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

Assisted Living Program: **Complaint Intake #: 8002**

Gary Troth
Northern Hills Assisted Living
4002 Teton Trace
Sioux City, Iowa 51104

Date of Investigation:

October 7, 2004

Monitor(s):

Ann Martin RN
Rose Boccella MS
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 Northern Hills on October 7, 2004. In preparing this report, the following information was considered:

Current Program Census:

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

Dementia Specific Program (DSP) **– A program that is a Dementia Specific Program by definition or holds itself out as providing specialized care in a dedicated setting but may have tenants without cognitive disorder.**

Current number of tenants in a DSP that includes 5 or more tenants with dementia or cognitive disorder staged between 4 and 7 on the Global Deterioration Scale (GDS):	7
Current number of tenants without cognitive disorder:	65
Total Population:	72

Accreditation Status – *N/A*

Complaint History – There were substantiated complaints in the areas of assessment, occupancy and transfer, services, staffing, and record checks.

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

A. Tenant Documents – Program maintains a complete file for each tenant containing all appropriate documentation. Each tenant file shall contain documentation of health professionals' service notes. [321 IAC 25.27 (1)]

Complaint Allegation: It is alleged the program has inaccurate documentation in tenant's records.

- Monitoring Observation: In review of file of Tenant #1 it was noted that an incident occurred on 3/13/04. It is reported in the nurse's notes written 3/13/04 at 11:10 p.m. that the Tenant's daughter called stating that she had been trying unsuccessfully to actually contact the Tenant by phone. The daughter's cell phone records, however, indicate the daughter called the program at 10:33 p.m. on 3/13/04. The narrative statement by Staff #5 states the program was contacted at 9:15 or 9:30 p.m. by the tenant's daughter reporting she had been unable to reach Tenant #1. The program's incident report states that the program contacted a family member at 10:30 p.m. advising the daughter that the tenant was being transported by ambulance to the hospital. The program incident/accident log reported at 10:00 p.m. that Tenant #1 was found unresponsive. The program's ambulance log indicated the ambulance transferred the tenant at 11:00 p.m. The EMS report states they transported the tenant at 11:05 p.m.

  Staff #5 reports in a narrative that Staff #5 copied Tenant #1's medication administration record (MAR), family contact information, and living will for EMS personnel.

- Regulatory Insufficiency: Program did not maintain an accurate documentation of the incident involving Tenant #1 on March 13, 2004.

B. 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: The program did not provide a medication reminder to the tenant to take evening medications per tenant's service plan.

- Monitoring Observation: The program did not administer 9:00 p.m. medications to Tenant #1 as requested in the tenant's service plan. Tenant #1 was cued at 9:00 p.m. every evening to take daily meds. MAR sheets indicate that all medications were to be given at 9:00 p.m.

- Regulatory Insufficiency: The program did not provide administration of medications in accordance with 655 – subrule 6.2 (5) and 655 – subrule 6.3 (1) and Iowa Code chapter 155A.

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 is alleged the program did not have sufficient staff to meet the needs as identified in the tenant's service plans.

- Monitoring Observation: During the course of the investigation, 4 of 5 tenant files were reviewed and it was found that the program did not provide meal reminders/checks as requested in each of the tenant's service plans. Meal reminder check sheets reviewed had omissions where checks were not completed. Tenant #1 was to receive a meal check for lunch and dinner and the program's meal check-off sheet was not completed on 3/13/04.

  Interviews with management and staff reported that Staff #2 (RN), and Staff #1 and #3 were present from 6:30 a.m. to 3:00 p.m. Staffing grid identifies only one person working that day. Management reported nursing staff were scheduled routinely on shifts throughout the week and no schedule grid is prepared. From 2:45 p.m. to 11:15 p.m. the staffing grid and timesheets indicate Staff #4 and #5 were present during that time. Administrator stated that Staff #3 failed to protect Tenant #1 for not completing the meal check sheet on Tenant #1 and for not meeting the needs of Tenant #1 as identified in the service plan. Staff #3 who worked the 6:00 a.m. to 3:00 p.m. shift was terminated without warning. Staff #3 has filed for unemployment, which is not being rebutted by the program. Staff #5 who worked the 2:45 p.m. to 11:15 p.m. shift failed to administer/cue medications to Tenant #1 at 9:00 p.m. Staff #5 was given a written warning, but was not terminated.

  Three attempts to contact Staff #4 and #5 to support the complainant's allegations were not successful.

- Regulatory Insufficiency: The program did not provide sufficient staff to meet tenants' identified needs at all times.

Dated this 26th day of October, 2004.