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

Assisted Living Program: **Complaint Intake: #12136**

Jean VanGrouw, Director
Kentucky Ridge
2060 Kentucky Avenue South
Mason City, IA 50401

Date of Investigation:

March 31, 2005

Monitor(s):

Stephanie Cummins, SW, 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 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 Kentucky Ridge on March 31, 2005. In preparing this report, the following information was considered:

Current Program Census:

General Population Program (GPP) –

Current number of tenants without cognitive disorder:	38
Current number of tenants with cognitive disorder:	9
Total Population:	47

Dementia Specific Program (DSP) – Not applicable.

Accreditation Status – Not applicable.

Complaint History – No substantiated complaints were found during this certification period.

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 25.23(1) and/or (2)]

- Monitoring Observation: During the course of the investigation, it was noted Tenant #1 was admitted on 1-8-05 and had a cognitive, functional and health status evaluation prior to taking occupancy. The program reevaluated the Tenant on 2-24-05 more than 30 days after taking occupancy.

- Regulatory Insufficiency: The program did not evaluate Tenant's functional, cognitive and health status within 30 days of taking occupancy.

B. Service Plan – Program has an individualized service plan developed and updated for each Tenant as required. [321 IAC 25.28]

- Monitoring Observation: During the course of the investigation, it was noted Tenant #1 had a service plan developed by the program prior to taking occupancy, and the Tenant, RN and Director signed this plan. On 2-24-05 a narrative written and signed by the Director (human service professional) stated the Tenant required more assistance, but no changes to the service plan were required. In an interview, the Director stated this service plan was only updated when a change in cost occurred and the careplan flow sheets were updated when a change in care occurred. The care plan flow sheets did reflect the changes in the Tenant's care and were initialed by direct care staff on the day the service was provided. The Tenant, RN or Director, did not sign the care plan flow sheets.

- Regulatory Insufficiency: The program did not update the service plan within 30 days of admission and as needed.

C. 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]

Complaint Allegation: It was alleged the program staff physically abused a Tenant.

- Monitoring Observation: Tenant #1 was admitted on 1-8-05 with a diagnosis of heart disease, congestive heart failure, asthma and emphysema, and transferred to a nursing facility on 3-1-05. On a pre-admission cognitive assessment the Tenant scored 11 out of 11. On 2-24-05 the Tenant was evaluated again and scored 7 out of 11. According to staff interviews and nurse's notes the Tenant's functional abilities had declined, there was a decrease in appetite, the Tenant transferred with assistance of one and occasionally two staff and had become confused and dependent upon staff since admission. The Tenant required assistance with dressing, bathing assistance, and required reminders to change pads due to odor. Upon admission the Tenant administered medications. After concerns regarding appropriate medication administration the RN spoke with the Tenant and the Tenant agreed to have the

program assist with medication administration. The Director noted on the health assessment dated 2-24-05 the Tenant may need nursing facility placement or therapy.

The Tenant was seen by a physician on 1-21-05, 1-31-05, 2-3-05 and 2-22-05. On 1-30-05 at 1:45 am the Tenant thought it was morning and talked about the Tenant's brother in law trying to get the Tenant's money. The Tenant was upset and did not want to go back to bed. According to administrative staff, the family was questioned regarding this allegation and family stated it was not true. On 2-10-05 the Tenant had a tight sounding chest, leg pain, and pale color and was taken to the emergency room (ER). The ER could not find anything wrong with the Tenant. According to the nurse's notes, on 2-11-05 at 2:35am the Tenant was awake and very upset and at 4:00 pm the Tenant did not remember when medications were given. Nurse's notes on 2-19-05 indicated the Tenant complained of leg pain and wanted an ambulance called to go to the ER. A staff member tended to the Tenant and contacted the RN. During this time Tenant #1 called the staff member "a devil." The RN spoke with the Tenant, examined the legs and determined it was not necessary to go to the ER. The Tenant had calmed down after speaking to the RN according to staff interviews. According to the nurse's notes the RN spoke with family about decline in health, depression, and the Tenant being confused. On 2-20-05 a staff member noticed the Tenant had taken all pm medications through the 24th, vitals were taken and the RN notified. The Tenant did not suffer any known side effects. According to the RN, after this incident the Tenant required medications to be locked up and administered by staff. On 2-21-05 the RN noted the Tenant's personality had changed. The assessments and nurse's notes document an overall decline in the Tenant's condition.

On 2-26-05 the nurse's notes indicated the Tenant had assistance of one staff in assisting the Tenant into bed and lifting the Tenant's legs into bed. On 2-26-05 the Tenant reported to staff the person that worked the night before had slammed the Tenant's legs on the foot of the bed and was hitting the Tenant's body and two staff were in the Tenant's apartment when this alleged incident occurred. Staff notified the Director and the RN. Two staff members were working from 7pm to 7am on 2-25-05 to 2-26-05. Staff Member #1 was assigned to 100-200 hall and Staff Member #2 assigned to 300-400 hall. Staff Member #1 stated this Staff Member had not been called and did not assist Tenant #1. Staff Member #2 helped the Tenant into bed and stated in a written statement the other Staff Member never entered the Tenant's apartment. According to program records and administrative staff interviews the Tenant stated one of the staff members that allegedly hit the Tenant was a kitchen staff member. Administrative staff stated none of the kitchen staff were working overnight when the alleged incident occurred.

