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

Assisted Living Program: **Complaint Intake #: 12237**

Lynne Popp, SW Co-Administrator
Sarah Sheehan, RN Co-Administrator
Clover Ridge
205 Ehlers Lane
Maquoketa, IA 52060

Date of Investigation:

May 24, 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 Clover Ridge on May 24, 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:	17
Current number of tenants with cognitive disorder:	9
Total Population:	26

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:	10
Current number of tenants without cognitive disorder:	1
Total Population:	11

Accreditation Status –Not applicable.

Complaint History – There were two substantiated complaints this certification period in the areas of evaluation of tenant and occupancy and transfer criteria.

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 was admitted on 12-1-04 with diagnoses of depression, hypertension, hypothyroidism, a pacemaker and right total hip replacement. The tenant had hip replacement surgery on 3-25-05 was discharged to a nursing home on 4-27-05 and returned on 5-11-05. The Social Worker (SW) and the Registered Nurse (RN) completed a functional needs assessment on 5-5-05. On 5-11-05 the RN completed a health evaluation after the tenant was re-admitted and a new cognitive evaluation was not found.

- Regulatory Insufficiency: The program did not evaluate each tenant's health status and cognitive abilities as needed 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 the appropriate level of care.

- Monitoring Observation: Tenant #1 was admitted on 12-1-04 with diagnoses of depression, hypertension, hypothyroidism, a pacemaker and right total hip replacement. The tenant had hip replacement surgery on 3-25-05 was discharged to a nursing home on 4-27-05 and returned on 5-11-05. On 5-7-05 the tenant fell at the nursing home and dislocated a hip. The tenant fell again on 05-15-05 and was taken to the hospital where the hip was reduced and the tenant remained hospitalized. The RN planned to assess the tenant for readmission on 5-25-05. A note dated 5-13-05 indicated physical therapy and occupational therapy (PT/OT) that was used at the nursing home was unable to follow the tenant to the program; however, a referral was made to receive PT/OT with a different agency. The tenant was currently hospitalized and was expected to return on 5-26-05.

  Tenant #2 was admitted on 7-7-01 with diagnoses of hypertension, shingles, anxiety, anemia and arthritis. The tenant was evaluated as a 5/6 on the GDS on 2-8-05. Staff interviews indicated the tenant was incontinent of bladder and bowl on a regular basis. Staff stated the tenant was toileted every one to three hours but was often wet in between toileting. Staff also stated the stool incontinence occurred one to two times per week. They stated the tenant used the shower curtain to wipe after a bowel movement (BM) and had a BM on the shower chair. Staff members stated the tenant also would regularly attempt to come out to the common areas without pants or undergarments. They stated this did not occur everyday but when it did it happened multiple times the rest of the day. Staff interviews and the communication notes also indicated the tenant was up frequently at night and would come in and out of the apartment repeatedly. Between 5-4-05 and 5-22-05 it was documented in communication notes the tenant came out without pants on 12 times. On 5-2-05 the

communication notes indicated the tenant had soaked their depends and bed and on 5-12-05 it was documented the tenant urinated on another tenant's chair. On 5-17-05 the tenant had problems with stool incontinence and staff changed the bedding three times.

Tenant #3 was admitted on 12-13-00 currently residing in the dementia unit with diagnoses of congestive heart failure, dementia and transient ischemic attacks (TIA). The tenant was evaluated as a six on the Global Deterioration Scale (GDS) on 4-25-05. Staff indicated the tenant was frequently wet in between the regular toileting schedule, which occurred every one to three hours. One staff indicated the tenant did not know when the tenant was wet or needed to be changed. Staff also indicated the tenant had good days and bad days regarding toileting; however, indicated the tenant had more frequent bad days. Staff indicated the tenant's depends were saturated when they were wet and not just damp. The communication notes indicated the tenant was incontinent of stool and wandered into others apartments. Communication notes stated, "going into everyone's room" and "walking in and out of rooms." On 05-01-05 the communication log stated a tenant fell trying to get Tenant #1 out of their room. The tenant also had several documented incidences of stool incontinence. Notes indicate staff gave the tenant a full and a partial shower on first shift on 5-1-05 due to stool incontinence. Staff also documented a BM accident on 5-4-05 and on 5-18-05 had a "huge BM mess in bathroom, then walked in it, gave shower."

