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

Assisted Living Program: **Complaint Intake #: 13305**

Ms. Kris Johnston, Administrator
Northridge Assisted Living
1110 North 6th Street
Chariton, IA 50049

Date of Investigation:

December 12, 2006

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 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:

A complaint investigation on-site visit was conducted at Northridge Assisted Living on December 12, 2006. 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:	29
Current number of tenants with cognitive disorder:	0
Total Population:	29

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

***These are the census numbers represented by the program to be applicable at the time of the on-site.**

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 tenants at the program are not appropriately placed and need a higher level of care.

- Monitoring Observation: Four of four staff interviewed indicate the program does not have tenants who require a higher level of care. Three of three tenant files reviewed indicate the program does not have tenants who require a higher level of care. Tenant #1 was cited by the complainant as a tenant who require a higher level of care.

  Tenant #1, a 93 year old, was admitted on 7-15-06, with diagnoses of Lung Cancer, History of Right Hip Fracture, Legally Blind, Hypertension (HTN), Diverticulitis, History of Gastrointestinal Bleed, Osteoporosis, Osteoarthritis, Hypothyroidism, and Depression. The current functional and health evaluations were completed on 11-8-06 and indicate the tenant does not require a higher level of care. The program scored the tenant as a 9 on the Mental Status Questionnaire (MSQ) on 11-8-06 and indicated no or mild impairment, however, the MSQ was incorrectly scored and should be a scored a 7 indicating moderately advanced impairment. The tenant's latest service plans was completed on 11-9-06 and indicates the tenant does not require a high level of care. A review of the tenant's file indicates the tenant is receiving Hospice coordinated care from the program and an outside agency. The tenant is receiving on Saturday, Sunday, Tuesday and Thursday one hour Hospice care and three hours of care on Monday, Wednesday and Friday. The tenant also has private duty staff from 8:00 p.m. until 7:30 a.m. seven days a week. A review of Tenant #1's file indicates the tenant did not require a higher level of care.

- Regulatory Insufficiency: None noted.

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 determined the program does not consistently have a multi-disciplinary team of three staff sign tenants' service plans.

- Monitoring Observation: Tenant #1's service plan of 11-9-06 was signed by the tenant's legal representative, as the tenant is a hospice patient, a health care professional and one staff, but does not have a third staff member's signature as required.

  Tenant #2, an 88 year old, was admitted on 9-18-06 with diagnoses of Chronic Obstructive Pulmonary Disease, Osteoporosis, Hypothyroidism and Chronic Debilitation. Progress notes of 12-5-06 indicated a physician's order was written for Physical Therapy due to two falls within a week; however, the tenant's current service plan of 10-26-06 indicates the tenant is independent with ambulation and uses a walker. The service plan of 10-26-06 is signed by the tenant, a health care professional and one staff, but does not have a third staff member's signature as

required. Despite a change in status as evidenced by a physician's order for physical therapy, the program did not update the service plan to reflect this change.

Tenant #3, a 90 year old, was admitted on 10-28-06 with diagnoses of History of Left Fractured Tibia and Fibula and Transurethral Resection of the Prostate. The tenant's service plan of 11-29-06 indicates the tenant is independent with ambulation with the use of a walker. A fall risk assessment of 12-6-06 indicates the tenant sustained five falls between 10-30-06 and 12-6-06 and has a managed risk statement for falls dated 11-29-06. Progress notes of 11-15-06 indicates the program treated the tenant for an open wound to the joint of the left great toe; however, the service plan does not establish interventions related to fall prevention or wound care. The tenant's service plan dated 11-29-06 is signed by the tenant and a health care professional, but does not have the appropriate staff members' signatures as required. Despite having a series of falls and a managed risk agreement related to falls, the program did not establish interventions related to ambulation.

- Regulatory Insufficiency: The program does not consistently update tenants' service plans to reflect a change in status and needed services.

- Regulatory Insufficiency: The program did not consistently have a multi-disciplinary team of three staff sign tenants' service plans.

C. 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: It is alleged tenants "get their medications very late."

- Monitoring Observation: A review of October and November 2006 Medication Administration Records indicates the program consistently administers medications at the time specified by physician's orders. Four of four staff interviewed indicated medications are administered at the time specified by physician's orders.

- Regulatory Insufficiency: None noted.

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]

Complaint Allegation: It is alleged there is not enough staff on the night shift to meet the tenants' needs. It is alleged Tenant #1 falls because there is not enough staff to assist when the tenant tries to transfer. Tenant #1 has severe diarrhea and there is not enough staff to help the tenant to the bathroom and provide care at night.

- Monitoring Observation: A review of the program's schedule from 10-22-06 through 12-16-06 indicated: two staff were on duty from 6:30 a.m. until 3:00 p.m., two staff were on duty from 2:30 p.m. until 11:00 p.m. and one staff was on duty from 10:30 p.m. until 7:00 a.m. Four of four staff interviewed stated there is sufficient staff to meet the needs of tenants. Four of five tenants interviewed stated staff are "helpful"

"punctual" "respond quickly" "prompt" "pretty quick" and "respond quickly when called." Four of five tenants interviewed state they are receiving the cares they contracted for.

A review of Tenant #1's service plan of 11-9-06, indicate the tenant is dependent with continence care and mobility. Interventions for continence care include substantial assistance, scheduled toileting and use of adult incontinent products. Progress notes of 10-3-06 through 12-8-06 do not indicate diarrhea episodes. Progress notes of 10-10-06 indicate program staff was called to the tenant's room as the tenant had fallen out of bed into the dresser, landed on the hospice aide's lap and sustained bruising with swelling over the right eye and forehead. Progress notes of 11-14-06 indicated a Home Health Aide provided care for one hour every day and three hours a day on Monday, Wednesday and Friday. Progress notes of the same entry indicated either family or a private duty person would be with the tenant nightly. The program Administrator and Registered Nurse (RN) stated there was a private duty person hired by the family to provide care for the tenant from 8:00 p.m. until 7:30 a.m. The service plan of 11-9-06 identifies coordinated care with Hospice and the program has a current Hospice care plan.

Tenant #1's family member was interviewed and confirmed private duty staff was available from 8:00 p.m. until 7:30 a.m. seven days a week. The family member interviewed stated the program was "wonderful" and "is the best place my mother could be." The family member stated staff are "very kind', dedicated, "are very good to my mother" and she has never worried about the care provided.

- Regulatory Insufficiency: None noted.

Dated this 22nd day of December, 2006.