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

Assisted Living Program:

Joy Cox, Administrator
Eiler House
920 W. Garfield
Clarinda, IA 51632

Complaint Intake #: 7866

Date of Monitoring Visit:

May 20, 2004

Monitor(s):

Jan O'Briant, 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 27.16(1)(e)]. 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 this chapter that either serves five or more tenants with dementia or cognitive disorder at Stage 4 or above 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 Eiler House on May 20, 2004. In preparing this report, the following information was considered:

Current Program Census:

General Population Program -

Current General Population ALP Census: 33 Current number of tenants with dementia: 3

Dementia Specific Program –

Program has 3 tenants at Stage 4 or above on the Global Deterioration Scale (GDS) but remains an undeclared dementia-specific program.

Complaint History – No complaints on file this certification period.

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

A. Life Safety - The provisions in this section address the program's measures to ensure the safety and security of the tenants in the areas of emergency evacuation plan and training, tenant training, fire exit drills, and evacuation capability. [321 IAC 27.9]

Complaint Allegation: It is alleged that Tenant #1 eloped on May 5, 2004, and walked three blocks to the local high school. The tenant was last seen by the program staff approximately twenty minutes prior to the high school staff calling to report the tenant was at the high school. The program staff picked her up at the high school and transported her back to the program unharmed. The tenant had routinely taken unescorted short walks outside the program building since her admission in January 2003. This was the only episode of elopement for this tenant.

- Investigation Observation: The incident of elopement was reported to the Department by the program administrator. The monitor reviewed tenant records as well as interviewed the program administrator and the tenant during the on-site visit.

  Tenant records showed the tenant, age 82, was admitted to the program from her home in January 2003 with diagnoses of organic brain syndrome, hypertension and hyperlipidemia. The tenant was assessed for cognitive function on October 27, 2003 and scored 19 of 30 on the Mini-Mental Status Exam (MMSE) and was staged at a 3 on the Global Deterioration Scale (GDS). The tenant was routinely re-evaluated on April 26, 2004, and remained at stage 3 on the GDS. After the elopement, the tenant was re-evaluated due to status change and staged as Early 4 on the GDS. Tenant medication records show the tenant was taking Aricept 10 mg. daily for behavior and Risperadal 0.5 mg. at HS for agitation. Records show these medications had a positive effect on the tenant's behaviors and agitation. Staff noted increased confusion on May 10, 2004, which was five days after the episode of elopement and the tenant complained of burning with urination. A urinalysis was ordered and showed a urinary tract infection (UTI) and the tenant was started on Macrodantin 50 mg. QID X 7 days. Further record review shows a physician's order on May 15 for Nameda 5 mg. BID X 7 days titrated to 5 mg. AM and 10 mg. PM X 7 days titrated to 10 mg. BID for further treatment of confusion. The most recent assessment and service plan noted the tenant to be alert and oriented X 2 with disorientation to time. The tenant receives assistance with ADL's and two-hour checks at night. She attends activities regularly. Tenant records note the tenant's preference for nursing home placement and documentation of discharge planning with the tenant's family.

  Program staff training records show new staff receive six hours of dementia training within 90 days of hire. The program is not currently dementia-specific having three tenants at Stage 4 GDS; however, the program administrator reports the program has had five tenants at Stage 4 in the past and probably will again in the future. Following the episode of elopement, the program staff changed the entrance and exit code on the alarmed front door of the building and removed the sign denoting the code inside the building so the tenant cannot exit the building alone. Staff attempted to re-direct the tenant to walk in the enclosed courtyard, but the tenant refused. Staff now accompanies the tenant on her daily ten-minute walks outside the building along her usual route.

  Upon interview, the tenant presented with flat affect and disorientation to time as noted in the program assessment. She reported erroneously that her husband had been deceased one year instead of ten years. She was able to name her four children and the locations where they lived with one error. The tenant presented well dressed and groomed, wearing jewelry and was calm and friendly upon interview. When asked about the episode of elopement, the tenant first denied knowledge of the incident but then reported she had been tired of waiting for her appointment at the beauty shop and decided to go to the beauty shop at the high school. When asked if the high school had a beauty shop, she replied that they do, but she was unable to find it. She further reported she is comfortable with staff accompanying her on her daily walks outside the building. In poor weather, she walks in the hallway – telling the monitor that fifteen laps inside equals one half mile. Tenant interview information matches the current program assessment of Early 4 GDS.

  It does not appear the program staff could have anticipated the elopement episode. The tenant was not a new admission and had historically walked outside without incident for several months. Since the episode of elopement, the program has made numerous interventions. The entrance/exit code on the front door has been changed and the sign denoting the code inside has been removed. Medications for dementia have been adjusted and the UTI that perhaps was a factor in the tenant's increased confusion has been treated. Staff now accompanies the tenant on her walks outside the building and the tenant is satisfied with this arrangement. Discharge planning has been discussed with the tenant's family and a plan is in place for discharge if it becomes necessary for the tenant's safety and well-being.

- Regulatory Insufficiency: None noted.

Dated this 28th day of May 2004.