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

Assisted Living Program: **Complaint Intake #: 12233**

Crystal Maring, Director RN BSN
Oakwood Place Assisted Living
4130 Northwest Blvd
Davenport, IA 52806

Date of Investigation:

May 17, 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 Oakwood Place on May 17, 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:	38
Current number of tenants with cognitive disorder:	4
Total Population:	42

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 in a DSP that holds itself out as providing specialized care in a dedicated setting:	12
Current number of tenants without cognitive disorder:	0
Total Population:	12

Accreditation Status – Not applicable.

Complaint History – There was one substantiated complaint this past certification period in regard to occupancy in and transfer from a program.

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 complaint investigation the following information was obtained. Tenant #1, admitted on 4-30-05, had a diagnosis of Alzheimer's. The Global Deterioration Scale (GDS) was used to evaluate the tenant's cognitive abilities prior to occupancy.

Tenant #2 was hospitalized from 4-16-05 to 4-26-05 for difficulty breathing. No new assessments were found for this tenant after hospitalization and prior to the tenant's return to the program. The Director, a Registered Nurse (RN), stated the tenant was not assessed prior to the tenant's return and said family brought the tenant back without notifying the program.

- Regulatory Insufficiency: The program did not use an objective scored cognitive tool prior to occupancy.

- Regulatory Insufficiency: The program did not evaluate as needed or with a change in condition.

B. Criteria for exclusion of tenants - 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 25.23(3); 25.24]

Complaint Allegation: It was alleged the program retained tenants beyond an appropriate level of care.

Monitoring Observation: Tenant #1, admitted on 4-30-05, had a diagnosis of Alzheimer's. This tenant scored a five on the GDS completed on 4-1-05 and resided in the general population. Staff indicated the tenant wandered continually and wandered into others apartments. Staff indicated the tenant could be momentarily redirected and would then resume wandering. The communication log indicated that on 5-2-05 the tenant was in the common area looking for the animals, on 5-6-05 at 0355 the tenant was found wandering around the halls looking for the "little ones", and on 05-07-05 the tenant was found in the laundry room with no clothing on from the waist up. This entry also stated it was difficult to keep track of the tenant due to "...excessive wandering to elevators and stairways." On 5-8-05 the tenant slept until 0200 and then was up wandering and stated the tenant was socializing with, "that nice person over there. We're going for a walk". The "nice person" was the tenant's reflection in the mirror. On 5-13-05 the tenant was wandering most of the night, up at 0430 and had to have someone sit with the tenant the rest of the night. Staff members reported this tenant was the highest level of care due to the continual redirection and attention. The tenant had an appointment with a physician on 5-18-05 due to increased confusion.

Tenant #2, admitted on 6-10-04, had diagnoses of Chronic Obstructive Pulmonary Disease (COPD) and lumbar compression fracture. Staff interviews indicated the tenant had frequent episodes of urinary incontinence over night and in the early morning. Staff

reported the tenant often soaked the bed linens and the mattress. According to a functional assessment dated 1-20-05 the tenant was independent in caring for all toileting needs. On 5-5-05 the notes stated the tenant's depends and pajamas were soaked. On 5-9-05 the tenant was found with no pull-ups or pajamas on and a soaking wet pull-up and pajama was found on the bathroom floor. The tenant reported to staff this tenant was no longer able to pull down the tenant's pants. On 5-16-05 it was reported the tenant's bed was soaked through the mattress.

Tenant #3, had a diagnosis of Parkinson's Disease. The tenant was currently listed as on a leave of absence and had been transferred to the health center on 5-7-05. Staff interviews indicate the tenant fell approximately three to four times per day. Staff also indicated it took three to four staff members to lift the tenant off the floor after a fall and several staff members had been injured lifting the tenant. The most current assessment dated 5-10-05 indicated the tenant required dressing to be done by another person, required total assistance for bathing and substantial assistance with toileting or a structured incontinence program. The tenant was identified as having episodes of excessive, demanding, or uncooperative behavior towards staff. The program kept a separate log for this tenant from 4-27-05 until the tenant transferred to the health center, which recorded time spent assisting the tenant on each shift. According to staff interviews the tenant was allowed to have meals in the assisted living dining room since being transferred to the health center. Staff stated the tenant fell in the assisted living dining room on 5-13-05 and health center staff came over to assist the tenant.

