewed. The service plan reflected Tenant #3 was independent with eating. Staff was to give friendly reminders of meal times. The service plan also reflected to escort Tenant #3 to the meal if not there and Tenant #3 might need direction as needed due to memory/cognition. The service plan reflected interventions related to Tenant #3's cognition and meal times.

  Tenant #4's file was reviewed. According to Narrative Notes dated 1-30-14, Tenant #4 frequently refused showers, meals and incontinence care. Narrative Notes dated 2-20-14 indicated Tenant #4 was unable to prepare food for Tenant #4 and came to breakfast and lunch but declined the evening meal. Staff prepared a bedtime snack on request. According to the service plan Tenant #4 was independent with eating and needed occasional assistance with cutting up food and opening cartons. Staff escorted Tenant #4 to and from meals as needed. The service plan reflected Tenant #4 was escorted to and from meals as needed.

  Tenant #5's file was reviewed. Narrative Notes dated 3-13-14 indicated there was a meeting to discuss Tenant #5's worsening confusion and not coming down to meals frequently. Staff made multiple checks to remind Tenant #5 of meal times and encouraged Tenant #5 to come for meals. Tenant #5 often refused and requested meal delivery to the apartment. According to Narrative Notes dated 3-20-14, there was a referral to an outside provider for evaluation due to increased confusion and decreased appetite. A fax to the physician dated 4-15-14 indicated Tenant #5's blood sugars had been low in the a.m. and Tenant #5 often refused to eat meals. Narrative Notes dated 4-16-14 indicated a new order was received to discontinue insulin and change scheduled blood sugar checks. According to Narrative Notes dated 4-22-14 a new order was received to decrease blood sugar checks to weekly. Notes dated 5-13-14 indicated the nursing services provided by an outside provider were discontinued and PT services were discontinued on 5-19-14.

  The service plan reflected Tenant #5 was independent with eating. Tenant #5 came to the dining room for all three meals and needed encouragement from staff as needed to come to the dining room. Staff brought a tray to Tenant #5's apartment as needed. Review of Tenant #5's file indicated Tenant #5 had been refusing to come to meals. Insulin was discontinued and blood sugar checks were changed to weekly. The service plan reflected interventions related to Tenant #5 not coming down for meals.

  RN #1, RN #2 and ED said there were no tenants refusing to eat and no tenants with significant weight loss.

  Review of tenant files indicated interventions were reflected as needed related to meals and dining services. Staff interviews did not reveal concerns regarding a tenant who refused to eat or a tenant with significant weight loss.

- Regulatory Insufficiency: None noted.

E. Food Service

Complaint/Incident Allegation #47330-C: It was alleged when tenants requested more food at meal times it was not provided.

- Monitoring Observation: Staff #1 and Staff #2 said tenants could ask for more food at meal times. Staff #3 said she believed if there was more food they served it and there had been no complaints from the tenants. Staff #6 said tenants could ask for more food at meal times. Staff #6 said if they had extras they were offered to the tenants. The tenants were not denied second helpings.

  RN #1, RN #2 and the ED said tenants could ask for more food at meal times. RN #1 said they served everyone first and then extras were offered if available.

  A community meeting with 17 tenants was held. The tenants said three meals per day were offered. The tenants said they received enough food and they could have a second helping of food. There were no complaints voiced regarding the amount of food served at meal times.

  Staff interviews and a community meeting with tenants did not reveal concerns regarding the amount of food tenants were served at meal times.

- Regulatory Insufficiency: None noted.

Complaint/Incident Allegation #47330-C: It was alleged water was not tested and test strips were not provided.

- Monitoring Observation: The Dietary Supervisor said there were test strips available to test the water. The ED said test strips were available and staff tested the water.

  Staff #6 said there were strips available and staff tested the water. Staff #6 said the water should be tested once every day.

  At the time of the investigation the Program had a Food Service/Restaurant License that was issued on 7-6-13 and expired on 7-6-14.

  Staff interviews did not reveal concerns related to test strips not being available or staff not testing the water.

- Regulatory Insufficiency: None noted.

