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

Assisted Living Program: **Complaint Intake #:** 7982

David Brinkmeyer, Administrator
Apple Valley Assisted Living
305 27th Avenue
Clear Lake, IA 50314

Date of Investigation:

September 13, 2004

Monitor(s):

Mary Oliver, LISW

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 Apple Valley Assisted Living on September 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:	9
Current number of tenants with cognitive disorder:	1
Total General Population:	10

Dementia Specific Program (DSP) **–** Not applicable.

Accreditation Status – Not applicable.

Complaint History – During this certification period there were two substantiated complaints in the areas of Life Safety and Staffing.

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: It was alleged that a possible elopement occurred with one tenant.

- Monitoring Observation: Five of five tenants reviewed met level of care criteria. One of the five tenants (Tenant #1) had a Global Deterioration Scale of 4. This tenant, who was outside, had not eloped, as the tenant was routinely allowed to be outside the building.

- Regulatory Insufficiency: None noted.

B. Food Service – Program shall provide or coordinate with other community providers to provide hot or other appropriate meal(s) at least once a day or make arrangements for the availability of meals. Menus shall be appropriately planned. If applicable, therapeutic diets shall meet all requirements. Food preparation personnel shall meet all requirements. [321 IAC 25.32]

Complaint Allegation: It was alleged that tenants were getting inappropriate foods and insufficient food amounts at meal times.

- Monitoring Observation: The program contracted with Hawkeye Food Service to provide menus that were prepared by a licensed dietitian, however, the program met with tenants and changed the menus for each meal. On the day of the monitoring visit, the program had eliminated the beef tips in gravy, noodles, dinner roll, and sweet cherries and had substituted ½ of a small baked potato, ½ of a grilled chicken breast, and sugar free jello. This significantly changed the caloric and carbohydrate content of the noon meal. Staff stated the dietitian was aware that they were changing the menus but that the dietitian did not approve the changes. Program staff and tenants stated that tenants could get a substitute for a meal they did not like and could get second helpings of food if they requested it.

- Regulatory Insufficiency: The program did not ensure that 100% of recommended dietary allowances per day was being served, as required by rule.

Complaint allegation: It was alleged that the janitor would go from janitorial duties into the kitchen to fix breakfast for the tenants.

- Monitoring Observation: Administrative staff explained that for budgetary reasons the Administrator, the Registered Nurse, and the Maintenance person prepared the breakfast meal for a two-week period in mid-August. None of these individuals attended an orientation course on sanitation and safe food handling prior to preparing food. None of the staff members directly responsible for preparing food during that period of time had completed a state-approved food protection program.

- Regulatory Insufficiency: Staff members preparing and serving food were not oriented and trained in sanitation and safe food handling as required by rule.

C. 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 that the program was not providing an adequate number of staff members to care for tenants. It was alleged the only person on duty for the 3:00 to 11:00 shift was a 17-year old girl and that tenant call lights were not always being answered.

- Monitoring Observation: Administrative staff reported that the program had one person on duty for the 3:00 p.m. to 11:00 p.m. shift and the 11:00 p.m. to 7:00 a.m. shift. The person most often on duty for the 3:00 p.m. to 11:00 p.m. shift was a 17-year old girl. The young woman was a Certified Nurse Aide (CNA) with approximately 1 year of part-time experience at another facility. The CNA had completed the Medication Management course but had not yet passed the test.

  Tenant records, staff interviews, and tenant interviews revealed that on the evening of August 17, 2004, a CNA was on duty alone and was out of the building for approximately 15 minutes talking with Tenant #1 who was routinely allowed to be outside. On this day, the tenant was watching a man mow the lawn (on the premise behind the building). This tenant was staged as a GDS 4 and the CNA was talking with the tenant about returning to the building.

  While the CNA was out of the building, Tenant #2 activated the pendant around his neck to call for assistance. Activating the pendant sounded an alarm intended to send the CNA to one of three panels that identifies which tenant needs assistance, but, being outside, the CNA did not hear the alarm. Tenant #3 became concerned when the alarm continued to ring and went to the panel, then to the room of Tenant #2 to assist the tenant. Tenant #3 then used the telephone to call the CNA's cell phone to tell the CNA that Tenant #2 needed assistance. The CNA then went to the tenant's room and provided assistance. Tenant #2 was diabetic, was feeling dizzy and reported seeing spots. Tenant #2 stated that tenant had called a family member for help because staff had not responded to the call for assistance. Tenant #2 was alert and well oriented. No GDS assessment had been performed for Tenant #2.

  The file for Tenant #2 also revealed that the diabetic tenant complained of being dizzy, having nausea and feeling funny. Care notes indicate that the aide checked on the tenant several times each day from 7-2-04 through 7-5-04. Each time, the CNA documented that the tenant continued to feel ill and was not improving. The CNA did not contact the RN who was on call. The RN returned to work after the holiday on 7-6-04 and saw the tenant on that day.

- Regulatory Insufficiency: The program did not provide adequate staff to meet the needs of all tenants in the program.

Dated this 27th day of September 2004.