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

Assisted Living Program:
Nancy Miller
Clover Ridge Assisted Living
206 Ehlers Lane
Maquoketa, IA 52060

Complaint Intake #: 7863

Date of Monitoring Visit:
May 17, 2004

Monitor:
Joyce Downing, RN,BSN, MA

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 Clover Ridge on May 17,2004. In preparing this report, the following information was considered:

Current Program Census:

General Population Program -

Current General Population ALP Census: 25 Current number of tenants with dementia: 5

Dementia Specific Program

Program is a self-declared dementia-specific program with five tenants.
The other apartments with 25 tenants are not dementia specific.

Complaint History –N/A

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

A. Evaluation of Tenant - The program evaluates each tenant's functional and cognitive abilities and health status and the determination of needed services as required. [321 IAC 27.3(1)]

It was alleged the program has inadequate assessment/intervention of tenants.

- During the course of the investigation, it was noted that Tenant ID #1 had three incidents of eloping from the building. The GDS has increased from Stage 4 to between Stage 4 and 5. The tenant does have a Managed Risk agreement signed by her POA.

- Regulatory Insufficiency: The program is not ensuring tenant safety by allowing the tenant to remain in the general population.

B. Occupancy and Transfer Criteria - 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 27.3(3); 321 IAC 27.6]

It was alleged the program has inadequate patient supervision, unnecessary drug use, baths, incontinence care and physician notification.

- Investigation Observation: Seven tenant records were reviewed. Tenant ID #1 had, within a period of two weeks, three incidents of elopement from the building.

- Regulatory Insufficiency: The program retained tenant who, despite intervention, chronically wanders into danger.

Dated this 22nd day of June 2004.