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

Assisted Living Program: **Complaint Intake #: 11629**

Mr. Tim Perry, Administrator
The Waterford of Ames Assisted Living
1325 Coconino Road
Ames, IA 50014

Date of Investigation:

May 9th, 2007

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 The Waterford of Ames Assisted Living on May 9th, 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:	47
Current number of tenants with cognitive disorder:	6
Total Population:	53

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 substantiated complaints in the areas of Evaluation of Tenant, Service Plan, Medications, Staffing and Record Checks during this certification period.

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)]

During the course of the investigation, it was determined the program does not complete a cognitive evaluation annually as required.

- Monitoring Observation: Four of seven tenant files reviewed indicate the program does not consistently complete a cognitive evaluation annually as required.

- Regulatory Insufficiency: The program does not consistently complete a cognitive evaluation annually as required.

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 is alleged Tenant #1 is sexually inappropriate with staff and tenants.

- Monitoring Observation: Tenant #1, an 83 year old, was admitted on 9-6-06 and has diagnoses of History of Sepsis, History of Urinary Tract Infection, Pneumonia, History of Confusion, Hypertension (HTN), Depression, History of Prostate Cancer, and Diabetes Mellitus Diet Controlled. Three of four staff states the tenant would make "sexually based comments," is redirectable and not physically inappropriate to staff or tenants.

- 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]

Complaint Allegation: It is alleged the program does not meet the needs of Tenant's 2 & 3's pain control and pain management. It is alleged the program does not establish interventions resulting in Tenant #5 hording items and not being engaged in diversional activities.

- Monitoring Observation: Tenant #2, an 80 year old, was admitted on 12-23-05 and has diagnoses of HTN, Senile Dementia and Fluid Overload. The tenant scored three on the Mental Status Questionnaire (MSQ), indicating mild cognitive impairment. The tenant states he/she doesn't have any pain or pain management issues. A review of the tenant's health and functional evaluation of 1-31-07 does not indicate the tenant experienced chronic pain or need for pain management.

  Tenant #3, an 84 year old, was admitted on 12-23-04 and has diagnoses of Left Eye Cataract, Glaucoma, Moderate Diffuse Cerebral and Cerebellar Atrophy, Mild Dementia, Osteoarthritis, Parkinson's and Gait Disturbance and History of Falls. Resident Care Notes of 3-30-07 indicates the tenant's physician was contacted for an order for Tylenol, as the tenant was complaining of joint pain. The physician

approved an order for Tylenol to be given for pain. The tenant states he/she has occasional joint pain, but is taking Tylenol "which seems to be helping."

Tenant #5, an 87 year old, was admitted on 1-29-00 and has diagnoses of History of Right Cataract Surgery, Parkinson's, Cholecystectomy, HTN, Right Rotator Cuff Repair, Diabetes Mellitus, Hypothyroidism, History of Myocardial Infraction, Coronary Artery Disease, and History of Renal to Partial Insufficiency, Hyperlipidemia, and History of Colon Surgery. A review of resident care notes does not indicate the tenant hordes. Four of four staff states the tenant was appropriate with no behavioral issues. The activities director states she has daily one on one personal time with the tenant. The activities director also states staff has one on one time with the tenant which includes walking and pet therapy.

Tenant #6, an 89 year old, was admitted on 12-5-01 and has diagnoses of Chronic Airway Obstruction, Depressive Disorder, HTN, Emphysema, Bronchitis and Cellulitis of the Right Leg. Resident care notes of 3-9-07 through 5-4-07 indicate the tenant wanders into other tenant's rooms and is refusing personal cares. A review of Tenant #6's service plan of 3-22-06 does not indicate interventions related to the tenant's wandering and refusal of personal cares. Staff interviews and progress notes did not indicate the tenant hoards consistently.

- Regulatory Insufficiency: The program does not design service plans to meet the specific needs of the individual tenant.

During the course of the investigation, it was determined the program does not consistently update service plans within 30 days of admission, annually, and the plan is not signed by a multi-disciplinary team of three staff as required.

- Monitoring Observation: One of seven files reviewed indicates the program does not complete an updated service plan within 30-days of admission. Three of seven files reviewed indicate an annual service plan was updated but not signed by the tenant or a multi-disciplinary team of three staff. Three of seven files reviewed indicate service plans were not updated annually.

- Regulatory Insufficiency: The program does not consistently update service plans within 30-days of admission and annually and does not have a multi-disciplinary team of three staff sign the service plans 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: It is alleged the program does not appropriately administer medications resulting in multiple medication errors.

- Monitoring Observation: A review of Medication Administrator Records (MARs) from March through April 2007 indicates two medication errors in March and three medication errors in April 2007. Medication errors made were reported and written by the program with corrective action taken. A review of staff files indicates staff

completed medication administrative training and demonstrated competency of administering medications to the Registered Nurse (RN).

- Regulatory Insufficiency: None noted.

E. 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]

Complaint Allegation: It is alleged the program does not have staff who received appropriate dementia-specific education and training.

- Monitoring Observation: A review of staff files indicates staff completed six hours of dementia specific education and training.

- Regulatory Insufficiency: None noted.

F. 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: It is alleged the program does not meet the activity needs of Tenant #4.

- Monitoring Observation: Tenant #4, an 85 year old, was admitted on 6-30-05 and has diagnoses of Coronary Artery Disease, History of Angioplasty and Anxiety. The tenant is independent with Individual Activities of Daily Living (IADLs) and Activities of Daily Living (ADLs). The tenant states he/she is "quite independent" to make his/her own choices, and continues to drive daily to see his/her spouse.

- Regulatory Insufficiency: None noted.

G. Record Checks – The program conducts applicable employee record checks. [Iowa Code section 135C.33(5)]

Complaint Allegation: It is alleged the program does not perform "proper criminal background checks" on staff.

- Monitoring Observation: Four of four staff files, including Staff #1, were reviewed and indicates the program completed criminal background checks prior to staff being employed by the program.

- Regulatory Insufficiency: None noted.

H. 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 violated Tenant #4's autonomy and tenant's rights. It is alleged the program does not answer Tenant #7's "call light in a time fashion.

- Monitoring Observation: Tenant #4 states he/she continues to make independent decisions and doesn't feel his/her autonomy or rights have been violated. The tenant states he/she is quite happy at the program and enjoys living at the program.

  Tenant #7, an 89 year old, was admitted 2-22-00 and has diagnoses of Osteoarthritis, Dementia, Bilateral Hip Replacement and Hypothyroidism. The tenant scored 9 on the MSQ indicating severe intellectual impairment. A review of the computerized call light system was reviewed by the monitor. Between 4-1-07 – 4-30-07 calls made by tenants for staff assistance were responded to well within fifteen minutes. Five of six tenants interviewed states staff responded in a timely manner when they are called for assistance.

- Regulatory Insufficiency: None noted.

Dated the 21^{3rd} day of May, 2007.