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

Assisted Living Program: **Complaint Intake #:** 12246

Kathy Meyer-Allbee, Administrator
Elm Springs Assisted Living Apartments
1011 Seventh Street West
Allison, IA 50602

Date of Investigation:

June 1, 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 Elm Springs Assisted Living Apartments on June 1, 2005. In preparing this report, the following information was considered:

Current Program Census:

General Population Program (GPP) – A program that is not a Dementia Specific program, but may have tenants with cognitive disorder.

Current number of tenants without cognitive disorder:	12
Current number of tenants with cognitive disorder:	0
Total Population:	12

Dementia Specific Program (DSP) – Not applicable.

Accreditation Status –Not applicable.

Complaint History – There was a substantiated complaint in the area of Staffing during this certification period.

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

A. 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 did not have enough staff to meet tenant needs.

- Monitoring Observation: There was a staff member from 7:00 am-1:00 pm, 5:00 pm-6:30 pm and staff from the nursing facility responded to calls from 1:00 pm to 5:00 pm and 6:00 pm to 7:00 am. Staff from the nursing facility provided assistance with medications and personal cares. Tenants stated during interviews there were enough staff to meet their needs and indicated staff responded quickly when assistance was requested. Tenants were concerned there was not a current manager and missed the presence of this person in the front office.

- Regulatory Insufficiency: None noted.

B. Life safety – The program shall follow written emergency policies and procedures and structural safety requirements. [321 IAC 25.37]

Complaint Allegation: It was alleged the program did not conduct appropriate maintenance checks.

- Monitoring Observation: In the community meeting tenants indicated two shower seats had broken and two tenants had fallen as a result of the broken seats. Tenant #1's shower seat broke on 9-25-04; the tenant was helped up by the tenant's spouse and did not suffer any injuries. The tenant did not use the emergency pendant or call for staff assistance. According to the maintenance director all tenant shower seats were tightened after that incident and the tenant was given a portable shower chair. On 3-12-05 or 3-13-05 Tenant #2 felt the shower chair start to give way and grabbed the safety bars to prevent a fall. The tenant did not report this to staff and did not use the pendant to call for assistance. On 3-14-05 staff was notified the shower chair had broken and the tenant declined nursing assistance. On 3-16-05 the tenant's family called to report the tenant had seen a physician and had X-rays for an ankle injury resulted from the shower seat incident. The physician found no fractures or bruising at that time. On 4-8-05 the tenant had more X-rays, which showed a hairline fracture on the left ankle. The tenant used a splint and physical therapy three times per week was ordered. The maintenance director stated that after the second incident all shower seats were checked and had new toggle bolts to securely anchor the seats. Additionally, wood blocks were placed in several showers to ensure the bolts were line up and appropriately anchored. The maintenance director also indicated they did monthly quality assurance checks on the shower seats.

- Regulatory Insufficiency: None noted.

C. Activities – The program provides appropriate programming for tenants based on individual interests. Programming shall support the service plans, be consistent with the program statement and occupancy policies, and available in writing as required. [321 IAC 25.39]

Complaint Allegation: It was alleged the program did not provide enough activities to meet tenant needs.

- Monitoring Observation: Tenant interviews indicated the tenants enjoyed the activities offered. A written calendar of activities for the program and the attached nursing facility was provided to the tenants each month and tenants were invited to attend activities at both entities. An interview with the activity director and review of the activity calendar indicated there were activities in the evenings and on weekends.

- Regulatory Insufficiency: None noted.

Dated this 3rd day of June, 2005.