Tenant #4 was admitted on 11-10-03 with diagnoses of cerebral vascular accident, osteoarthritis, incontinence, and pressure ulcers. Staff indicated the tenant was toileted every one to three hours and was usually wet in between the toileting schedule. Staff stated the tenant's depends were always saturated, including two maxi pads and the depends. Staff also indicated the tenant required a complete bed change every other or every day due to urinary incontinence. The communication notes documented the tenant was being changed routinely on second and third shift and was often very wet or soaked. On 5-4-05 and 5-20-05 the notes stated tenant was changed three times and garbage was removed. The communication notes on 5-15-05 and 5-16-05 state the tenant was changed three times second shift. On 5-3-05, 5-12-05, and 5-15-05 the communication notes indicated the tenant was "soaked." On 5-16-05 the communication notes indicated the tenant was very wet after returning from the senior center.

- In response to the preliminary identification of Tenant's #2, #3, and #4 not meeting criteria for retention in an Assisted Living Program due to unmanageable incontinence, the program provided input, subsequent to the on-site, that the tenant's conditions have improved and/or are now manageable.

Dated this 16th day of June 2005.

Clover Ridge

ASSISTED LIVING & ALZHEIMER'S COMMUNITY

Date of Monitoring Visit: May 24, 2005

Monitor: Stephanie Cummins, SW MA

Complaint Intake #: 12237

Tenant List:

#1 Elda Hazer
#2 Blanche Schnede
#3 Janice Hankemeier
#4 Maxine Gilmore

Plan of Correction

The following plan of correction has been implemented:

A. Evaluation of Tenant [321 IAC 25.23 (1) and/or (2)]

Regulatory Insufficiency: The program did not evaluate each tenant's health status and cognitive abilities as needed with a change in condition.

Facility Plan of Correction:
This program will continue to evaluate each tenant's functional, cognitive and health status prior to occupancy, within 30 days of occupancy and as needed, but not less than annually. However, in the future, along with a functional and health status assessment, a full cognitive (MMSE) will also be done following a change in condition, as dictated in [321 IAC 25.23 (1) and/or (2)]

B. Criteria for exclusion of tenants [321 IAC 25.23 (3); 25.24]

Regulatory Insufficiency: The program did not initiate transfer for Tenants #2, #3, and #4, who on a routine basis have unmanageable incontinence.

Facility Plan of Correction:

Tenant #2's incontinence issues have become managed through use of a 2-hour toileting schedule during waking hours, where staff assist tenant to the bathroom. Toileting is also scheduled every 4 hours and PRN during hours of sleep. Tenant #2 is able to assist staff in keeping herself clean and dry with cueing and reminders on a scheduled agenda. We

will maintain regular bowel function with the use of Senna/Colace to avoid constipation/impaction in the future. We have enlisted Hospice to enhance the quality of life for this tenant.

In regards to Tenant #3, we will demonstrate that she has manageable incontinence and can assist in keeping herself clean and dry. This will be accomplished with a 2-hour toileting schedule during waking hours, along with toileting every 4 hours and PRN during hours of sleep. We have discussed with her family the option of enlisting Hospice in the future to assist with her care as her needs increase.

Both Tenant #2 and Tenant #3 are mobile, and only need the assistance and cueing of one staff for help with ADL's. With the current toileting schedule in place, we are able to manage the incontinence of these two tenants and help them stay clean and dry. At no time is the health, safety, security, or welfare of the other Tenants being jeopardized as staff assists with this toileting regime.

Tenant #4 - In order to show that this resident's incontinence is being managed, she also has been placed on a 2-hour toileting regime during waking hours. She is scheduled to toilet every 4 hours and PRN while sleeping as well. With her diagnosis of neurogenic bladder, she will always have incontinence issues. She came to our facility with a pressure ulcer on her buttocks on November 11, 2003. This was completely healed by December 18, 2003 and to date, we have been able to prevent further skin breakdown.

Thank you for your time and consideration in this matter.

Respectfully Submitted,

Lynne Popp, LBSW
Clover Ridge Place

Sarah Sheehan, RN
Clover Ridge Place