IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake #: 52849-C
53170-C

June 26, 2015

Ms. Christine Vasquez, Administrator
Walden Point
1200 Fourth Street
Des Moines, IA 50314

RE: Final Complaint/Incident Investigation Report – Walden Point, Des Moines, IA

Dear Ms. Vasquez:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of June 15 & 16, 2015, 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. The following allegations were investigated in regards to complaint investigations #52849-C and #53170-C. Based on tenant file reviews, review of Program documents, review of activity calendars, observation of activities, staff interviews, private tenant interviews, tenant community meeting comments, observation of medication passes, review of medication administration records (MARs), review of tenant invoices, review of a Program video recording and review of policies and procedures, the following areas were unsubstantiated:

Allegation: Medication Management (#52849-C & #53170-C)
Findings: Unsubstantiated
Comments: The monitors reviewed a Program video recording that showed a pharmacy driver delivering five bags of medications. When delivered, the bags were stapled shut, labeled and given to the Program's nurse. The nurse recorded receipt of each bag on a Pharmacy/Medication log dated 4-28-15 and placed them in a locked medication cabinet. Later another nurse removed the bags, opened them, removed the contents of the five bags and logged her actions on the Pharmacy/Medication log. The nurse took the empty bags, folded and scrunched the bags and placed them in a waste container. All items removed from the bags were flat bubble packs of medications. No bottles of any medications were inside any of the five delivery bags. The nurse who opened the delivery bags was interviewed and stated there were no bottles of medication inside the bags, only bubble

packs. The tenant for whom the medications were prescribed was independent in medication administration. The tenant was interviewed and stated he/she had no idea what happened; all previous and subsequent deliveries had been accurate. The Program changed their acceptance of medication delivery process and now has the pharmacy driver take the medications directly to the tenant's apartment. The review of medication administration policies and procedures indicated time ranges for administration of medications. Based on review of tenant MARs, observation of medication passes and a tenant community meeting, medications were administered appropriately.

Allegation: Service Plans (#52849-C)
Findings: Unsubstantiated
Comments: Review of four tenant files, staff interviews, private tenant interviews and comments from a tenant community meeting indicated services were provided as expected. There were no concerns with services not being provided as indicated in the service plans.

Allegation: Admission/Discharge (#52849-C)
Findings: Unsubstantiated
Comments: Review of monthly invoices for three tenants indicated changes had been made to the process for billing and auditing of monthly bills. It was reported a billing staff was unaware of a change in payor source, causing bills for two tenants to be delayed for several months. The Program had taken tenant/legal representatives suggestions for making changes to the invoices to make them easier to understand. Concessions were also made to decrease the amount billed for meals and the Program worked with the tenants to correct any billing errors and set up payment plans.

Allegation: Tenant Rights (#52849-C)
Findings: Unsubstantiated
Comments: Review of four tenant files, review of tenant advisory meeting documents, review of the monthly activity calendar, observation of multiple activities, staff interviews, private tenant interviews and comments from a tenant community meeting indicated activities were provided, both planned and spontaneous throughout the day. Tenants had no complaints regarding the activities provided. According to the Administrator, the Program was currently recruiting a new Activity Coordinator to fill the vacancy that was created approximately two months prior when the Activity Coordinator resigned. Since that time, the Administrator and staff had been coordinating the activities listed on the calendar. Tenants stated staff responded quickly, within five minutes or less, when called for assistance. Tenants interviewed did not express any concerns regarding staffing. There were no concerns regarding the provision of activities for tenants or in regards to staffing availability.

No Regulatory Insufficiencies were identified.

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

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0240	A. BUILDING: _____ B. WING _____	C 06/16/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WALDEN POINT	1200 FOURTH STREET DES MOINES, IA 50314

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	481-67 Initial Comments Assisted Living Programs are defined for the type of population served. The census numbers were provided by the Program at the time of the on-site. General Population Program Number of tenants without cognitive disorder: 50 Number of tenants with cognitive disorder: 1 Total Population of Program at time of on-site: 51 No regulatory insufficiencies were cited during the investigations of Complaint #52849-C and Complaint #53170-C.	A 000		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE