Iowa Department of Inspections and Appeals
Assisted Living Program
Recertification Monitoring Evaluation Report and Complaint Revisit 1

Assisted Living Program: **Complaint Intake #: 12965 - R1**

Mr. Phillip Chase, Administrator
Silvercrest at the Woodlands
12605 Woodlands Parkway
Clive, IA 50325

Date of Investigation:

September 18, 2006

Monitor(s):

Hal L. Chase, RN BSN MPH
Ann Martin, RN
Connie Schaffer
Tamara Halvorson

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 revisit 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:

An on-site monitoring recertification evaluation and complaint revisit was conducted at Silvercrest at the Woodlands Assisted Living on September 18, 2006. In preparing this report, the following information was considered:

Current Program Census:

General Population Program (GPP)* **–** Not applicable.

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 without cognitive disorder:	61
Current number of tenants in a DSP that holds itself out as providing specialized care in a dedicated setting:	10
Total Population:	71

***These are the census numbers represented by the program to be applicable.**

Tenant/Family Satisfaction Results – A community meeting was held with 14 tenants attending. Three private interviews were held with tenants. Tenants reported the program is the "next best thing" to being at home. Tenants reported staff keep their apartments clean and the trash picked up. They feel safe and are receiving the care they need. Staff "treat people very well," and are caring. Tenants reported they would like a greater variety of activities including some in the evening. Tenants reported the program could use additional staff and more room in the dining area. Tenants reported the food could be better as meats are often overcooked and vegetables are under cooked. There is too much pasta served and often the food is cold and inedible. Also, they would like more lettuce salads. One tenant reported they are given "too much ice cream" and a variety of desserts would be nice. Tenants reported menus served do not correspond with written menus. Tenants reported they are generally satisfied with the program and would recommend it to their friends.

Accreditation Status – Not applicable.

Complaint History – There were substantiated complaints during this certification period in the areas of Occupancy Agreement, Evaluation of Tenant, Tenant Documents, Service Plan and Medications.

On-Site Monitoring Evaluation – The monitor(s) made the observations detailed in the following areas.

A. Occupancy Agreement – The program shall enter into an occupancy agreement with the tenant or tenant's legal representative, if applicable, prior to the tenant's taking occupancy that clearly describes the rights and responsibilities of the tenant and of the program, and shall sign a managed risk policy disclosure statement. [321 IAC 25.22]

- Monitoring Observation: Two of nine files reviewed indicates occupancy agreements were not signed by the tenant.

  Tenant #6, a 92 year old, was admitted on 8-2-06, with diagnoses of Dementia, Osteoporosis and Hypertension (HTN). A cognitive evaluation was completed on 9-1-06, staging the tenant at three on the Global Deterioration Scale (GDS) indicating mild cognitive decline. A review of the tenant's file indicates someone other than the tenant signed his/her occupancy agreement.

  Tenant #9, an 89 year old, was admitted on 8-8-06, with diagnoses of Chronic Obstructive Pulmonary Disease (COPD), HTN and Weight Loss. A review of the tenant's file indicates someone other than the tenant signed his/her occupancy agreement.

- Regulatory Insufficiency: The program does not consistently have tenants sign an occupancy agreement.

B. 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 #12965: The program received a regulatory insufficiency related to inconsistently evaluating tenants' functional, cognitive and health status as needed with a change in condition.

- Monitoring Observation: Two of nine files reviewed indicates functional, cognitive and health evaluations were not completed appropriately.

  Tenant #1, an 82 year old, was admitted on 2-13-06, with diagnoses of Major Depression Disorder (DO), Generalized Anxiety, Peripheral Neuropathy, History of Falls, COPD, History of Hypoxia, Emphysema, Hyperlipidemia, Myalgia, Arthralgia, Chronic Lymphoid Leukemia and a History of Hypomatrekia. The functional evaluation of 3-10-06, indicates the tenant is independent with mobility and indicates no safety concerns. The health evaluation of 3-10-06, indicates no obvious limitations with upper range of motion, however; it also states the tenant has poor balance and ambulates using a walker. The cognitive evaluation was completed on 3-10-06. Nurse's notes of 6-16-06, indicate the tenant was discharged from Hospice. Nurse's notes beginning 6-21-06 through 9-5-06, indicated the tenant fell three times and sustained injuries to the right shoulder, had skin tears on both elbows, cut the right hand and removed all loose shredded skin of the lower right arm. The injury on 9-5-06 resulted in the tenant going to the emergency room at the Veterans Hospital. Despite a change in the status of the tenant, the program did not complete a functional, health, and cognitive evaluation to determine the tenant's current status and needed services.