F. Structural Requirements

Complaint/Incident Allegation #47330-C: It was alleged there were leaks in the dietary department. It was alleged there was water coming through a light fixture. It was alleged there were hazards in the dietary department and nothing was done.

- Monitoring Observation: The Maintenance Supervisor said the roof over the kitchen was a spray roof and it was cracked in places. The roof had been patched and it was to the point that it needed to be replaced. He said there were six leaks in the kitchen area it was mainly where the vents came out of the roof. It was not affecting anything electrical. One light was moved because it was getting wet. There was no water in light but it was coming off the end at the seam of the two sheetrock pieces. There were no electrical issues and it did not trip the breaker. A big section leaked and a piece of sheetrock fell off and it was kept off. There were no issues with mold and no issues with the food and the leaks. He said they had received bids from a few companies for the roof.

  The District Manager said it was a concrete walkway with a rubber roof on top and the concrete was crumbling. The scope of work included to replace the roof, remove the ducts and replace the heating, ventilation and air conditioning (HVAC) system. The roof had been leaking off and on for a year or so and it was patched and that worked up until recently. A permanent fix was needed. There were three bids for the roof replacement. He was not aware of any mold. At some point water was in a light fixture, it was addressed and it never shorted and did not trip the breaker.

  The Owner's Representative said there were commitments on the roof but it could not start until the HVAC system was removed. He said every HVAC company in the area was back logged. A roofing contractor was chosen and he was going to take the first available HVAC contractor. The soonest the HVAC could be started was mid-July and it would take one to two days. The roof would start after that and it would take one to two days. He said the repairs were intended some time ago but were delayed with the cold weather.

  The Program provided three bids for roofing and two for HVAC. The scope of work for the roof bids included to replace roofing in specified area. The roofing bids indicated the work could start after the removal of existing ducts. The HVAC bids included the installation of a new HVAC system.

  The kitchen was observed and there areas in the ceiling with damage (pictures of the areas were taken).

  Per staff interviews the kitchen did have leaks; however, the Program had obtained bids to replace the roof and to replace the HVAC system. The bids were provided at the time of the investigation. There were no regulatory insufficiencies identified; however, it was requested the Program notify the Department upon completion of the project.

- Regulatory Insufficiency: None noted.

G. Policies and Procedures

Complaint/Incident Allegation #47680-C: It was alleged several tenants smoked and did not follow their negotiated risk agreements and no action was taken. It was alleged tenants smoked in the building and there were concerns regarding a tenant who was on oxygen.

- Monitoring Observation: According to a Program policy, it was a no smoking Program and smoking was allowed in designated areas outside the building. The designated areas would be identified by the location of the smoking receptacles. Smoking was prohibited in the tenant living quarters.

  The ALP Entrance Form identified two tenants had managed risk agreements.

  Seven tenant files were reviewed (Tenants #1, #2, #3, #4, #5, #6 and #7). Tenant #2 and Tenant #7 had managed risk agreements for smoking. Tenants #1, #3, #4, #5 and #6 were not identified as having a managed risk agreement for smoking. Review of Tenant #6's file indicated Tenant #6 was on oxygen.

  Tenant #2, a 75 year old, was admitted on 8-28-13 and diagnoses included: History of Cerebral Vascular Accident (CVA), Chronic Obstructive Pulmonary Disease (COPD), Restless Leg Syndrome, Insomnia and Pink Eye. Tenant #2 had a Negotiated Risk Agreement dated 2-5-14. The concern identified was smoking in the apartment. Tenant #2 did not provide a statement at that time. The probable consequences indicated a 30 day notice would be issued if any further incidents. Possible alternatives included to quit smoking. According to Narrative Notes dated 2-5-14, it was reported Tenant #2's apartment door was locked and it took an unusually long amount of time to answer the door. Staff also reported a strong odor of cigarette smoke. A report was received from tenants who had an apartment adjacent to Tenant #2 who had reported a strong odor of cigarette smoke. Tenant #2 admitted to two incidents of smoking in the apartment and was also aware of the no smoking policy in the apartment. Narrative Notes dated 2-20-14 indicated staff communicated concerns about Tenant #2 smoking in the apartment. No smoking was witnessed. Tenant #2 adamantly denied smoking inside the building. They discussed keeping the cigarettes in the nurse's office and having Tenant #2 come to the nurse's office to get them to go out and smoke. Tenant #2 was very willing to do that and Tenant #2 was assured Tenant #2 could come down anytime or call the office number if the door was closed.

