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

Assisted Living Program:

Ms. Marne Daugherty, Administrator
Prime Living Apartments
725 Pearl Street
Sioux City, IA 51103

Complaint Intake: **#11647**
#11885
#11913

Date of Investigation:

April 25, May 2 & 3, 2007

Monitor(s):

Rose Boccella, MA
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 Prime Living Apartments on April 25, May 2 & 3, 2007. 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:	30
Current number of tenants with cognitive disorder:	0
Total Population:	30

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 this certification period.

Complaint Investigation – The complaint investigator(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]

Complaint Allegation #11647: It is alleged the program told tenants the program "was no longer an assisted living facility."

- Monitoring Observation: A review of the program's occupancy agreement indicated the program continues to offer 24-hour onsite staff for scheduled and unscheduled assistance. The owner stated services haven't changed since the program opened and denies making any statement the program is no longer an Assisted Living Program.

- Regulatory Insufficiency: None noted.

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 #11885: It is alleged there are two tenants who routinely require two person assistance with transfer.

- Monitoring Observation: Tenant #1, a 73 year old, was admitted 11-1-06 and has diagnoses of Hypothyroidism and Brain Injury. Three of four staff stated the tenant was not a routine two person transfer. One staff stated the tenant was a two person transfer and the tenant can transfer with one staff but is better with two staff. Functional and health evaluations of 11-28-06 indicated the tenant can stand and transfer, uses a wheelchair and can ambulate with a walker and assist of one staff. The service plan of 11-28-06 indicated the tenant transfers independently, uses an electric wheelchair, can ambulate with a walker and the assist of one staff. The monitor observed the tenant ambulate and transfer with the assist of one staff.

  Tenant #2, an 89 year old, was admitted 1-3-07 and has diagnoses of Congestive Heart Failure, Anxiety, Depression, Trans Ischemic Attack, Hypertension, Arterial Leg Insufficiency and Pacemaker. Tenant #2 was admitted to Hospice on 3-8-07 with diagnoses of Clinical Decline, Gastrointestinal Hemorrhoids Not Origin Specific (NOS), Anemia NOS, Urinary Tract Infections NOS, Pneumonia Organism NOS and Depressive Disorder NOS. Four of four staff stated the tenant was not a two person transfer. Functional and health evaluation of 3-8-07 indicated the tenant needs the assist of one to transfer and ambulates with a walker. The service plan of 3-8-07 indicated the tenant ambulates with a walker, is able to transfer independently but staff assist with transfers as the tenant has concerns about safety. The monitor observed the tenant ambulate and transfer with the assist of one staff.

- Regulatory Insufficiency: None noted.

C. 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 did not have service plans signed appropriately.

- Monitoring Observation: Five of six tenant files reviewed indicated the program did not have a multi-disciplinary team of three sign the tenant's service plan within 30 days of admission or with a change in condition.

- Regulatory Insufficiency: The program does not have a multi-disciplinary team of three sign the service plan as required.

D. 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 #11647: It is alleged Tenant #3's "drug box" was left unattended in the tenant's apartment. It is alleged medications are left unattended "out at the desk" when staff are outside smoking. It is alleged a Tenant #4's medications disappeared on two separate occasions and a pharmacy delivered medications but the tenant did not receive them.

- Monitoring Observation: Tenant #3, a 69 year old, was admitted 11-3-06 and has diagnoses of Depression, Anxiety, Osteoarthritis, Allergic Rhinitis, Hypertension, Diabetes Mellitus II, Chronic Obstructive Pulmonary Disease, Gastro Esophageal Reflux Disease and Diabetic Neuropathy. The tenant scored 27 on the Mini Mental Status Examination (MMSE) on 12-2-06, which indicates no or mild cognitive impairment. The tenant stated the medication box had been left in the apartment on two separate occasions by accident. On one occasion, the tenant stated he/she called the administrator and a staff person came down and picked it up. On the other occasion, the medications were left in the apartment and another tenant took the medication box to the administrator.

  The pharmacist who dispenses medications to the program was contacted and stated he has no recollection of the program requesting additional medications due to missing medications

- Regulatory Insufficiency: None noted.

