Iowa Department of Inspections and Appeals
Assisted Living Program
Complaint Investigation Report – (Amended)

Assisted Living Program: **Complaint Intake #: 8056**

Kathy Martin
Lakeview Lodge
312 Southbrook Drive
Waterloo, IA 50702

Date of Investigation:

December 15, 2004

Monitor(s):

Stephanie Cummins, SW
Joyce Downing, 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 Lakeview Lodge on December 15, 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:	48
Current number of tenants without cognitive disorder:	1
Total Population:	49

Accreditation Status – Not applicable.

Complaint History – There were no substantiated complaints filed during 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: It was alleged the program did not exclude tenants that required a higher level of care.

- Monitoring Observation: Tenant #1 was born on 8-20-09 and was admitted to the program on 3-2-98 with a diagnosis of Alzheimer's, cardiac arrhythmia, congestive heart failure, transurethral resection of the prostate, compression fracture L-1, cardiomyopathy, depression, transient respiratory failure with unresponsive episode (11/01) and a pacemaker. According to the assessment tool the tenant was evaluated as a six on the GDS on 6-9-04, 9-9-04 and again on 12-9-04. The tenant was in the Cedar Valley Hospice program that contracted with Black Hawk County Health.

  The tenant was indicated as non-interviewable by program staff. According to the scheduling supervisor with Black Hawk County Health the tenant received two hours of care a day seven days a week. Feeding was the first priority, light housekeeping, and bathing if time permits. The service started on 7-22-04 with one visit a day seven days a week and was increased to two visits a day on 11-29-04. According to the service plan, which was last updated on 12-3-04, the tenant transfers with two staff members on third shift hours and has had a few falls. The service plan indicated the tenant would infrequently walk the hallways slowly, but it usually occurred in the late afternoon and evening hours. Tenant #1 walks have become less frequent due to failing health. The service plan also indicated Cedar Valley Hospice provided a home health aide for one to two meals a day to provide assistance during meals, although when the tenant is helped by program staff, the tenant often refused the help. The tenant had a poor appetite and had experienced weight loss. The service plan stated the tenant was incontinent of urine and feces as often as once daily, and periodically more than once daily, and on occasions the tenant had defecated in the trash can. Staff assisted the tenant to get cleaned up after these episodes and there is increasing resistance of the tenant to staff. The tenant required total assistance throughout the showering process and indicated hospice aide workers assist with bathing. The tenant required total staff assistance with dressing and undressing. Staff will assist the tenant with hygiene, grooming and some hands on assistance with oral cares according to the service plan.

  The tenant received program administered medications. According to the service plan the level of consciousness fluctuates from lethargic to somnolent as would be expected by severe cognitive decline. The tenant's health status is unstable as the tenant had episodes of weakness, dyspnea and unstable weight loss. The tenant experienced a sleep-wake cycle and staff noted an increase of physical aggression beginning in the fall of 2004.

  According to the service plan, the tenant cannot activate the call system so the program checks the tenant at care times, medication times, meals and activities for first and second shift. The service plan required two-hour checks for the tenant on third shift. The tenant has made occasional attempts to elope; however those attempts have become less frequent. The service plan was signed by three staff members

including an RN and was sent to the family to sign and has not yet been returned at the time of the onsite investigation.

On 12-2-04 a functional assessment indicated the tenant used a wheelchair if endurance was low, required an escort to ambulate, and was at times immobile without assistance. The tenant required regular assistance with transfers, at times was unable to feed, dress, participate in grooming tasks, and refuses to bath self. The functional assessment did address toileting, however, this section of the form was not completed.

