IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
Lucas State Office Building
321 East 12th Street
Des Moines, IA 50319-0083
(515) 281-4115 Phone
(515) 242-5022 Fax

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake #: 44138-CR2
42070-CR4

February 18, 2014

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

RE: I. Final Revisit to Complaint/Incident Investigation Report – Walden Point Assisted Living, Des Moines, IA
II. Standard Certification
III. Conclusion

Dear Ms. Vasquez:

I. Final Revisit to Complaint/Incident Investigation Report – Walden Point, Des Moines, IA

Enclosed is the **Final Revisit to Complaint/Incident Investigation Report** from the on-site monitoring visit of February 5 & 6, 2014, 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. **No Regulatory Insufficiencies were identified.**

II. Standard Certification

The standard certificate **S0240** effective **February 7, 2014 through July 26, 2014** was mailed to you previously.

III. Conclusion

The Program is in full compliance with the Administrative Rules and has been issued a Standard Certificate with an effective date of February 13, 2014. All previous sanctions have been lifted. 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

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

Assisted Living Program:

Complaint/Incident Intake #: 44138-CR2
42070-CR4

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

Date of Complaint/Incident Investigation:

February 5 and 6, 2014

Monitor(s):

Lori Miner, RN BSN
Rose Boccella, MS

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:	1
Total Population of Program at time of on-site	47
TOTAL census of Assisted Living Program	47

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. During the November 7, 2012 Complaint Investigation (41318-C) the program received a regulatory insufficiency in the area of Medications. The program received regulatory insufficiencies in the areas of: Medications, Policy and Procedures and Record Checks during the January 15, 2013 Complaint Investigation (42070-C). During the March 21, 2013 revisit to Complaint 42070-CR-1, the program received regulatory insufficiencies in the areas of Medications, Policy and Procedures and Plan of Correction. During the July Complaint Investigation (44138-C, 44147-C, 42070-CR2), the program received regulatory insufficiencies in the areas of: Tenant Rights, Nurse Review, Evaluation, Service Plan, Tenant Documents, Policy and Procedure, Medications, Staffing and Plan of Correction. During the October Complaint Revisit Investigation (44138-CR, 42070-CR3), the program received regulatory insufficiencies in the areas of: Nurse Review, Evaluation, Service Plan, Tenant Documents, Medications, Staffing, and Plan of Correction.

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

A. Nurse Review

During the 7-22-13 on-site visit, the program received a regulatory insufficiency related to the program on-site provider's (BrightStar Care) failure to review tenant medications at least every 90 days and with significant changes in condition to assure medication lists were up to date and accurate, to assure medications were administered according to physician's orders and to identify any adverse medication interactions for Tenants #2, #3, #4, #6, #7, #11 and #14. The program also received a regulatory insufficiency related to the program's failure to complete a nurse review with identified significant changes in health, functional or cognitive status for Tenant #2.

During the October 2013 on-site visit, the program received a regulatory insufficiency related to the program's failure to complete a nurse review with identified significant changes in health, functional or cognitive status for Tenant #2, #6, #8, and #19

- Monitoring Observation: The clinical records of Tenants #2, #6, #8, #19 were reviewed. Records were also reviewed for Tenants #7, #11, and #14. No issues were identified with Tenants #6, #7, #8, #11, #14, and #19.

  Tenant #2, an 81 year-old, was admitted on 10-8-11 and had diagnoses of: Insulin Dependent Diabetes, Hypertension (HTN), Dementia, and Peripheral Neuropathy. Tenant #2 was staged at three on the Global Deterioration Scale (GDS) completed on 11-17-13 which indicated mild cognitive decline.

  Evaluations of function, cognition, and health were completed on 11-17-13. According to the blood sugar flow sheets, Tenant #2 experienced low blood sugars in the morning on three consecutive days in January 2014, (1-1, 1-2, and 1-3), as well as an additional five days (1-7, 1-11, 1-17, 1-20, and 1-26) during January 2014. Readings ranged from 53 to 69. The Medication Administration Record (MAR) documented Tenant #2 was given food and when rechecked, the blood sugar rose to an acceptable level. The program's nurse did not complete a nurse review addressing Tenant #2's changes in health condition following three consecutive days of hypoglycemic episodes or eight episodes during the month of January 2014.

  While a deviation from the requirements of the rules was found, it did not meet the standard set forth in rule 67.10(3) for determining that a regulatory insufficiency exists.

- Regulatory Insufficiency: None noted.

B. Evaluation

The program received a regulatory insufficiency during the 7-22-13 complaint investigation (44138-C) related to the program's failure to complete an accurate health, functional and cognitive evaluations at least annually and upon identification of significant changes in tenant condition related to Tenants #2, #3, #4, #6, #8, #11, #12 and #14.

The program received a regulatory insufficiency during the October 2013 revisit investigation related to the program's failure to complete an accurate health, functional and cognitive evaluations upon identification of significant changes in tenant condition related to Tenants #2, #15, and #19.

- Monitoring Observation: The clinical records of Tenants #2 and #19 were reviewed. Tenant #15 was discharged from the program on 11-11-13. Records were also reviewed for Tenants #6, #7, #8, #11, and #14.

Tenants #2, #6, #7, #8, #11, #14, and #19 all had evaluations of function, cognition, and health completed since the last onsite visit. No issues were identified related to evaluations with changes of condition.

- Regulatory Insufficiency: None noted.