Tenant #4, admitted on 3-12-03, had a diagnosis of Leukemia, gout and arthritis. The tenant was hospitalized on 5-8-05 for fever and vomiting and was listed as on a leave of absence. According to staff interviews this tenant was a high level of care before being hospitalized due to three to four daily episodes of explosive bowel movements. The tenant required extensive clean up following the incidents, which involved one to two staff. Nurse's notes indicated decline in condition, loose stools and increased confusion on 3-15-05 and a decline in condition on 4-28-05. The Registered Dietitian (RD) also noted on 4-28-05 the tenant's appetite had decreased and the tenant was drinking health shakes. An assessment dated 4-28-05 indicated the tenant required total assistance with bathing, moderate assistance with dressing and the tenant's physical health was described as acute, life threatening or terminal illness. Staff members indicated the tenant was a total care in the hospital.

- Regulatory Insufficiency: The program did not initiate transfer for tenants who on a routine basis have unmanageable incontinence, are dangerous to self and are routine two or more person transfers.

C. Tenant Documents – Program maintains a complete file for each tenant containing all appropriate documentation. [321 IAC 25.27]

Monitoring Observation: During the course of the complaint investigation the following information was obtained. Tenant #1, admitted on 4-30-05, had a diagnosis of Alzheimer's. This tenant scored a five on the GDS, completed on 4-1-05. Staff interviews and program records indicated the tenant wandered continually and wandered into others apartments. Staff interviews and program records indicated this tenant was confused and had episodes of inappropriate behavior and hallucinations. A Durable Power of Attorney for Health Care (DPOA) document dated 5-3-05 was found in the tenant's file. Two staff members including the Director and the Assistant signed the document as witnesses, stating the tenant was of sound mind and made the designation voluntarily.

- Regulatory Insufficiency: The program did not obtain valid tenant documents.

D. 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 complaint investigation the following information was obtained. Tenant #2 was hospitalized from 4-16-05 to 4-26-05 for difficulty breathing. The service plan was not updated upon the tenant's return from the hospital. The service plan was last updated on 1-25-05 and was updated only by staff members and not the tenant. An interview with the Director indicated the service plans were being updated and signed by staff members; however, tenants or legal representatives did not sign them when updates occurred.

- Regulatory Insufficiency: The program did not have appropriately signed service plans.

Dated this 24th day of May 2005.

Plan of Correction
Complaint Intake #12233

June 7, 2005

Evaluation of Tenant
321 IAC 25.23(1) and/or (2)

Regulatory Insufficiency: The program did not use an objective scored cognitive tool prior to occupancy.

An objective scored cognitive tool will be used to assess residents prior to occupancy, beginning June 9, 2005.

Regulatory Insufficiency: The program did not evaluate as needed or with a change in condition.

Residents will be evaluated as needed or when there is a change in condition, beginning June 9, 2005.

Criteria for Exclusion of Tenants
321 IAC 25.23(3); 25.24

Regulatory Insufficiency: The program did not initiate transfer for tenants who on a routine basis have unmanageable incontinence, are dangerous to self and are routine two or more person transfers.

Resident #1 was transferred to the dementia-specific program on May 19 after meeting with the family on May 18.

Resident #2 had an appointment with an urologist on June 2, 2005. Based on a diagnosis of urinary retention, the urologist's office inserted a catheter.

Resident #3 was transferred to our health center on May 7, 2005.

Resident #4 was hospitalized on May 8, 2005, was transferred to our health center on May 19, 2005 and passed away on May 21, 2005.

Tenant Documents
321 IAC 25.27

Regulatory Insufficiency: The program did not obtain valid tenant documents.

All documents as outlined in 25.27 will be obtained for each resident beginning June 9, 2005.

Service Plan
321 IAC 25.28

Regulatory Insufficiency: The program did not have appropriately signed service plans.

On May 26, the residents or the residents' legal representative began signing the service plans. This will now become practice when all new or updated service plans are completed.