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

Assisted Living Program: **Complaint Intake #: 12334**

Mr. Ron Osby
Arbor Heights Assisted Living
233 University Ave.
Des Moines IA 50314

Date of Investigation:

July 13, 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 Arbor Springs Assisted Living on July 13, 2005. In preparing this report, the following information was considered:

Current Program Census:

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

Current number of tenants without cognitive disorder:	17
Current number of tenants with cognitive disorder:	0
Total Population:	17

Dementia Specific Program (DSP) **–** Not applicable.

Accreditation Status – Not applicable.

Complaint History – There were no substantiated complaints during this certification period.

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

A. 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 is alleged the program retained a tenant beyond their level of care and did not initiate transfer.

- Monitoring Observation: According to the complainant Tenant #1 has cancer, is becoming more ill, and is currently under hospice care. A review of Tenant #1 confirms the tenant is receiving hospice care. The tenant has unmanageable incontinence of urine evidenced by a strong smell emanating from the tenant's carpet, furniture, and bed. Inspection of the bed revealed the sheets, mattress pad, and mattress were soaked with urine. A review of the tenant's service plan and care plan initiated by the program and hospice indicated they do not offer incontinence care for the tenant. Staff reports the tenant is able to change protective undergarments. The tenant has a small dog that needs to be toileted throughout the day; however, the tenant is unable to take the dog out of the building. Staff interviews and tenant file indicated staff currently takes the dog out several times daily but the dog continues to relieve himself in the tenant's room. The tenant tries to take the dog out in the a.m. but is too weak, leaving staff to do this instead of the tenant. The administrator and staff stated no one is available to take the dog outside during the evening and early morning hours. Urine spots were seen inside the doorway of the tenant's apartment. The program administrator reported housekeeping cleans the carpet several times weekly. Staff reported the tenant's dog urinates and defecates in the hallway requiring housekeeping to routinely clean the carpets.
  A review of Tenant #2's file indicated the tenant is not on hospice, is incontinent of urine and wears undergarments to protect clothing, but is otherwise independent with cares. The tenant's room was neat and free from urine odor. Staff interviewed reported Tenant #2 needs prompting to change undergarments when they get soiled with urine.

- Regulatory Insufficiency: The program did not initiate transfer for Tenant #1 who requires a higher level of care.

B. Service Plan – Program has an individualized service plan developed and updated for each tenant as required. [321 IAC 25.28]

During the course of the investigation, it was found the program did not have a service plan that meets the needs of Tenant #1.

- Monitoring Observation: The program has a service plan for health-related and personal cares for Tenant #1 but did not identify the need for and did not provide toileting assistance to ensure the tenant was clean and dry. Inspection of the tenant's room indicated the bed linen had stains of dried urine from a previous accident. The tenant's service plan did not identify the need for the program to offer care for the tenant's dog.
  Tenant #2's file was reviewed and indicated the tenant was independent with toileting. Staff interviewed stated the tenant needed prompts to change the protective undergarments as the tenant leaks urine occasionally onto clothes and bed. The

tenant stated that occasionally reminders and "assistance from staff" are needed to change undergarments.

- Regulatory Insufficiency: The program did not have an individualized service plan that identified specific needs of both Tenant #1 and Tenant #2.

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]

During the course of the investigation, it was found the program did not complete a nurse review of both Tenant #1 and Tenant #2.

- Monitoring Observation: Documentation reviewed indicated the program was completing a medication review but did not complete a health assessment of each tenant. The program nurse stated she was unaware of the need to complete a health assessment of each tenant.

- Regulatory Insufficiency: The program did not complete a nurse review that reviewed each tenant's health related activities.

D. 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]

During the course of the investigation, it was found the program did not have sufficient staff to meet the health-related and personal cares of Tenant #1.

- Monitoring Observation: Program staff interviewed reported the program uses nursing staff from the skilled nursing facility during the late evening and early morning hours. If tenants require assistance they call the nursing staff on the skilled unit. Nursing staff walks through the program several times during the night to check on tenants. Tenant #1 has unmanageable incontinence and needs assistance with toileting. Tenant #1 reported the tenant doesn't see anyone or hasn't been helped to the toilet during these hours.

- Regulatory Insufficiency: The program did not have sufficient staff to meet the health-related and personal cares needed of Tenant #1.

E. 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 allowed a tenant's "dog to pee and poop in the tenant's room causing an awful odor".

- Monitoring Observation: Tenant #1 has a small dog, which is kept in the tenant's apartment. Staff takes the dog out during the daytime. Tenant #1 stated the dog "pees and poops" several times daily by the door to protest being locked in the apartment when the tenant is at breakfast, lunch and dinner. Program staff support the statement made by the tenant. There is a concentrated odor of urine in the

apartment, partly due to the incontinence of the tenant, and the dog. Staff reports the dog has urinated and defecated in the hallway on several occasions. A managed risk agreement was initiated by the program and identifies the urination and defecating of the dog in the tenant's apartment. Several remedies were identified to stop the urination and defecation but they have not worked or the tenant has not allowed them to be tried.

- Regulatory Insufficiency: The program did not provide a clean and safe and environment for tenants.

Dated this 20th day of July, 2005.