Complaint Allegation #11885: It is alleged medications are not administered appropriately.

Complaint Allegation #11913: It is alleged there have been 63 medication errors from 4-22-07 through 4-24-07.

- Monitoring Observation: Medication Administration Record (MAR) from 4-20-07 through 5-3-07 indicates the following medications were not initialed as given by the staff who administers medications. The program did not use a signature key which identifies staff administering medications.

TENANT #	MEDICATIONS/TREATMENTS NOT DOCUMENTED AS GIVEN
Tenant #2	Senna - 4-22-07 & 4-24-07 Duralube Ointment - 4-22-07 Metamucil 4-22-07 – 4-27-07 Ditropan recorded as error with no explanation given -4-23-07 – 4-24-07 Simethicone recorded as error with no explanation given - 4-25-07 Acetaminophen – given as needed on 5-3-07 without documenting response to medication.
Tenant #3	Blood Pressure – 4-20-07 – 4-22-07 no staff initials Xanax – 4-24-07 - staff initials circled with no explanation given. Ferrous Sulfate – 4-24-07 - staff initials circled with no explanation given. Trazadone – 4-24-07 - staff initials circled with no explanation given. Metoprolol – 4-24-06 - staff initials circled with no explanation given. Hydralazine – 4-24-07 - staff initials circled with no explanation given. 4-25-07 Fluoxetine – 4-24-07 - staff initials circled with no explanation given. Flovent Inhaler – 4-24-07 - staff initials circled with no explanation given. Glipizide – 4-26-07 Metformin – 4-28-07 & 4-30-07 - staff initials circled with no explanation given. Calcium – 4-26-07 Calcium – 4-24-07, 4-28-07 – 4-30-07 - staff initials circled with no explanation given. Oxycod/APAP – given as needed on 4-26-07, 4-28-07, 5-1-07 & 5-2-07 without documenting response to medication. Methadone – given as needed on 5-1-07 & 5-2-07 without documenting response to medication.
Tenant #5	Med Box A – 4-21-07 – 4-27-07
Tenant #6	MAR recorded Namenda 10mg 1 tablet by mouth daily. Two separate times are listed 8:00a.m. and 8:00p.m. MAR was not corrected.
Tenant #7	Flunisolide Nasal Spray - 5-2-07 - 5-3-07 Combivent Inhaler 4-20-07 & 4-27-07 Circled with no initials and no explanation given 4-21– 4-24-07 & 4-27-07
Tenant #8	Recording Pulse - 4-20-07, 4-21-07 & 4-24-07 Valtrex - 4-22-07
Tenant #9	No record of Accu-checks 4-21-07, no staff initials on 4-20-07 – 4-22-07 Aspirin - 4-22-07 & 4-27-07
Tenant #10	Toprol - 4-22-07
Tenant #11	Recording of Pulse - 4-20-07 – 4-22-07 Digoxin - 4-23-07 Accu-checks - 4-23-07 Metamucil – Circled with initials with no explanation given - 4-20-07 – 4-25-07
Tenant #12	Meclizine Hydrochloride - 4-23-07 – 4-24-07
Tenant #13	Accu-check – no initial from staff - 4-21-07
Tenant #14	Ted Hose to be applied - 4-22-07 – 4-30-07 & 5-2-07 Restatsis eye drops - 4-22-07 – 4-30-07 & 5-2-07 Sween Cream - 4-22-07 – 4-24-07 MAR stated tenant self medicates but this is crossed out by the RN. Following medications not recorded as given: Amantadine, Baclofen, Celexa, Flomax, Furosemide, Vitamin B-12 Complex, Lorazepam, Multi-vitamin, Lisinopril/HCTZ, Amitriptyline HCL

