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

Assisted Living Program: **Complaint Intake #: 12173**

Mr. Eldred Kingery
Calvin Community Assisted Living
4210 Hickman Road
Des Moines, IA 50310

Date of Investigation:

April 11, 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 Calvin Community on April 11, 2005. In preparing this report, the following information was considered:

Current Program Census:

General Population Program (GPP) – Not applicable.

Dementia Specific Program (DSP) – A program that is a Dementia Specific Program by definition or holds itself out as providing specialized care in a dedicated setting but may have tenants without cognitive disorder.

Current number of tenants without cognitive disorder:	66
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):	32
Total Population:	98

Accreditation Status – Not applicable.

Complaint History – No substantiated complaints during this certification period.

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

A. 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 three out of four files reviewed indicated the program did not have the tenants sign the service plan, did not update service plans or collaborate with the tenants and the multidisciplinary team in the development and implementation of the service plan.

- Regulatory Insufficiency: The program did not have the tenants sign the service plan.

- Regulatory Insufficiency: The program did not develop and update the service plans in consultation with the multidisciplinary team when changes in tenant needs occurred.

B. Medications – Program has a comprehensive written medication policy that allows tenant self-administration, but accommodates the need for tenant medication assistance via nurse delegation. The medication assistance is appropriately supervised and administered. Medications are appropriately stored. [321 IAC 25.29(1) and/or (2)]

Complaint Allegation: It is alleged the program did not follow physician orders for medications and changed the administration times from twice daily to three times daily.

- Monitoring Observation: Review of nurse's notes of two tenant files indicated the tenants had hired a private duty service to provide personal and health-related cares; however, the medication was to be administered by program staff. A review of physician orders and medication administration records (MARs) from August 2004 to March 2005 indicated the program administered medications as ordered by the physician.

- Regulatory Insufficiency: None noted.

C. Nurse Review - Program provides a registered nurse to ensure the appropriate administration and documentation of medications, ensure that physician orders are current, and assess and document the tenants' health related activities. [321 IAC 25.30]

- Monitoring Observation: During the course of the investigation three of four files indicated the program did not complete a nurse review of three of four tenant files reviewed. The program nurse reported that nurse reviews are not done consistently for all tenants.

- Regulatory Insufficiency: The program RN did not monitor at least every 90 days, or after a change in condition, those tenants who receive program-administered medications, health care professional's orders for those tenants who receive health related care, and did not assess and document the health status of each tenant.

D. Other – The provisions of this section address the program's noncompliance with other applicable statutory and administrative rule requirements.

Complaint Allegation: It is alleged the program failed to allow the family to provide private caretakers for tenants.

- Monitoring Observation: A review of one out of four tenant files indicated there are private duty caregivers assigned to tenants who have requested services from an outside agency. Leadership staff reported they do not impede tenants decision to hire for services outside of what the program offers. Leadership staff reported the program only charge for services that are done by program staff. The files reviewed did not indicate any evidence to support the allegation.

- Regulatory Insufficiency: None noted.

Complaint Allegation: It is alleged the program failed to offer any assistance to help find a missing ring and failed to secure valuables of tenants.

- Monitoring Observation: A file review of Tenant #1 indicated on 5/21/03 the Tenant had a fall injuring her left wrist. Nurse's notes on 5/22/03 reported the Tenant's fingers were swollen from the fall and the program nurse removed the ring and put it into the Tenant's jewelry box, in the presence of another staff person. On 6/22/03 the Tenant's son called the program to inquire about the loss of the Tenant's ring. Nurse's notes reported complete documentation of the loss of the ring. The monitor asked for a copy of the documentation; however, the program was not able to locate the document. Nurse's notes reported on 7/3/03 a program staff person observed a private caregiver, hired by the Tenant, was going through the Tenant's belongings. The private caregiver stated the family gave permission to go through the Tenant's belongings. Program staff called the Tenant's son to inform him of the search and asked if he had given the private caregiver permission to go through the Tenant's belongings. It was reported in the nurse's notes the son had not given permission and stated "Well there's nothing in there of any real value."

- Regulatory Insufficiency: None noted.

Dated this 19th of April, 2005

Department of Inspections & Appeals / Adult Services Bureau

April 25, 2005

PLAN OF CORRECTION

25.28 (2)

All Service Plans have been reviewed and a current signature has been obtained. Any Service Plan needing update was done at the time of review. The audit was done on the 45 residents who receive services on a regular basis.

All resident have a signed and current service plan.

25.28 (3)

All attendees at Care Plan Review Conference sign in. That document has representation by Nursing, Social Service, Activities, the Resident and any family member present. That document is stored in the medical record under Resident Care Plan.

25.28 (3)

An audit will be performed to ensure that all care plan problems and approaches are correlated with the residents service agreement. Representatives from disciplines other then nursing will also have care plans and progress notes in the medical record.

25-28 (4)

Any service providers other than Calvin staff will by identified and an individualized service plan will be developed.

25-30 (1) & (2)

An audit tool has been developed for quarterly review of medication and treatment. That process has been initiated and will be completed on all residents receiving medication and/or treatments by the Calvin staff. The process will be repeated at least every 90 day.

25-30 (3)

The care plan progress note will reflect a quarterly statement by an RN. That statement will include changes in health status, any appropriate testing and any interventions ordered by physician, or requested by the resident and/or family.

Pat Offenburger RD Date April 25, 2005

Pat Offenburger R.N.
Director of Assisted Living
Calvin Community