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

Assisted Living Program:

Complaint Intake #: 12178

Cris Vetter
Pioneer Place
415 E Pioneer Road
Lone Tree, IA 52755

Date of Investigation:

April 13, 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 Pioneer Place on April 13, 2005. In preparing this report, the following information was considered:

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)]

Complaint Allegation: It was alleged the program did not appropriately assess tenants.

- Monitoring Observation: Three tenant files were reviewed. Tenant #1 was admitted on 3/22/04. This tenant had a health and functional assessment on 03/19/04, prior to taking occupancy. The cognitive assessment was not completed until 3-31-04. Within 30 days of taking occupancy the program performed a health and cognitive assessment but a functional assessment was not dated. The Administrator indicated at exit that the functional assessment was completed during the same timeframe.

  Tenant #2 was discharged on 2-1-05 to the nursing facility. Nurse's notes indicated the tenant experienced falls and confusion prior to the tenant's transfer. On 1-31-05 the service plan showed a change in medication administration. Previously the tenant self-administered medications and on 1-31-05 the program started administering medications. A functional and several cognitive assessments were completed prior to the change on the service plan. The last health assessment found was dated 11-5-04. A change in medication administration, falls and increased confusion occurred but a full assessment was not found.

  Tenant #3 was recently hospitalized. The tenant was admitted to the Assisted Living Program on 9-3-04 and had functional, cognitive, and health assessments completed prior to taking occupancy. Those assessments were dated 8-24-04 and 9-2-04. The cognitive and functional assessments were completed again on 11-4-04 and 11-5-04 two months after taking occupancy. The health assessment was completed within 30 days and was dated 10-5-04. This tenant was hospitalized between 1-31-05 and 2-2-05, between 2-2-05 and 2-4-05, and between 2-5-05 and 2-10-05. The program did not complete any assessments for this tenant prior to the tenant's return from the hospital. According to a written statement by the Administrator dated 4-13-05, when a tenant was admitted to the hospital and returns to the program, the program reviews the current service plan and speaks with the tenant, hospital, and family, if applicable, to determine if there are any changes needed to the service plan. If there are not any changes to the plan and there is not a need for additional services the program does not complete a functional, health or cognitive assessment.

  The tenant identified in the complaint was not a tenant at the program. The monitor observed a list of residents in the attached nursing facility and the tenant was a resident of the nursing facility. The tenant transferred from the program on 2-1-05. The complainant stated in a phone interview on 4-12-05 that the tenant fell in February and again on 4-1-05. According to program records the tenant did not reside at the program when the falls occurred.

- Regulatory Insufficiency: The program did not consistently complete evaluations of functional and cognitive abilities and health status prior to and within 30 days of taking occupancy and as needed.

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 found that Tenant #2 had a service plan that was updated on 1-31-05 to reflect changes that had occurred in regard to medication administration. The tenant had previously self-administered medications and the service plan dated 1-31-05 stated the tenant requested staff assistance with medications. The tenant, Administrator and the Social Worker, signed the service plan. The RN did not sign the updated service plan regarding changes in medication administration.

  Tenant #3 was admitted on 9-3-04 and had a service plan dated 9-2-04 that was updated two months later on 11-5-04. The service plan had not been updated since 11-5-04.

- Regulatory Insufficiency: The program did not update and sign service plans within 30 days of occupancy, as needed and with change in condition or return from hospitalization.

Dated this 19th day of April 2005

Pioneer Place Assisted Living

415 East Pioneer Road
Lone Tree, Iowa 52755
319-629-4255

May 3, 2005

Please accept this as Pioneer Place Assisted Living's Plan of Correction for the two insufficiencies identified on April 14, 2005.

Regulatory Insufficiency- The program did not consistently complete evaluations of functional and cognitive abilities and health status prior to and within 30 days of taking occupancy and as needed.

Regulatory Insufficiency- The program did not update and sign service plans within 30 days of occupancy, as needed and with change in condition or return from hospitalization.

Pioneer Place Assisted Living Response:

Staff will be re-educated regarding policy and regulations pertaining to when and what assessments need to be completed for tenants. During this education, the terminology "as needed" will be discussed and relayed to them as it was to the program via DIA. Complete assessments will be conducted anytime a tenant is admitted to the hospital and is wishing to return to the program, even if no change is identified in the service plan. Service plans will also be completed within the required time frames. This training is scheduled for May 10, 2005.

Please accept this as our credible allegation of compliance.

Ches Vetter, Director
5/3/05