Tenant #15	Carbidopa/levodopa - 4-22-07, 4-23-07 – staff initials circled with no explanation given 4-23-07 – not recorded Isosorbide Mononitrate – 4-22-07 – 4-23-07 – staff initials circled with no explanation given. Toprol XL – 4-22-07 – 4-23-07 – staff initials circled with no explanation given. Plavix - 4-22-07 – 4-23-07 – staff initials circled with no explanation given. Protonix – 4-22-07 – 4-23-07 – staff initials circled with no explanation given. Alprazolam – 4-21-07 – 4-23-07 – staff initials circled with no explanation given. 4-23-07 – not recorded. Docusate Sodium – 4-21-07 – 4-23-07 – staff initials circled with no explanation given. Vytorin – 4-20-07 – 4-23-07 – staff initials circled with no explanation given. Avandia – 4-22-07 – 4-23-07 – staff initials circled with no explanation given. Aspirin – 4-22-07 – 4-23-07 – staff initials circled with no explanation given. Remeron – 4-21-07 –4-22-07 – staff initials circled with no explanation given. On 4-23-07 staff initials lined through and error written with no explanation given. Miralax – 4-20-07 – 4-24-07 – staff initials circled with no explanation given.
Tenant #16	Accu-check – 4-20-07 – staff initials but no blood sugar value is recorded.
Tenant #17	Potassium Chloride – 4-22-07 Digoxin – 4-21-07 Pulse – 4-21-07 – 4-22-07 Acetamiphen – 4-21-07 Alprazolam – 4-26-07 Lasix – 4-26-07
Tenant #18	Atenolol – 4-20-07 HCTZ – 4-20-07 Glucosomine with MSN – 4-20-07 Aspirin EC – 4-20-07 Levothyroid – 4-20-07 Captopril – 4-24-07
Tenant #19	Aspirin – 4-26-07 Duo Albuterol & Patropium 4-26-07 Advir – 4-26-07 Optiva Dye Drops – 4-26-07 Albuterol Inhaler – given as needed on 4-23-07 without documenting response to medication.
Tenant #20	Aspirin – 4-26-07 Metoprolol XL – 4-26-07 Isosorbide Mononitrate – 4-26-07 Paroxetine HCL – 4-26-07 Buspirone HCL – 4-26-07

- Regulatory Insufficiency: The program did not consistently document medications given by the program and did not give an explanation if medications were not administered.

- Regulatory Insufficiency: The program did not apply an acceptable standard of practice by not following a physician's instructions when administering medications.

Complaint Allegation #11913: It is alleged medication aides attempted to give Tenant #4 medications that were not familiar to the tenant. It is alleged medication aides offered Tenant #5 more medications than prescribed by the physician.

- Monitoring Observation: Tenant #4, a 74 year old, was admitted on 11-30-06 and has diagnoses of Chronic Obstructive Pulmonary Disease (COPD), Asthma, Depression/Anxiety, Insomnia and Vitamin B-12 Deficiency. The tenant stated staff attempted to give medications unfamiliar to him/her. A review of physician's orders did not indicate new medications were ordered.

  Tenant #5, a 66 year old, was admitted on 12-16-06 and has diagnoses of COPD, Oxygen Therapy, Pain, Diabetes, Degenerative Joint Disease and Hypertension. Medication Administration Record for 4-20-07 indicates Skelaxin 800mg two tabs by mouth three times daily. The tenant stated staff tried to give 4 tabs of 800mg Skelaxin at one time. A review of the tenant's MAR for April/May indicated medication errors including Skelaxin.

- Regulatory Insufficiency: The program did not administer medications according to applicable medication administration standards.

During the course of the investigation, it was determined the program did not administer medications according to applied standards of medication administration.

- Monitoring Observation: The monitor observed staff complete an Accu-check without the use of gloves. Staff did not consistently wash hands between each tenant receiving program administered medications. When staff gave medications to a tenant, the tenant dropped the medications on the floor. Staff picked up the medication off the floor and gave it to the tenant to take. Staff could not explain what initials circled and circles without initials meant on the MAR.

- Regulatory Insufficiency: The program did not administer medications according to applicable medication administration standards.

Complaint Allegation #11913: It is alleged the program RN stated staff was given one hour video training, observed a nurse administering medications and medication aides returned demonstration. It is alleged a tenant was offered incorrect medications which exacerbated her mental illness and there is concern the tenant requires hospitalization to stabilize her mental illness.