  Tenant #8, a 76 year old, was admitted on 12-28-03, with diagnoses of Parkinson's, Osteoporosis, Constipation, HTN, Hypokalemia, Edema, Vaginal Hysterectomy, Anterior

Repair, Falls and Dementia. The functional evaluation of 2-22-06, indicates the tenant uses a walker but is independent with mobility. The health evaluation of 2-22-06, indicates the tenant, has poor balance and uses a walker for stability. Nurse's notes beginning 6-29-06 through 8-26-06, indicate the tenant had fallen nine times. The tenant was taken to the emergency room on 8-24-06 and 8-26-06, as the tenant was complaining of arm and rib pain. The tenant's service plan of 2-22-06 stated the tenant ambulates independently with a walker. Despite a change in status of the tenant, the program does not complete a functional, health, and cognitive evaluation to determine the tenant's current status and needed services.

- Regulatory Insufficiency: The program does not consistently evaluate tenants' functional, health and cognitive status when a change in status occurs.

C. 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]

Monitoring Observation: Complaint #12965 dated June 29 & 30, 2006 alleged the program retained a tenant who required routine two-person assist with health-related and personal cares. A regulatory insufficiency was received, as the program did not exclude Tenant #2, who was a two-person transfer. On 8-10-06, the program requested a waiver for Tenant #2 as the tenant was a Hospice patient and continued to need a two-person assist with transfer and ambulation. On 9-5-06, the department granted a waiver subject to a 60-day review. An additional nine tenant files were reviewed and indicated the program did not retain tenants who require a higher level of care.

- Regulatory Insufficiency: None noted.

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

- Monitoring Observation: Two of nine files reviewed indicates someone other than the tenant, or the tenant's legal representative, signed the determination not to perform Cardio Pulminary Resuscitation. (CPR) in case of an emergency.

  Tenant #4, a 92 year old, was admitted on 10-8-2004, with diagnoses of HTN, Sensorineural hearing loss (SNHL) Left Ear, Coronary Artery Disease (CAD), Dementia Alzheimer's Type, Vomiting Upper Gastrointestinal (GI) Bleed with Reflux Esophagitis, Hiatal Hernia, 35-38 Gastritis and History of Pneumonia. The program completed a GDS on 7-13-06, staging the tenant at five denoting moderately severe cognitive decline. The tenant's file indicates someone other than the tenant signed the determination to perform CPR in case of an emergency.

  Tenant #6's file indicates someone other than then the tenant signed the determination to perform CPR in case of an emergency.

- Regulatory Insufficiency: The program does not consistently have the tenant or the legal representative sign the determination to perform CPR.

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

Complaint Allegation #12965: The program received regulatory insufficiencies related to: inconsistently developing service plans reflective of the tenant's needs for assistance with health-related and personal cares, not having appropriately signed service plans and not developing service plans that address specific planned and spontaneous activities for those with dementing illness.

Monitoring Observation: Eight of nine files reviewed indicate the program does not develop service plans that reflect the current needs of tenants, address specific planned and spontaneous activities for tenants with dementing illness and do not have tenant signatures on their service plans.

Tenant #1's service plan of 3-10-06, indicates the tenant ambulates independently with a walker, is independent with transfer and does not receive wound care. Nurse's notes of 6-16-06, indicates the tenant was discharged from Hospice. Nurse's notes beginning 6-21-06, through 9-5-06, indicate the tenant fell three times and sustained injuries to the right shoulder, skin tears on both elbows, a cut to the right hand and removal of loose shredded skin to the lower right arm. The tenant's injury of 9-5-06 resulted in the tenant going to the emergency room. Despite a change the status and the need for wound care the program did not update the service plan. The tenant's 30-day service plan of 3-10-06, was not signed by the tenant.

Tenant #2, a 90 year old, was admitted on 2-13-03, with diagnoses of Depression, Unstable Bladder, Peripheral Edema, Hypothyroidism, Microvascular Dementia, Hypomagnesia, Bilateral Lacunar Implants, Hypokalemia, Osteoarthritis, Osteoporosis, CAD, Pulmonary HTN, and Emphysema. The tenant scored one out of 11 on the MSQ indicating severe brain dysfunction and was staged at a seven on the GDS denoting very severe cognitive decline. The tenant's service plan of 7-18-06, indicates staff is to assist the tenant to all activities as tolerated despite very severe cognitive decline. The tenant is unable to plan or initiate his/her own activities. The program does not develop planned and spontaneous activities based upon the tenant's abilities and personal interests. The tenant's service plan of was not signed by the tenant or the legal representative.

Tenant #3, an 85 year old, was admitted on 8-8-04, with diagnoses of Hypothyroidism, HTN, Hyperlipidemia, Past Medical History (PMH) Dementia, Pacemaker, Past Surgical History (PSH) Lumbar Lani, New Onset Seizure, History of Aspiration Pneumonia, Dysphasia, GI Bleed and a History of Confusion. The tenant scored two out of 11 on the Mental Status Questionaire (MSQ) indicating severe brain dysfunction and was staged at a four on the GDS denoting moderately cognitive decline. The tenant's service plan of 9-15-06, indicates the tenant needs reminders to attend activities despite a moderate cognitive decline. The tenant is unable to plan or initiate his/her own activities. The program does not develop planned and spontaneous activities based upon the tenant's abilities and personal interests.