Nurse's notes on 10-25-04 indicated the tenant had become more physically aggressive over the past month, hitting one caregiver and shoved another when they attempted to dress the tenant. On 11-8-04 nurse's notes indicated the tenant was weaker and more physically aggressive over the past week and kicked the hospice nurse. The tenant was frequently incontinent of urine and took two staff members to get the tenant up the night before. On 11-16-04 nurse's notes indicated the hospice nurse was contacted regarding notable decline in condition. On 12-1-04 nurse's notes indicated the tenant took two staff to transfer at night, especially if the tenant did not want to accept help and stated the tenant required much more assistance with all Activities of Daily Living (ADL's). On 12-7-04 it was noted the tenant was physically aggressive to the tenant's spouse. A quarterly assessment in the nurse's notes dated 12-9-04 stated the tenant was gradually weaker and was unable to stand on the scale to be weighed. The assessment indicated the tenant had night wakefulness with noted apraxia and agnosia more apparent. According to incident reports the tenant was found on the floor with pants halfway down and it appeared to the staff member the tenant tripped over the oxygen tubing while going to bathroom on 11-11-04 at 11:10 pm while the staff was doing room checks. On 11-16-04 at 9:26 pm the tenant was heard yelling for help and was found sitting in the little garbage can, and on 11-19-04 at 1:10 pm the tenant was getting up from the chair and slid down to the floor. No injuries were reported with these three incidents.

Program records indicated the program began working on discharge planning on 6-4-04 and the program spoke with family regarding the continual decline of the tenant's condition and the need for alternative care. The family declined these arrangements according to program records. On July 28, 2004 the waiver for level of care was granted and again on August 27, 2004 and on October 5, 2004. The waiver was denied for Tenant #1 in December 2004. Five first shift staff members were interviewed and identified Tenant #1 as a tenant that would require extra assistance in evacuating the building in the event of a fire. Two of five staff members indicated this tenant required routine two person transfers on a regular basis. One of five staff members indicated this tenant transferred with one or two staff depending on the day. Two of five staff members stated this tenant could transfer with one or at times independently on their shift. Staff members indicated the tenant required assistance with eating, had aides from hospice for breakfast and lunch and the program staff assisted the tenant for the evening meal. The assistance ranged from physical feeding to verbal prompting and encouragement. Two third shift staff members were contacted. Staff Member #1 was contacted at 5:30 pm on 12-15-04 by phone. This staff member stated Tenant #1 was incontinent during the night of both bladder and bowel. The incontinence occurred one time per night. The staff member stated this tenant would go to the bathroom in inappropriate places. The tenant was found going

to the bathroom on the shower stool/bench in the shower according to this staff member. The staff member indicated the tenant had a bowel movement in a garbage can on another shift. The tenant had been seen going to the bathroom with pants not pulled down and that it takes two staff members 30 minutes to clean tenant up after incidents, this leaves the rest of the building unattended because two staff members were on duty on the third shift. The staff member also indicated Tenant #1 was a two-person transfer most of the time and had noticed a decline in the condition of the tenant, and indicated the tenant had become more aggressive. Staff Member #2 who worked third shift was contacted at 11:10 pm on 12-15-04 by phone. This staff member indicated that Tenant #1 was usually a two-person transfer at night and noted the tenant was unstable on the tenant's feet. Staff member #2 stated the tenant was incontinent of both bladder and bowel more frequently and stated the tenant had "no concept of what the toilet is." This staff member stated that when the tenant had bowel movement accidents it took two people to clean up the tenant. The staff member indicated the tenant's condition had declined over the last month. The tenant was more aggressive towards staff.

In response to the preliminary identification of Tenant #1 exceeding exclusion of tenant criteria, the program provided input, subsequent to the on-site by DIA, that the tenant's current functional and health care needs required transfer to the attached nursing facility January 12, 2005. Following the denial of the Hospice waiver December 3, 2004 and prior to the complaint investigation December 15, 2004 the program made consistent efforts to facilitate transfer activating involuntary transfer procedures initiated by the program.

- Regulatory Insufficiency: None noted.

B. 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: In the course of the investigation it was found that Tenant #1 required frequent assistance of two staff members during the night. The building of 49 tenants was staffed with two direct care workers on third shift. When Tenant #1 required two staff members the rest of the building was left unattended.

  Administrative interviews indicated in early December 2004 two caregivers hired by the family began showing up at the program and sat outside Tenant's #1 apartment. The caregivers were observing cares and were asked by Administrative staff to assist with cares of Tenant #1 as needed.

- Regulatory Insufficiency: The program did not provide appropriate staffing to meet tenant needs.

Dated this 25th day of January 2005