- Monitoring Observation: The staff observed earlier administering medications was interviewed and stated the initial training by the RN consisted of reviewing tenants' bubble pack medications and comparing it to the Medication Administration Record (MAR) and initialing medications when administered. Staff stated they were to watch another staff administer medications. Staff did not demonstrate competency in medication administration to the former RN. The current RN instituted a new training program and a review of staff training files indicate training alleged in the complaint is what the current RN is doing. Despite adequate training staff continues to make errors in the administration and documentation of prescribed medications.

- Regulatory Insufficiency: The program did not administer medications according to applicable medication administration standards.

Complaint Allegation #11885: It is alleged medications are often left unattended on medication carts and the front desk.

- Monitoring Observation: Five tenants and two family members stated they would see medications left on the front counter/desk during the evening hours. The Registered Nurse (RN) stated the pharmacy delivers medications and medications are immediately placed in each tenant's med box. The RN, hired 4-17-07, stated she didn't know what happened prior to her working at the program but the program is now using a medication cart and medications are not left out at the front desk.

  The Registered Nurse (RN) stated tenant medications are locked in each tenant's medication box, which is a locked drawer located in the tenant's kitchen. The pharmacy delivers medications to the program and they are immediately placed in each tenant's medication box.

- Regulatory Insufficiency: None noted.

E. 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 determined the program did not complete a nurse review of tenants receiving medication administration and health and personal cares.

- Monitoring Observation: Six of six tenant files reviewed indicated the program did not monitor, at least every 90 days or after a change in condition, each tenant receiving program-administered prescription medications for adverse reactions to program administered medications and make appropriate interventions or referral.

- Regulatory Insufficiency: The program does not complete a nurse review as required.

F. Food Service – Program shall provide or coordinate with other community providers to provide hot or other appropriate meal(s) at least once a day or make arrangements for the availability of meals. Menus shall be appropriately planned. If applicable, therapeutic diets shall meet all requirements. Food preparation personnel shall meet all requirements. [321 IAC 25.32]

Complaint Allegation #11647: It is alleged promised services including meals would no longer be provided. It is alleged tenants were promised diabetic meals.

Complaint Allegation #11885: It is alleged the acting administrator informed tenants the Elderly Waiver Program would cover the cost of two meals.

Complaint Allegation #11913: It is alleged Tenant #2 is cognitively impaired and unable to prepare meals independently. The tenant lost 15 pounds between 2-5-07 through 4-2-07.

- Monitoring Observation: The Administrator and owner stated the evening meal had always been provided but were unaware the previous Administrator was not charging tenants for this meal. The program's current occupancy agreement states tenants have "access to an on-site noon congregate meal Monday thru Friday and breakfast (for charge) on Saturday and Sunday, and evening meal for charge Monday through Friday." A 30 day written notice was given to tenants on 4-16-07 and indicated the evening meal would be suspended effective 5-16-07 until the program was able to provide an affordable meal plan for tenants. The letter stated beginning 4-16-07 $5.00 would be the cost of the evening meal. During the exit interview, the Administrator stated the suspension would be lifted and the program would continue to offer an evening meal.

  A review of the program's occupancy agreement did not state the program offered diabetic meals to tenants.

  The Administrator stated tenants who are on the Elderly Waiver Program and who haven't used their entire subsidy would be, on a case by case basis, eligible to have the evening meal paid. The Administrator stated she was working with each tenant's case manager to determine eligibility.

  Tenant #2's functional and health evaluation of 3-8-07, indicated the tenant required pureed foods and thickened liquids. Staff was to assist with transporting the tenant to the dining room. Service plan of 3-8-07 indicated the tenant required a soft/pureed diet as tolerated. Staff was to report to the RN/Director any absences from the noon meal. Staff was to assist the tenant with breakfast preparation and with evening meals on the weekends.

