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

Assisted Living Program: **Complaint Intake #: 8022**

Tammy Humphreys, RN, BSN
Country House
900 W 46th Street
Davenport, IA 52806

Date of Investigation:

November 4, 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 Country House on November 4, 2004. In preparing this report, the following information was considered:

Current Program Census:

General Population Program (GPP) **–**Not applicable.

Dementia Specific Program (DSP) **–**

Current number of tenants in a DSP that holds itself out as providing specialized care in a dedicated setting:	29
Current number of tenants without cognitive disorder:	0
Total Population:	29

Accreditation Status –*Not applicable.*

Complaint History – Program had a substantiated complaint relating to staffing and occupancy and transfer criteria.

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

A. 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 tenants' needs were not being met due to various responsibilities of the direct care staff.

- Monitoring Observation: Interviews with the LPN and Administrator indicated that five direct care staff members worked on first and second shift and four direct care staff members worked on third shift. The program was divided into four wings with a direct care staff member on each wing and then a fifth direct care staff member available as a float. Staff interviews indicated that the staff member that served as the float typically did the majority of the cooking for all four wings and filled in with tenant cares, as needed. According to staff interviews and the caregiver job description, responsibilities of the direct care staff members included tenant care, medication passes, cleaning, some cooking, serving food, laundry and to help with activities. Interviews with staff indicated that the ratio of tenants to staff was appropriate. The staff members stated they were not overworked and felt the tenants received the care they needed. Interviews with two families indicated the family members were completely satisfied with care the tenants received at the program and felt there was adequate staff to meet tenant needs. They also stated the staff were caring and helpful. The family members stated there were lots of great activities at the program. According to an interview with the Program Director of Activities, the direct care staff assist with activities that this staff member planned and implemented. The Program Director worked at the program full-time and provided a full calendar of activities appropriate for tenants with dementia. The Administrator stated the direct care staff work approximately two to three days at a time and have one day off and work another few days in a row and then have time off. The direct care staff were not scheduled seven days in a row. According to interviews with the Administrator and staff interviews, the direct care staff were on-call one weekend a month. When on-call, the direct care staff members were monetarily compensated even if they were not called in to work. The staff members offered no complaints of this staffing policy. Staff interviews indicated the LPN and Administrator were available to answer any questions or concerns.

- Regulatory Insufficiency: None noted.

Dated this 18th day of November 2004.