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

Assisted Living Program: **Complaint Intake #: 12097**

Mr. Phillip Chase
Silvercrest at the Woodlands
12605 Woodlands Parkway
Clive, IA 50325

Date of Investigation:

February 13, 2005

Monitor(s):

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 Silvercrest at the Woodlands on February 13, 2005. In preparing this report, the following information was considered:

Dementia Specific Program (DSP) –

Current number of tenants in a DSP that serves 5 or more tenants with dementia or cognitive disorder staged between 4 and 7 on the Global Deterioration Scale (GDS):	12
Current number of tenants without cognitive disorder:	62
Total Population:	74

Accreditation Status – *Not applicable*

Complaint History – No substantiated complaints filed 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 is alleged that the program is retaining a tenant who requires a higher level of care than the program is equipped to provide due to staff ratio.

- Monitoring Observation: A review of the file for Tenant #1 and an interview with the program RN and staff involved indicated the tenant fell on February 8, 2005. Tenant notified staff through a personal pendant alarm system. Staff notified family and the program RN of the incident. The tenant refused using an ambulance to the emergency room (ER) but agreed to be taken to the ER by staff. Program staff again notified family, who stated they would meet the tenant at the emergency room. Tenant was seen by IMMC ER, was treated and discharged back to the program. The program staff was given discharge instructions and implemented 24 hour observation of the tenant. Program staff also conducted two-hour checks on the tenant throughout the night.

  On February 9, 2005 at 9:15 a.m. the program RN placed a call to tenant's physician to obtain an order for pain medication as the tenant was complaining of pain from the fall. At the family's request the program RN was requested to obtain an order for a urinalysis, antibiotics, and a portable chest X-ray. The physician ordered the program to send the tenant back to IMMC ER to be seen for a possible subdural hematoma. The tenant and family were informed of this, but the tenant refused to return to the ER. RN informed the physician that the tenant and family refused to return to ER. The physician gave the program RN an order to obtain urine, through a straight catheterization if the tenant was unable to void, and an order for a portable chest x-ray. At 10:00 a.m. the program RN called the tenant's physician, as she was unable to obtain urine for a urinalysis. Tenant's physician called back and ordered an antibiotic be administered due to signs and symptoms of a possible urinary tract infection. At 1:00 p.m. a portable chest x-ray was done on the tenant.

  The monitor interviewed the tenant's nephew and he stated that "he did not want his family member to be traumatized again" by returning to the ER until the antibiotic had a chance to work, as he felt that his family member would actually "calm down enough to be seen by a physician". It is reported in the nurse's notes that the family was pleased with the new order from the physician.

  On February 11, 2005 at 9:10 a.m. the tenant's nephew called concerned with the tenant's "congested cough". The program RN told the tenant's nephew the physician was aware of the tenant's cough, and an antibiotic was being administered. The program RN was monitoring the tenant, and the tenant was not complaining of any pain. The nephew wanted his family member to be taken to IMMC ER to be seen for possible pneumonia. At 10:00 a.m. the program called the nephew and stated the tenant was being transported to IMMC ER at that time.

  A review of the file of Tenant #1 indicated the tenant does not have a legal representative in force, but does have a durable power of attorney appointed. The tenant has no cognitive impairment as reported on a mental status questionnaire

completed by the program RN on February 9, 2005. The program followed discharge instructions given for the tenant by the IMMC ER.

The program staff notified the program RN, the tenant's family the evening the incident occurred. The program nurse evaluated the tenant the next day and continually evaluated the tenant until the tenant was sent to IMMC ER. The program RN followed the instructions and orders given by the tenant's physician. The program had sufficient staff to care for the tenant. The program notified the tenant's family of the tenant's health status and new physician orders.

- Regulatory Insufficiency: None noted.

Dated this 21st day of February, 2005