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

Assisted Living Program: **Complaint Intake #: 7911**

Kent Walton
Promise House
1320 Litchfield Drive
Hiawatha, IA 52233

Date of Investigation:

July 12, 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 Promise House on July 12, 2004. In preparing this report, the following information was considered:

Current Program Census:

General Population Program **–** *Not applicable*.

Dementia Specific Program –

Program is a self-declared dementia-specific program with 19 tenants.

Accreditation Status – *Not applicable.*

Complaint History – During this certification period, there were substantiated complaints in the areas of Services and Occupancy and Transfer Criteria.

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 retained tenants that required a higher level of care.

- Monitoring Observation: Tenant #1 eloped from the program on Saturday June 26, 2004 at approximately 5:00 p.m.. Tenant #1 is a tenant with a diagnosis of dementia. According to the service plan and staff interviews, this tenant required minor assistance with dressing, grooming, and bathing. The tenant ambulated and transferred with no assistance. Tenant #1 had never displayed any aggressive behaviors nor had made prior attempts to elope. The tenant was occasionally incontinent and wore depends at night and toileted without staff assistance. According to an interview with Staff Member #1, the program had experienced problems with the alarm system and had called to get the system repaired four times in a 10-day period with no response from the company. The alarm on the door would sound without a 15 second delay according to Staff Member #1. The alarm sounded at the time of the elopement, staff responded and saw a family member of a tenant leaving the building. A short time later another family member saw Tenant #1 approximately one-half block away from the program and notified staff. Staff Member #2 responded and found the tenant on the ground. According to this staff member the tenant had a skinned elbow. The tenant was taken to the hospital and returned with no other injuries. Staff Member #2 stated the tenant recognized the staff member and was not aggressive or hostile in any way. According to all five staff members interviewed, this was the only time this tenant had attempted to elope. The staff members mentioned they were shocked to learn Tenant #1 had eloped from the program. Staff Member #1 stated that all tenants at the program currently wore a Wander Guard bracelet as a preventative measure, which was a policy change that occurred immediately after the elopement. This staff member also stated the door was repaired immediately after the elopement, and as observed by the monitor, the alarm system was working correctly at the time of the on-site investigation. According to progress notes, family of Tenant #1 was notified of the elopement and was satisfied with the changes that had occurred to prevent further elopements. The program is divided into two wings each with their own living room and kitchen. On first and second shift there were two direct care workers on each side in addition to the RN on first shift. Overnight, there is one direct care worker on each side of the program. When the program is full that gives a one to five ratio on first and second and a one to ten ratio overnight. All four direct care staff that were interviewed stated there was sufficient staff to meet all tenant needs. Staff Member #1 also provided a six-step elopement procedure and all staff interviewed knew the protocol for a missing tenant.

- Regulatory Insufficiency: None noted.