Tenant #4's service plan of 7-13-06, indicates the tenant needs assistance to activities but initiates all of his/her own activities despite a moderately severe cognitive impairment. The tenant is unable to plan or initiate his/her own activities. The program does not develop planned and spontaneous activities based upon the tenant's abilities and personal interests.

Tenant #5, an 80 year old, was admitted on 4-28-03, with diagnoses of Dysthymia, Organic Brain Syndrome, Insomnia, Headaches, Hypothyroidism and Hyponatremia. A cognitive evaluation was completed on 8-31-06, staging the tenant at six on the GDS indicating severe cognitive decline. The tenant's service plan of 8-31-06, indicates staff is to assist to all activities despite severe cognitive decline. The tenant is unable to plan or initiate his/her own activities. The program does not develop planned and spontaneous activities based upon the tenant's abilities and personal interests.

Tenant #6's file indicates the initial service plan of 8-2-06, was signed by the tenant. The tenant's service plan of 9-1-06, which was developed within 30 days of occupancy, was not signed by the tenant.

Tenant #7, an 89 year old, was admitted on 4-29-03, with diagnoses of HTN, Arthritis, CAD and Degenerative Joint Disease. The tenant scored two out of 11 on the MSQ indicating severe brain dysfunction and was staged at a six on the GDS denoting severe cognitive decline. The tenant's service plan of 1-29-06, indicates the tenant likes to read, attend church and listen to music. The tenant is unable to plan or initiate his/her own activities. The program does not develop planned and spontaneous activities based upon the tenant's abilities and personal interests. The tenant's service plan was not signed by the tenant.

Tenant #8's nurse's notes beginning 6-29-06 through 8-26-06, indicates tenant fell nine times. The tenant was taken to the emergency room on 8-24-06 and 8-26-06, as the tenant was complaining of arm and rib pain. The tenant's service plan of 2-22-06, states the tenant ambulates with a walker independently. Despite a change in status as evidenced by the numerous falls, the program did not update the service plan to reflect services the tenant required. The tenant's service plan was not signed by the tenant.

- Regulatory Insufficiency: The program does not consistently update service plans as needed with a change in condition.

- Regulatory Insufficiency: The program does not develop service plans that addresses specific planned and spontaneous activities for tenants with dementing illness.

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

F. Medications – Program has a comprehensive written medication policy that allows tenant self-administration, but accommodates the need for tenant medication assistance via nurse delegation. The medication assistance is appropriately supervised and administered. Medications are appropriately stored. [231C.16A]

Complaint Allegation #12965: The program has received regulatory insufficiencies related to inconsistently documenting medications given by the program, inconsistently documenting why medications were not administered and inconsistently documenting medication orders with date, time, initials of staff administering medication, dose, reason for administering and results of giving the PRN medication.

- Monitoring Observation: The program does not appropriately document medications given by the program, does not take corrective action when tenants repeatedly refuse medications and does not ensure medications prescribed are available to tenants.

A review of tenant's Medication Administration Record (MAR) for September 2006, indicates multiple medication errors on 6-7-06, 6-8-06, 6-9-06, 6-13-06, 6-14-06, 6-15-06, and 6-17-06. Medications were not charted as given with no explanation noted. Medications were routinely refused by tenants with no corrective action taken by the RN. The program failed to administer medications they were responsible to give.

- Regulatory Insufficiency: The program does not give an explanation if medications were not administered and does not take corrective action when tenants repeatedly refused medications.

G. 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]

Monitoring Observation: As the result of the complaint investigation #12965, conducted on June 29 & 30, 2006 the program received a regulatory insufficiency for, completing a nurse review every 90 days when personal and health related cares are given. During the recertification onsite, a review of nine tenant files indicate the program did complete nurse reviews every 90 days when personal and health related cares are given.

- Regulatory Insufficiency: None noted.

H. 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]

Monitoring Observation: As the result of the complaint investigation #12965, conducted on June 29 & 30, 2006 the program received a regulatory insufficiency for not documenting training received by program personnel. During the recertification onsite, a review of staff training records indicate the program took corrective action and updated staff training records to include documentation of medication administration and personal and health-related care training.

- Regulatory Insufficiency: None noted.

I. Dementia-specific education for program personnel – A dementia-specific program shall employ or contract with personnel who have received appropriate dementia-specific education and training. [321 IAC 25.34]

Monitoring Observation: As the result of the complaint investigation #12965, conducted on June 29 & 30, 2006 the program received a regulatory insufficiency for not providing a minimum of six hours of dementia-specific training to staff prior to or within 90 days of employment and two hours annually. During the recertification onsite a review of staff training records indicate the program took corrective action and initiated dementia-specific training to staff.

- Regulatory Insufficiency: None noted.

Dated this 11th day of October, 2006.