IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

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Complaint/Incident Intake #: 41318-C

November 28, 2012

Ms. Christine Vasquez, Administrator
Walden Point Assisted Living
1200 4th Street
Des Moines, IA 50314

RE: Final Complaint/Incident Investigation Report, Walden Point Assisted Living, Des Moines, Iowa

Dear Ms. Vasquez:

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 515/281-7039 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: **Complaint/Incident Intake #: 41318-C**

Christine Vasquez, Administrator
Walden Point Assisted Living
1200 4th Street
Des Moines, IA 50314

Date of Complaint/Incident Investigation:

November 7, 2012

Monitor(s):

Lori Miner, RN BSN

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:	56
Number of tenants with cognitive disorder:	0
Total Population of Program at time of on-site	56
TOTAL census of Assisted Living Program	56

Program History – The program received regulatory insufficiencies in the areas of: Medications, Evaluation, Food Service and Staffing during the May 8, 2012 Recertification on-site.

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

A. Activities

Complaint/Incident Allegation: It was alleged there were no activities at the program for three weeks.

- Monitoring Observation: The previous program nurse was interviewed. She stated the management of the building changed on 10-1-12. The previous nurse stated an activity director was employed by the program until 9-26-12. The previous nurse stated activities were regularly provided until that time. The previous nurse stated she currently provided medication assistance to some of the tenants and had observed there were no activities in the building until the new activity director was hired.

  The current program nurse was interviewed. She stated management of the building transitioned on 10-1-12. She stated it took a little time to find a new activity director. The new activity director started full time at the end of October, but did work at the program and provided some activities beginning the middle of October. The days worked at the program were days off at another job until the new activity director had completed obligations at the other job. The current program nurse stated bible study was the only activity held for the first couple of weeks.

  An interview was conducted with the current activity director. She provided documentation of an activity calendar beginning 10-31-12 and continuing through the month of November 2012. The current activity director provided documentation of intermittent activities held at the program beginning 10-18-12 until she began full-time activities on 10-31-12. The current activity director reported she worked 40 hours a week and had activities scheduled approximately 22 hours a week.

During the onsite visit, a calendar listing the day's activities was observed to be hanging on the bulletin board and in the elevator. Scheduled activities included "walking club" and a cooking class. Both activities were observed to have been held. The program also provided a calendar for November 2012 detailing daily activities.

Interviews were held with six tenants (#1, #2, #3, #4, #5, and #6). One reported choosing not to attend activities. The other five tenants reported there had been a time of limited activities during the transition of management, but the activities had returned, the problem was resolving, and reported satisfaction with the activities.

The program reported having 56 tenants in the building, none of which were reported to have a Global Deterioration Score of four or greater, which would indicate cognitive decline.

It was reported there were two to three weeks where regular activities were not held. The problem was reported to be resolving upon hire of a new activity director following a change in management. None of the tenants had cognitive decline which would limit their ability to determine their own activities.

While a deviation from the requirements of the rules was found, it did not meet the standard set forth in rule 67.9(3) for determining that a regulatory insufficiency exists.

- Regulatory Insufficiency: None noted.

B. Medications

During the course of the investigation, the following was noted:

- Monitoring Observation: The monitor conducted an interview with Tenant #1 in Tenant #1's apartment. The interview was conducted in the living room. Staff #1, Certified Nursing Assistant (CNA), was in the bathroom doing cleaning. Staff #1 came into the living room and Tenant #1 requested eye drops. Staff #1 went into the bedroom to get eye drops as directed by Tenant #1. Staff #1 asked Tenant #1 if the bottle was correct. Tenant #1 indicated Staff #1 had the correct bottle, although Tenant #1 reported she had Macular Degeneration and had some difficulty with vision. Staff #1 opened the bottle of eye drops, instilled one drop into each eye, re-capped the bottle and returned it to Tenant #1's bedroom, and proceeded to leave the apartment. Staff #1 did not wash hands prior to or after administering the eye drops. Staff #1 did not check the medication against the medication record to verify the drug, dose, or time. Staff #1 did not apply gloves. Staff #1 did not document the administration of the eye drops prior to leaving the apartment. In an earlier interview, Staff #1 stated she did not administer medications, only provided medication reminders. In an interview with the current program nurse, she stated staff members do not administer medications and only give reminders. The current program nurse stated there was no policy for the administration of eye drops, and no delegation of the administration of eye drops because staff members were not to administer medications, only give medication reminders.

The program failed to follow procedures set forth by the program as well as accepted professional standards for medication administration.

- Regulatory Insufficiency: Each program shall follow its own written medication policy, which shall include the following: When medications are administered traditionally by the program: (a) The administration of medications shall be provided by a registered nurse, licensed practical nurse or advanced registered nurse practitioner registered in Iowa or by unlicensed assistive personnel in accordance with requirements in 655—Chapter 6 governing nurse delegation. (IAC r. 481-67.5(6)(a))