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

Assisted Living Program: **Complaint Intake #: 8000**

Kasey C. Harrison, LPN
Fox Run Assisted Living
3121 MacIneery Drive
Council Bluffs, IA 51501

Date of Investigation:

October 13, 2004

Monitor(s):

Sherrie McDonald, 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 Fox Run Assisted Living on October 13, 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:	19
Current number of tenants with cognitive disorder:	2
Total Population:	21

Dementia Specific Program (DSP) – Not applicable.

Accreditation Status – Not applicable.

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]

Complaint Allegation: A tenant left the program to visit the clubhouse of the local golf course. Upon leaving the clubhouse the tenant took a wrong turn and ended up at an apartment complex next to the clubhouse.

- Monitoring Observation: From staff interviews and file reviews, it is noted that on 10/2/04 the program received a call from an apartment complex located about two blocks away that Tenant #1 was lost and looking for Fox Run. This tenant had been visiting at the golf course clubhouse located about 1 ½ blocks from the program. When the tenant left the clubhouse, the tenant turned the wrong direction and ended up at an apartment complex. The apartment staff told program staff the individual was asking for apartment #219 at Fox Run. The tenant was brought back to the program about 4:30 p.m. The staff member documented the tenant was not hurt, but was incontinent when staff arrived to pick up the tenant. The tenant reported to the program RN that the tenant "was out for a walk and got confused because the buildings look too much alike."

  Tenant #1 has a diagnosis of Subarachnoid Cyst with seizure disorder, cognitive impairment and hypertension. It is noted on this tenant's service plan that the tenant requires reminders three times daily to come to meals, reminders to come to activities and program to administer medications. This tenant has had a problem with wandering inappropriately in the halls since being admitted 7-3-04. The service plan was updated 7/28/04 putting the tenant on ½ hour visual checks due to the tenant wandering. The visual checks were changed to every hour on 8/9/04. Starting on 8/16/04 the tenant was put on visual checks four times in an eight-hour shift for one month. On 9/16/04 the program stopped the random visual checks but continued giving medications, meal reminders three times a day and giving activity reminders. During the time the tenant was on the frequent visual checks, there was no incident of wandering.

  The tenant had a reassessment completed by the program nurse on 10/1/04. The assessment identified the tenant as being forgetful, having short-term memory loss and experiencing urinary dribbling. The tenant scored 10 out of 11 on a mental status questionnaire. The nursing summary on 10/1/04 documented the tenant was oriented to place and time about 50% of the time. Documentation shows that upon admission, the tenant was oriented to place and time about 25% of the time. Program RN reports that the tenant is independent in all activities of daily living (ADL's).

  During staff interviews, the program RN stated the day the tenant eloped from the building, the tenant had not signed out on the program's log and had not told staff tenant was leaving the building. The staff working that day last remembered seeing the tenant about 1445.

  There are seven exit doors from this program. The program currently has no alarms or monitors on any of the seven exit doors. The front door of the program is locked

about 2100 and unlocked at 0630. During those hours, a staff member would need to unlock the front door to let someone in. The other six doors are all locked from the outside. An individual can exit these six doors without hindrance, but once closed, the doors cannot be reopened from the outside. The tenants do not have keys to these doors.

Following this incident, the tenant was taken by family to stay at a daughter's home and was planning to return to the program on 10/13/04. The program had met with the tenant's family on 10/12/04 and discussed the following options with the family: 1) Risen Son dementia unit, 2) ½ hour visual checks or 3) one-on-one private duty nurse. The family and tenant opted for ½ hour visual checks and if the tenant elopes again, tenant will be discharged from the program.

In response to the preliminary identification of Tenant #1 exceeding occupancy criteria, the program provided input, subsequent to the on-site, that the tenant's current function, cognitive and health care needs are, at this time, within the parameters allowed in an assisted living program.

B. 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]

- Monitoring Observation: During the course of the investigation, it was found during file review and staff interview that the tenant had been incontinent. The tenant assessment indicates the tenant has a problem with urinary dribbling. When the tenant eloped, the tenant was found to be incontinent. There is no documentation in the tenant's file of incontinence reported during the past month. During family interview, the daughter stated she felt the incontinence occurred because of the lack of medication the tenant had been given. The daughter had a prescription for Uroxatial, but she had not given it to the program nor had she gotten the prescription filled.

  The program had a physician order to administer Uroxatial daily until the samples were gone. The tenant had been given a 30-day supply of the medication. When the medication samples ran out on 9/19, there was no documentation that the program followed-up with the physician as to whether the medication helped and if it should be continued.

- Regulatory Insufficiency: The program RN did not follow-up with the physician or family regarding the effects of the medication and whether the tenant should continue the medication.

Dated this 12th day of November, 2004.