C. Service Plans

During the 7-22-13 on-site visit, the program received a regulatory insufficiency related to the program's failure to assure tenant service plans accurately reflected tenant individualized needs and to assure each service plan consistently reflected what staff members were doing for Tenants #2, #3, #4, #6 and #11. Tenant #4 no longer resided at the program.

During the October 2013 on-site visit, the program received a regulatory insufficiency related to the program's failure to assure tenant service plans accurately reflected tenant individualized needs and to assure each service plan consistently reflected what staff members were doing for Tenants #2, #8, #14, and #15.

- Monitoring Observation: The clinical records of Tenants #2, #8 and #14 were reviewed. Tenant #15 was discharged from the program on 11-11-13. Records were also reviewed for Tenants #6, #7, #11, and #19.

  No issues were identified with Tenants #2, #6, #7, #8, #11, and #19.
  Tenant #14, a 94 year-old, was admitted on 1-22-09 and had diagnoses of: Atrial Fibrillation, Anemia, Alzheimer's Disease, Chronic Kidney Disease On 11-26-13 Tenant #14 was staged at three on the GDS which indicated mild cognitive impairment.

  The service plan for Tenant #14 dated 11-26-13 indicated BrightStar staff was providing medication assistance. The January 2014 MAR for Tenant #14 documented Tenant #14 self-administered a cream, a nasal spray, an antacid, and a muscle rub. The service plan did not identify Tenant #14 self-administered some of the medications. The service plan did not meet the identified needs of Tenant #14.

  At exit, it was stated the program had updated the service plan to include the self-administration of some medications.

  While a deviation from the requirements of the rules was found, it did not meet the standard set forth in rule 67.10(3) for determining that a regulatory insufficiency exists.

- Regulatory Insufficiency: None noted.

D. Tenant Documents

During the 7-22-13 on-site visit, the program received a regulatory insufficiency related to the program's failure to keep all tenant medical records safe and maintain all tenant

medical records for a minimum of three years for Tenant #1. The program also received a regulatory insufficiency related to the program's failure to assure all physician ordered tasks were documented on tenant medication administration records (MARs) for Tenants #6 and #11. Tenant #1 no longer resided at the program.

During the October 2013 onsite visit, the program received a regulatory insufficiency related to the program's failure to assure all physician ordered tasks were documented on tenant medication administration records (MARs) for Tenants #7, #11 and #15.

- Monitoring Observation: The clinical records for Tenants #7 and #11 were reviewed. Tenant #15 no longer resided at the program. Records were also reviewed for Tenants #2, #6, #8, #14, and #19.

  No issues were identified for Tenants #2, #6, #7, #8, #14 or #19.

  Tenant #11, an 87 year-old, was admitted on 3-6-09 and had diagnoses of: Congestive Heart Failure, Myalgia and Myositis, Coronary Artery Disease, Anemia, and Osteoarthrosis. On 12-10-13, the healthcare provider ordered a band/brace to the right upper arm. The December 2013 and January 2014 MARs were reviewed. The MARs did not include the band/brace to the right arm.

  While a deviation from the requirements of the rules was found, it did not meet the standard set forth in rule 67.10(3) for determining that a regulatory insufficiency exists.

- Regulatory Insufficiency: None noted.

E. Medications

The program received a regulatory insufficiency during the 1-15-13 complaint investigation (42070-C), during the 3-21-13 revisit (42070-CR) and at the 7-22-13 complaint investigation (44138-C)/revisit (42070-CR2) and the October 2013 revisit related to the program's failure to keep clear, concise medication administration records, failure to document medications on the MARs as given according to physician orders and according to the identified schedule for administration. Tenants #2, #6, #7, #8, #11, #14, #15, and #19 were identified.

- Monitoring Observation: The clinical records for Tenants #2, #6, #7, #8, #11, #14, and #19 were reviewed. Tenant #15 no longer resided at the program. There were no issues identified related to the medication records.

- Regulatory Insufficiency: None noted.

F. Staffing

The program received a regulatory insufficiency during the 7-22-13 complaint investigation (44138-C) related to the program's failure to maintain documentation of the program's delegating nurse's teaching, shadowing and observing direct care workers in

service planned tasks which relate to tenant medical or nursing needs for Staff #1, #2, #3 and #4 and failure to assure all staff members were trained on emergency procedures and familiar with how to reach the on-call nurse who is responsible for the program for Tenant #1 and Staff #5. Tenant #1 no longer resided at the program. Staff #2, #3, #4 and #5 no longer worked at the program.

During the October 2013 revisit, the program identified tenants who resided in the building who required staff members to assist with or administer the following: oral medication administration, inhalant medication administration, topical medication administration, administration of eye drops, oxygen administration, application of compression stockings or edema wear, preparing an insulin pen for administration, hand over hand administration of insulin, using an insulin pen and blood glucose testing assistance using a glucometer. Staff #6, #7, #8, #9, #10, and #11 were identified.

- Monitoring Observation: Staff #7, #9, #10, and #11 were no longer employed at the program. Staff training records were reviewed for Staff #6, #8, #14, #15, and #16. Training records included documentation of training and observations.

  Staff #17 and #18 were interviewed and stated the program Registered Nurse (RN) had trained and observed them passing medications of all kinds, applying and removing compression stockings, using insulin pens and glucose monitors. The staff members reported the RN was readily available to answer questions.

  The plan of correction for the October 2013 revisit indicated the program would provide training to the staff on assisted living rules and regulations. The program provided documentation of regulatory training to the Administrator and the RN.

- Regulatory Insufficiency: None noted