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
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TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake #:
54312-C

August 26, 2015

Ms. Christine Vasquez, Administrator
Walden Point Assisted Living
1200 Fourth 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, following an investigation by DIA on **August 19 & 20, 2015.**

The following allegations were investigated in regards to Complaint #54312-C: level of care concerns, and tenant rights.

Based on observations, staff interviews and a review of tenant files, incident reports, program policies, staff training and staff schedules, the following areas were unsubstantiated:

Allegation – Level of Care
Findings- Not Substantiated
Comments –Staff interviews were conducted. Three tenant files were reviewed. None of the tenants exceeded level of care.

The Report notes a Regulatory Insufficiency in the area(s) of: Tenant Rights.

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

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 08/20/2015

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 by 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: 54 Number of tenants with cognitive disorder: 0 Total Population of Program at time of on-site: 54 TOTAL census of Assisted Living Program: 54 The following regulatory insufficiency was cited during the investigation of Complaint #54312-C.	A 000		
A 013	481-67.3(2) Tenant Rights 481-67.3 Tenant rights. All tenants have the following rights: 67.3(2) To receive care, treatment and services which are adequate and appropriate. This REQUIREMENT is not met as evidenced by: Based on staff and tenant interviews, review of tenant files, incident reports, staff training, and procedures, a tenant did not receive adequate and appropriate services. Three tenant files were reviewed. There were no tenants identified during the onsite visit as exceeding level of care. #54312-C alleged a diabetic tenant did not receive adequate and appropriate assistance when the blood sugar was low.	A 013		

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

DEPARTMENT OF INSPECTIONS AND APPEALS

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A 013	Continued From page 1 Tenant #3, a 68 year-old, was admitted on 2-27-15 and had diagnoses of: insulin-dependent diabetes. A nurse review dated 6-12-15 documented Tenant #3 had the Program monitor blood sugar levels and monitor insulin. A note sent to the physician and signed by the physician and dated 6-26-15 documented Tenant #3 would monitor own blood sugars and the diabetic protocol used by the Program was discontinued. The family was to monitor and call the physician for problems. The diabetic protocol outlined steps to be taken by staff if Tenant #3's blood sugar was low. The diabetic protocol identified a low blood sugar as being less than 70 milligrams/deciliter (mg/dL). A nurse review dated 6-30-15 documented Tenant #3 was independent in taking all medications including insulin and was independent in checking blood sugars. On 8-19-15 at 2:00 p.m. the Registered Nurse (RN) stated she recalled an incident, date unknown. The RN was notified the day after the incident that Tenant #3's blood sugar was low and the staff working did nothing to assist Tenant #3. The RN recalled the incident occurred when Tenant #3 was independent with medications, insulin, and blood sugars. The RN identified the staff member involved as Staff A. On 8-19-15 at 2:30 p.m. Staff A was interviewed and stated she did not recall the date, but Staff A was in the office when Tenant #3 called to report	A 013		

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A 013	Continued From page 2 a blood sugar of 50 (mg/dL). Staff A reported she reminded Tenant #3 that she had requested the Program not assist with insulin and blood sugars. Staff A stated she told Tenant #3 to eat something and call the physician. Staff A stated she thought the incident occurred around 3:00 p.m. although she could not remember for certain. Staff A stated she did not go see Tenant #3, and only talked to Tenant #3 on the phone. Staff A did not recall whether or not she went to see Tenant #3 later in the day. Staff A stated there was a protocol to follow if the Program administered medications which was to get the tenant to eat and recheck the blood sugar. Staff was to stay with the tenant until the blood sugar was above 70 (mg/dL). Tenant #3 was interviewed on 8-19-15 and stated she had asked the Program to administer medications but about a month ago had gone back to self-administering medications. Tenant #3 stated the blood sugar was down to 50 (mg/dL) and Tenant #3 got scared and called for help. Tenant #3 reported Staff A responded and stated she could not help Tenant #3 because Tenant #3 was "independent." Tenant #3 was advised to call the physician. Tenant #3 reported drinking a bottled shake and then another and was feeling better. Tenant #3 reported when the blood sugar was low Tenant #3 felt weak and vision was off. Tenant #3 reported going back to having the Program administer medications and there have been no further incidents of staff not attending to needs.	A 013		

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A 013	Continued From page 3 A nurse review dated 7-17-15 documented the Program administered medications and monitored blood sugars. In an interview on 8-19-15 at 2:00 p.m. the RN stated Staff A should have attended to Tenant #3. The Administrator and the RN were interviewed on 8-19-15 at 9:45 a.m. and stated the Program staff was to provide emergent care and low blood sugars would be considered emergent. Tenant #3 did not receive adequate and appropriate assistance when a blood sugar was low.	A 013		

Walden Point

Affordable Assisted Living

September 4, 2015

Rose Boccella
Department of Inspections and Appeals
Lucas State Office Building
321 East 12th Street
Des Moines, Iowa 50319

Dear Ms. Boccella:

On behalf Walden Point, I respectfully submit our Plan of Correction outlining corrective measures for the Complaint/Incident Report dated August 26, 2015. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of insufficiencies. The plan of correction is prepared and/or executed solely because it is required by the provision of state law.

Tenant Rights – To receive care, treatment and services which are adequate and appropriate.

1. Elements detailing how the program will correct each regulatory insufficiency.

    - Tenant #3 will receive care, treatment and services which are adequate and appropriate.
    - Staff involved with the incident had been re-educated prior to the onsite DIA monitoring visit.

2. What measures will be taken to ensure the problem does not recur.

    - Staff will be retrained on Tenant Rights.
    - Staff will be retrained on when to notify the nurse and how to respond in emergency situations.
    - Staff will be retrained on how to respond to hi/low blood sugar situations.

3. How the program plans to monitor performance to ensure compliance.

    - *The RN and/or Designee will monitor for compliance by reviewing incident reports and staff communication reports to ensure appropriate response to incidents.*
    - *Staff will receive training, at least annually, on responding to emergency situations.*

4. The date by which the regulatory insufficiency will be corrected.

    - *Walden Point will correct the regulatory insufficiency by September 20, 2015.*

Please feel free to contact me at 515-288-9985 with any questions you may have. Thank you.

Sincerely,

Christine Vasquez

Christine Vasquez
Administrator