Iowa Department of Inspections and Appeals
Assisted Living Program
Complaint Investigation Report

Assisted Living Program: **Complaint Intake #:** 7960

Gary Troth, Administrator
Northern Hills Assisted Living
4002 Teton Trace
Sioux City, IA 51104

Date of Investigation:

September 7-8, 2004

Monitor(s):

Charlotte Kemp, RN
Hal Chase, RN

Definitions:

The following definitions are relevant:

Regulatory Insufficiency - A violation of a statutory or rule provision within the Iowa Code or 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 rule violations [321 IAC 26.2(5)(a)]. The plan should identify how, and by a specific date, an insufficiency will be corrected. The plan is due to DIA within ten (10) working days of the program's receipt of a Complaint Investigation Report. Depending on the circumstances, DIA may re-visit the assisted living program to confirm progress in fulfilling a plan's corrective measures.

Dementia-specific assisted living program - An assisted living program certified under 321 IAC - chapter 25 that either serves five or more tenants with dementia or cognitive disorder staged between 4 and 7 on the Global Deterioration Scale or holds itself out as providing special care for persons with cognitive disorder or dementia, such as Alzheimer's disease, in a dedicated setting.

Overview:

A complaint investigation on-site visit was conducted at Northern Hills Assisted Living on September 7-8, 2004. In preparing this report, the following information was considered:

Current Program Census: 72

General Population Program (GPP) **– A program that is not a Dementia Specific program, but may have tenants with cognitive disorder.**

Current number of tenants without cognitive disorder:	65
Current number of tenants with cognitive disorder:	7
Total General Population:	72

Dementia Specific Program (DSP) **–** Program has 5 or more tenants at stage 4 and above.

Accreditation Status – Not applicable.

Complaint History – There were substantiated complaints in the area of services during this certification period.

Complaint Investigation – The complaint investigator(s) made the observations detailed in the following areas.

A. Evaluation of Tenant - The program evaluates each tenant's functional and cognitive abilities and health status and the determination of needed services as required. [321 IAC 25.23(1) and/or (2)]

Complaint Allegation: During the course of the investigation, it was found the program did not evaluate each tenant's functional and cognitive abilities and health status and the determination of needed services as required.

- Monitoring Observation: Nine of twelve tenant files noted significant health, functional and cognitive changes. Tenants were not evaluated for functional, cognitive and health status as a result of the changes.

- Regulatory Insufficiency: The program did not evaluate each tenant's functional and cognitive abilities and health status as needed to determine the needed services as required.

B. Criteria for exclusion of tenants - Program does not admit or retain tenants that require a higher level of care, unless a written exception has been applied for and approved. [321 IAC 25.23(3); 25.24]

Complaint Allegation: It is alleged the program retained tenants that require a higher level of care.

- Monitoring Observation: Two of twelve tenant files noted substantial changes in the level of care that meets the criteria for exclusion of tenants.

  Review of file notes and staff interviews on Tenant #1 reported unmanageable incontinence on a routine basis and tenant is unwilling to be toileted or wear protective undergarments beginning 3/25/04 through 9/2/04. Monitor observation on 9/7/04 found tenant's room smelling of urine, the bed was soiled, and three large bags of urine-soiled clothes were on the floor. Other tenants in this program also reported to the monitor that they were afraid of this tenant.

  Review of file notes and staff interviews on Tenant # 5 reported tenant requires increased care for incontinence beginning with 3/24/04. No further documentation until 5/8/04 indicating tenant resisted incontinence care and is physically and verbally abusive toward staff. From 5/9/04 through 6/30/04 notes indicated verbal and physical abuse toward staff. Notes on 5/13/04 indicated that tenant was verbally abusive to visitors. Tenant was again verbally abusive to other tenants and to visitors on 5/13/04 and 5/14/04. Notes on 6/20/04 indicated tenant was verbally and physically aggressive to staff. No other notes were available after 6/30/04. A 90-day nurse review of physical and functional status was conducted and indicated occasional verbal outbursts and frequent incontinence.

- Regulatory Insufficiency: The program did not transfer tenants that met the criteria for exclusion of tenants.

C. Nurse Review - Program provides a registered nurse to ensure the appropriate administration and documentation of medications, ensure that physician orders are current, and assess and document the tenants' health related activities. [321 IAC 25.30]

Complaint Allegation: During the course of the investigation, it was found the program did not assess and document the tenants' health related activities.

- Monitoring Observation: Eleven of twelve tenant files indicated that the nurse review of tenants receiving health related care was not completed every 90 days.

- Regulatory Insufficiency: The program RN did not conduct 90-day reviews of those tenants receiving health-related care or if there were changes in health status.

D. Service Plan – Program has an individualized service plan developed and updated for each tenant as required. [321 IAC 25.28]

Complaint Allegation: During the course of the investigation, it was found the program did not have an individualized service plan updated for each tenant as required.

- Monitoring Observation: Twelve of twelve tenant files indicate that the negotiated service agreements (service plans) were not updated to address the tenants' specific needs and expected outcomes. Service providers other than the program were not addressed for tenants receiving outside services.

- Regulatory Insufficiency: The program did not have an updated service plan addressing each tenant's specific needs and expected outcomes as required.

E. Staffing - The provisions of this section address the program's staffing and training practices and associated documentation in responding to the identified needs of the tenant. [321 IAC 25.33]

Complaint Allegation: During the course of the investigation, it was found the program did not provide adequate staffing and training practices.

- Monitoring Observation: Tenant and staff interviews and record reviews indicated the program did not have sufficient trained staff at all times to fully meet tenants' identified needs. The program has a census of 72 of which approximately 26 needed assistance to and from meals. Record reviews indicated there were two caregivers on 9/5/04 for the day shift. The normal staffing for day shift is three to four caregivers. Interviews and record reviews indicated that due to the serving of two meals and the extensive bathing assistance provided to the tenants who were to receive baths, some tenants did not receive their baths. Tenant interviews reported that staff was not adequate to meet their personal needs.

  Staff interviews indicated orientation for new hires consisted of following a peer for two days prior to being assigned specific duties. The Registered Nurse (RN) did not teach, demonstrate, illicit feedback nor document that training was completed to adequately respond to the identified needs of the tenants.

- Regulatory Insufficiency: The program did not provide sufficient trained staff at all times to fully meet tenant's identified needs to ensure that all personnel employed by or contracting with the program received training appropriate to assigned tasks and target population.

F. Record Checks – The program conducts applicable employee record checks. [Iowa Code section 135C.33(5)]

Complaint Allegation: During the course of the investigation, it was found the program did not complete employee record checks as required.

- Monitoring Observation: Record review indicated Staff member #1 was hired on 5/20/2004. The criminal background check was completed on 6/18/2004.

- Regulatory Insufficiency: The program did not complete the criminal background check prior to hire of an employee as required.

Dated this 5th day of October 2004.