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

Assisted Living Program: **Complaint Intake #: 7997**

Debbie Logan, Manager
Holy Spirit Assisted Living
1701 West 25th Street
Sioux City, Iowa 51103

Date of Investigation:

October 6, 2004

Monitor(s):

Ann Martin RN
Rose Boccella
Hal L. Chase RN BSN MPH

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 Holy Spirit Assisted Living on October 6, 2004. In preparing this report, the following information was considered:

Current Program Census:

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:	15
Current number of tenants with cognitive disorder:	5
Total General Population:	20

Dementia Specific Program (DSP) **–**

Current number of tenants in a DSP that holds itself out as providing specialized care in a dedicated setting:	10

Accreditation Status – *N/A*

Complaint History – There were no substantiated complaints this certification period.

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

A. 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]

- Monitoring Observation: During the course of the investigation, it was found that the program retained a tenant with a history of assaulting staff when personal cares are provided. In reviewing the file of Tenant #1 the program has placed tenant on a waiting list for transfer to a nursing facility dating from July 2004. The tenant had aggressive behavior from May 2004 through October 2004 despite program intervention.

- Regulatory Insufficiency: The program did not transfer a tenant that was identified as requiring a higher level of care and meets the criteria for exclusion of tenant.

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

- Monitoring Observation: During the course of the investigation, it was found the program did not update the service plan reflecting the needs of Tenant #1 as reported in the nurse's notes from July 2004 through October 2004. It was reported that the tenant wished to remain in bed and demonstrated increased aggressive behavior when staff removed the tenant from the bed. The tenant also demonstrated a reduction in functionality, which was not addressed in the service plan.

- Regulatory Insufficiency: The program did not design an individualized service plan to meet the specific service needs of the tenant.

C. Dementia-specific education for program personnel – A dementia-specific program shall employ or contract with personnel who have received appropriate dementia-specific education and training. [321 IAC 25.34]

Complaint Allegation: It is alleged that the program did not provide appropriate care to a tenant diagnosed with dementia.

- Monitoring Observation: File reviews and staff interviews indicated staff did not obtain the skills required for communicating and providing assistance with activities of daily living for persons with dementia. The program did not provide a minimum of six hours of dementia-specific education and training prior to or within 90 days of employment for all direct care workers.

- Regulatory Insufficiency: The program did not provide six hours of dementia-specific education and training prior to or within 90 days of employment or at the beginning of a contract with a third-party provider.

D. 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]

- Monitoring Observation: During the course of the investigation, it was found that the program did not have sufficient trained staff available at all times to fully meet tenants' identified needs. The program did not provide documentation of training through nurse delegation of teaching, demonstrating, illiciting feedback and documentation of health related care of tenants.

  Personnel file review of Staff #1 noted that Staff #1 worked alone on the night shift and was given the responsibility for two floors. Staff #1 was allegedly sleeping on duty, being outside of the building, not completing 2-hour checks when requested by the tenant, letting tenants wander without intervention, leaving a tenant on the floor when tenant was incontinent, and verbally abusing Tenant #1. Staff interviews also support these allegations.

- Regulatory Insufficiency: The program did not provide sufficient trained staff to fully meet tenants' identified needs.

Dated this 13th day of October, 2004.