The Director interviewed the Tenant on 2-28-05. When asked about the alleged physical abuse the Tenant replied "they must have because I have a bruise on my arm." When asked if the Tenant remembered the staff hitting the Tenant the Tenant responded "No." The Director then asked to see the bruise the Tenant had mentioned. The area was not black or blue it was described by the director as a red age spot and the Tenant had numerous small older ones on the Tenant's arm in areas consistent with bumping them on the doorway or wheelchair, according to the Director's written statement. The Director found many inconsistencies with the Tenant's stories and reported the Tenant had been under a lot of stress with the move into the program, had increased confusion and suffered from depression and that these factors

contributed to the allegations. Direct care staff members were interviewed and reported they had not seen any verbal or physical abuse at the program. The direct care staff members stated Tenant #1 was higher level of care than most other Tenants and was confused. Tenants were interviewed and reported staff had never been aggressive verbally or physically towards the Tenants. The Tenants interviewed described direct care and administrative staff as friendly, kind, caring and excellent. According the Director all staff at the program had current Dependent Adult Abuse training.

The Administrator of the nursing facility contacted Department of Inspections and Appeals (DIA) and Department of Human Services (DHS). According to the Administrator the Tenant had declined further, since moving to the nursing facility.

Regulatory Insufficiency: None noted.

Dated this 5th day of April, 2005.

Kentucky RIDGE
A SENIOR LIVING NEIGHBORHOOD

HEALTH FACILITIES
APR 1 4 2005

2060 Kentucky Avenue South
Mason City, IA 50401
641-423-5707
Fax: 641-423-5710

April 12, 2005

To Whom It May Concern:

Please accept this letter as a written Plan of Correction for the regulatory insufficiency as defined below.

A. Evaluation of Tenant – The program evaluates each Tenant's functional and cognitive abilities and health status and the determination of need services as required.

- **Monitoring Observation; During the course of the investigation, it was noted Tenant #1 was admitted on 1-8-05 and had a cognitive, functional and health status evaluation prior to occupancy. The program reevaluated the tenant on 2-24-05 more than 30 days after the occupancy.**
- **Regulatory Insufficiency; The program did not evaluate the Tenant's functional, cognitive and health status within 30 days of taking occupancy.**

Plan of correction:

- **Kentucky Ridge Assisted Living staff will evaluate each Tenant's functional, cognitive and health status within 30 days of occupancy.**

Our staff does evaluate each tenant within the 30 days. However, we did not evaluate this tenant within 30 days because we did not feel we had a clear picture of the tenant's condition. The tenant was seen by a physician at least twice during this period. This was noted on the Service Plan, and documentation on the tenant's decline and abilities was documented in the Nursing notes. This was an isolated incident, not consistent with the practice of this facility.

B. Service Plan – Program has an individualized service plan developed and updated for each Tenant as required.

- **Monitoring observation; During the course of the investigation, it was noted Tenant #1 had a service plan developed by the program prior to taking occupancy, and the Tenant, RN and Director signed this plan. On 2-24-05 a**

LONG TERM CARE
Good Shepherd Health Center

ASSISTED LIVING
Kentucky Ridge
Cornerstone

INDEPENDENT LIVING
The Manor
Shalom Towers I
Shalom Towers II

TELEPHONE REASSURANCE

a narrative written and signed by the Director (human service professional) stated the Tenant required more assistance, but no changes to the service plan were required. In an interview, the Director stated this service plan was only updated when a change in cost occurred and the care plan flow sheets were updated when a change in care occurred. The care plan flow sheets did reflect the changes in the Tenant's care and were initialed by direct care staff on the day the service was provided. The Tenant, RN or Director did not sign the care plan flow sheets.

- **Regulatory Insufficiency; The program did not update the service plan within 30 days of admission and as needed.**

Plan of correction:

Kentucky Ridge will update each tenant's service plan within 30 days of admission and as needed.

Our staff does evaluate each tenant functional, health and cognitive status along with updating the service plan within the 30 days. When doing so the Tenant, Director and RN and a third staff person signs a signature sheet to show this has been done. The care plan flow sheets are updated when there is a change in the Service Plan. However, again, this is an isolated case and the Service Plan was not updated. The staff did not feel they could adequately update this as her needs were constantly changing on a daily basis. A note on the Service Plan to this effect was dated 2-24-05. The Service Plan does reflect the changes in service and also the change in costs related to those change in services. We evaluate each tenant on a quarterly basis to keep us up to date on each tenant but we do not necessarily involve the tenant unless that evaluation reflects a change in the Service Plan which would then result in a change in cost to the tenant. If there is a change in service, then the care plan flow sheet is changed to enable the staff to be aware of these changes. No signatures are on the care plan flow sheet. The staff does however initial this as services are performed. [Much like a MAR sheet for med administration would be initialed] The signatures from the review are on a signature sheet filed in the tenants file. Again, this was an isolated incident, not consistent with the practice of this facility.

At the beginning of each month, our Administrative Assistant prints out a monthly sheet with names of Tenants that are due for a 30 day or quarterly review that month. We would appreciate any further suggestion for us to improve our services to our tenant's. Thank you for your assistance and in bringing these concerns to our attention.

Respectfully,

Jean Palmer

Jean VanGrouw Palmer
Director of Assisted Living