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

Assisted Living Program: **Complaint Intake #**: 7869

Cathy Morel
Amber Ridge
107 E 2nd Street
DeWitt, IA 52742

Date of Monitoring Visit:

May 20, 2004

Monitor(s):

Stephanie Cummins, SW

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 Amber Ridge on May 20, 2004. In preparing this report, the following information was considered:

Current Program Census:

General Population Program -

Current General Population ALP Census: 15 Current number of tenants with dementia: 5

Dementia Specific Program – *Not Applicable*

Accreditation Status – *Not applicable*

Complaint History – No complaints on file 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: It was alleged the program did not assess a tenant after a fall occurred.

- Investigation Observation: According to staff interviews and review of incident reports, only one major fall had occurred in the last two months. Tenant #1 fell on 5-12-04 at approximately 1:30 am. A staff member found the tenant with a large amount of blood on the body and on objects in the tenant's apartment. The staff member called 911 and then contacted the administrator who was on call. The tenant was taken to the hospital and received three sutures and was brought back to the program that morning. Staff interviews indicated when a fall is less severe the RN or Administrator are called and they respond in a prompt manner. Dependent on the severity of the fall, the RN would come to the program and assess or give instructions over the phone. The tenant's physician and family would be notified if it was required, according to an interview with Staff Member #1. The Administrator and RN are available 24 hours a day, seven days a week by cell or home phones. No deaths or discharges have occurred at program since April 3, 2004. One tenant died at the hospital of complications unrelated to a fall.

- Regulatory Insufficiency: None noted.

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 was alleged the program retained tenants beyond any the appropriate level of care.

- Investigation Observation: Interviews with staff and review of tenant records indicated all tenants at the program were appropriate for the level of care. Staff indicated that Tenant #1 had some aggressive behaviors in the past however a medication change occurred two weeks ago and the tenant had become cooperative during cares and was no longer aggressive. The staff members that were interviewed indicated all other tenants at the program were appropriate and they had no concerns regarding level of care at the time of the investigation.

- Regulatory Insufficiency: None noted.

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

Complaint Allegation: It was alleged the program provided medication administration for tenants without physician's orders.

- Investigation Observation: According to interviews with administrative staff, two tenants at the program had medications that were set up by their daughters who were both RNs. The program was administering these medications to the tenants despite not setting up the medications. The administrative staff was in the process of developing a new medication policy that will be distributed to all tenants and responsible parties. This policy will state that if medications are set up by tenant or family the program will not administer medications. The program will administer medication to those tenants that they provide medication set up according to interviews with administrative staff.

- Regulatory Insufficiency: None noted.

E. Medications – Program has a comprehensive written medication policy that allows tenant self-administration, but accommodates the need for tenant medication assistance via nurse delegation. The medication assistance is appropriately supervised and administered. Medications are appropriately stored. [321 IAC 25.29(1) and/or (2)]

Complaint Allegation: It was alleged the medications at the program were not set up correctly.

- Investigation Observation: According to staff interviews, frequent medication errors occur at the program. Direct-care staff in the process of administering medications have typically caught these errors. The medication errors occurred in the set-up of the medications. According to staff interviews, pills were often in the wrong time or day in the med planners. Staff estimated these errors occurred approximately once a week. The program did not provide documentation of all medication errors and had only three documented medication errors that occurred since January of 2004. According to staff interviews there had not been any adverse reactions to medication errors.

- Regulatory Insufficiency: Supervision of self-medication and administration of medications shall be provided by a practitioner or the practitioner's authorized agent in accordance with 655—subrule 6.2(5) and Iowa Code chapter 155A.

F. 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: Treatment and services without physician orders.

- Investigation Observation: Staff interviews did not support this allegation.

- Regulatory Insufficiency: None noted.

G. 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: It was alleged the program had inappropriately trained staff administering medications.

- Investigation Observation: Interviews with administrative staff indicated direct care staff took a medication course offered by the program. The RN at the program taught the course and all staff members except for three new hires had completed the medication course. These three new hires had begun the course but had not completed it at the time of the investigation. According to an interview with the RN, the new staff had observed a medication pass demonstrated by the RN and then demonstrated back to the RN; in addition, a medication course was in progress. Interviews with staff indicated they felt comfortable and confident administering medications. Staff also stated if they had a question or concern they could go to the RN or to the administrator. The medication course included seven chapters focusing on medications, storage of medications, diabetic residents, and the caregiving role in medication assistance.

- Regulatory Insufficiency: None noted.

Dated this 23rd day of June 2004.