  Tenant #6, a 68 year old, was admitted on 3-20-07 and has diagnoses of Dementia, Depression, Diabetes, Hypertension, Obesity and Vitamin B-12 Deficiency. The tenant was staged at three on the Global Deterioration Scale (GDS) on 4-11-07. Functional and Health evaluations of 4-26-07 indicated the tenant required a general diet and was independent with dining. Service plan of 4-26-07 indicated the tenant would attend meals as he/she chooses. Staff was to report any change in appetite.

- Regulatory Insufficiency: None noted.

During the course of the investigation, it was determined staff preparing an evening meal did not have the person responsible for food preparation complete a state approved food protection program. Staff serving food did not have an orientation on sanitation and safe food handling.

- Regulatory Insufficiency: The program does not have adequately trained staff for the preparation and serving of food and orientation on sanitation and safe food handling.

G. 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 # 11647 & 11913: It is alleged the program did not provide housekeeping, personal and health related cares to tenants. It is alleged two tenants "had

to sleep in their clothes, in their chairs, as staff did not assist them to bed." It is alleged garbage is picked up only "every other to third day." It is alleged soiled sheets and a mattress pad were lying on a tenant's floor.

- Monitoring Observation: Six of nine tenants and two of three family members stated personal and health related cares identified in service plans are not consistently being provided by the program. Four of four staff interviewed stated there is not enough staff needed to meet the needs of tenants. The administrator stated there was one housekeeper but he/she had recently quit and staff is now responsible for cleaning tenant's apartments in addition to providing personal and health related cares.

  Two of three family members stated trash is not always emptied. One staff stated a tenant has complained of not having the trash removed from their apartment. One staff stated tenants have complained about the inconsistency of trash being removed. Four of nine tenants stated trash removal is inconsistent.

- Regulatory Insufficiency: The program does not have sufficiently trained staff available at all times to fully meet the identified needs of tenants.

- Regulatory Insufficiency: The owner(s) does not ensure all personnel employed by or contracting with the program received training appropriate to assigned tasks and target population.

H. Life safety – The program shall follow written emergency policies and procedures and structural safety requirements. [321 IAC 25.37]

Complaint Allegation #11647: It is alleged tenants are given conflicting directions related to the program's fire evacuation plan.

- Monitoring Observation: The Facilities Engineer for DIA reviewed and approved the program's fire evacuation plan. The program has a policy for evacuating tenants and completed an addendum on 4-20-07, indicating procedures in case of an emergency evacuation. The program will provide transportation arrangements to another building if necessary. The Administrator stated she would be meeting with tenants to review these procedures.

- Regulatory Insufficiency: None noted.

I. Activities – The program provides appropriate programming for tenants based on individual interests. Programming shall support the service plans, be consistent with the program statement and occupancy policies, and available in writing as required. [321 IAC 25.39]

Complaint Allegation #11647: It is alleged tenants are "lucky" to have one hour of activities weekly.

Complaint Allegation #11885: It is alleged tenants are paying additional costs for amenities package and not receiving the services listed.

- Monitoring Observation: The activity director stated half of the time activities would be cancelled because he/she would be called away for other duties. The activity

director stated there were three hours weekly of activities for tenants and tenants have complained about the lack of activities. The activity director stated a written schedule of activities for May had not been developed. Five of nine tenants stated there were not enough activities. Three of five tenants stated they cancelled their Amenities package because activities were a large part of the package and the program wasn't providing the activities listed.

- Regulatory Insufficiency: The program does not provide activities to meet the interests of tenants and does not have a written monthly schedule of activities.

J. Other – The provisions of this section address the program's noncompliance with other applicable statutory and administrative rule requirements.

Complaint Allegation #11647: It is alleged the program's phones did not work one half of the time.

Complaint Allegation #11885: It is alleged telephones do not always work or are not answered when tenants call.

- Monitoring Observation: Two of two staff interviewed stated the phone system doesn't work properly. The program Administrator stated she was aware of the problem and submitted two work orders for diagnostic work and repair on the phones. The program provided documentation which indicated the phone system was recently taken off a "delayed system." The Administrator stated taking the phones off the delayed system made the phones work better.

- Regulatory Insufficiency: None noted.

Dated this 15th day of May 2007.