  Tenant #6, an 81 year old, was admitted on 8-8-11 and diagnoses included: COPD, Lymphedema, CHF, HTN and Dyspnea. According to a Physician's Order document Tenant #6 had oxygen 2 liters/minute per nasal cannula (self). The service plan indicated Tenant #6 managed the oxygen and nebulizer machine and staff to assist as needed. Narrative Notes did not reveal any issues or concerns with tenants smoking near Tenant #6.

  Tenant #7, a 69 year old, was admitted on 2-29-12 and diagnoses included: Gastrointestinal Bleed, Seizure and CVA. Tenant #7 had a Negotiated Risk Agreement dated 1-27-14. The concern identified indicated Tenant #7 had been seen smoking in the stairwell on the way outside to smoke. Tenant #7's statement indicated Tenant #7 denied smoking inside. Probable consequences were possible eviction with a 30 day notice. Tenant #7's family was present and said if Tenant #7 did not comply the cigarettes would be taken away. A note dated 2-7-14 on the agreement indicated Tenant #7 was in compliance with the no smoking policy and agreement. Narrative Notes dated 1-27-14 indicated Tenant #7 had a history of smoking since move in and had been observed lighting up a cigarette on the way out

of the building in the stairwell. Narrative Documentation dated 5-1-14 indicated Tenant #7 had been following the no smoking policy.

RN #1 said Tenant #2 and #7 had managed risk agreements for smoking. RN #1 said since Tenant #7's agreement was in place Tenant #7 cooperated. Previously Tenant #2's cigarettes were kept in the nurse's office and Tenant #2 followed through with no issues. Tenant #2 had the cigarettes now and there were no issues recently.

Review of tenant files and staff interviews indicated Tenants #2 and #7 had negotiated risk agreements for smoking and no recent concerns were identified regarding non-compliance with those agreements.

- Regulatory Insufficiency: None noted.

H. Nurse Review

During the course of the investigation, the following information was obtained:

- Monitoring Observation: Seven tenant files were reviewed (Tenants #1, #2, #3, #4, #5, #6 and #7).

  Tenant #2's file was reviewed. The service plan dated 2-24-14 indicated there was a referral to an outside service provider for PT or services as needed. The service plan was updated on 3-13-14 and reflected all services needed were discontinued. A nurse review was not completed with the discontinuation of PT services and with the update to the service plan. A nurse review was not completed as needed.

  Tenant #5's file was reviewed. According to Narrative Notes dated 6-3-14, a fax was received to start Tenant #5 on 10 days of Bactrim DS for a UTI. Tenant #5 was at risk for a UTI due to poor hygiene at times. No change to the service plan was needed as it was a current condition on the service plan. A nurse review was not completed when the antibiotic therapy was completed and to determine if there were any further signs or symptoms. A nurse review was not completed as needed.

  The service plan was updated on 4-9-14 and reflected to assist Tenant #5 with elasticated tubular bandages on in the a.m. and off at bedtime. The service plan was updated on 6-19-14 and reflected the assistance with elasticated tubular bandages was discontinued. According to Narrative Notes dated 4-9-14 a nurse review was completed when the assistance with the elasticated tubular bandages was initiated. A nurse review was not completed when the assistance with the elasticated tubular bandages was discontinued and when the service plan was updated. A nurse review was not completed as needed.

  Review of tenant files indicated nurse reviews were not completed as needed.

- Regulatory Insufficiency: 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: To assess and document the health status of each tenant, to make recommendations and referrals as appropriate, and to monitor progress relating to previous recommendations at least every 90 days and whenever there are changes in the tenant's health status. (IAC r. 481-69.27(3))