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

Assisted Living Program: **Complaint Intake #: 12041**

Kirk Erickson, Manager
Rosebush Gardens Assisted Living
4925 West Avenue
Burlington, IA 52601
Date of Investigation:

May 31, 2007

Monitor(s):

Stephanie Cummins, SW MA

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 Rosebush Gardens Assisted Living on May 31, 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:	40
Current number of tenants with cognitive disorder:	0
Total Population:	40

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. 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 investigation the following information was obtained.

Monitoring Observation: Tenant #1, an 83 year old, was admitted on 2-1-06 and diagnoses include: Parkinson's Disease. The tenant had an annual service plan that was developed on 2-27-07. The last cognitive and functional evaluations were completed on 6-8-06. The last health evaluation was documented in nurse's notes on 12-20-06.

- Regulatory Insufficiency: The program does not consistently evaluate a tenant's cognitive and functional abilities and health status annually.

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 was alleged Tenant #1 required a total care. It was alleged the tenant could not get himself/herself out of bed and the tenant could not assist with cleaning himself/herself after toileting.

Monitoring Observation: Three staff, from both first and second shift, were interviewed. None of the staff indicate the tenant is a routine two person transfer. Staff state at times and occasionally the tenant requires a two person transfer. The Licensed Practical Nurse (LPN) indicates in a written statement, she has given hands on care to the tenant at different times of the day and evening. The LPN indicates the tenant requires, at most, the assistance of one staff and the tenant requires minimal assistance from sitting to standing. The LPN states that at the beginning of May the tenant's leg movement caused difficulty and the tenant's physician prescribed new medication which has been effective. The tenant also received Physical Therapy (PT), according to the LPN's written statement. The LPN indicates the tenant requires a slow pace to complete cares and staff in the evening (mostly) were having difficulties with this pace. The tenant's Physical Therapy Assistant (PTA) was interviewed. The PTA indicated the tenant received PT services three times per week for the past four weeks. On the day of the complaint investigation the tenant ambulated approximately 75 feet. The PTA indicates, more times than not, the tenant is a one person transfer. The tenant has become more anxious and forgetful in the evenings and a two person transfer may be needed at times in the evening, according to the PTA. The PTA indicates when getting out of bed, the tenant requires moderate assistance of one. The tenant ambulates with a walker or uses a wheelchair, according to staff interviews. Staff interviews indicate the tenant is checked approximately every two to three hours for toileting; however, the tenant does use the call light and is usually dry in between toileting intervals. Two staff indicate the tenant wipes himself/herself after toileting and one staff indicates, at times, staff assisted the tenant with wiping himself/herself. The LPN indicates in a written statement, occasionally, the tenant needs assistance wiping after a bowel movement. The tenant receives assistance

with transfers, ambulation, dressing, grooming, bathing and medications, according to staff interviews.

- 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 was alleged the service plan for Tenant #1 was not reflective of the tenant's current needs.

Monitoring Observation: Tenant #1's service plan dated 2-27-07 states, under dressing, the tenant dresses himself/herself with encouragement. Staff interviews indicated the tenant requires staff assistance with dressing. The service plan states, under incontinence, that staff assists the tenant to the bathroom when necessary and staff encourages the use of adult incontinence products. According to staff interviews the tenant is checked every two to three hours for toileting. Staff assists the tenant to the bathroom and on occasion assists with wiping the tenant. The tenant's transfer status and ambulation needs were not addressed on the service plan. The tenant had received PT services for the past four weeks and the service plan did not reflect the services provided by PT.

- Regulatory Insufficiency: The program does not consistently develop a service plan that identifies the tenant's current needs and any service providers other than the program.

During the course of the investigation the following information was obtained.

Monitoring Observation: Tenant #1 had an annual service plan that was updated on 2-27-07. The service plan was signed by the LPN and the Manager. It was noted the tenant declined to sign the service plan.

- Regulatory Insufficiency: The program did not consistently update the tenant's service plan by a multidisciplinary team that consists of a health care professional, two staff and the tenant or at the tenant's request, the tenant's legal representative.

D. 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 investigation the following information was obtained.

Monitoring Observation: According to an interview with the LPN, a review of tenants' health status was not completed, every 90 days, for those tenants receiving personal or health related care. The LPN indicates in a written statement that each month all Medication Administration Records (MARs) and Physician Order Sheets (POSs) are reviewed and compared with current orders and then the POSs are signed. The MARs are checked on an ongoing basis and any increases in as needed medications or frequent refusals of medications are noted and physicians are notified. The LPN indicates there are no signature on the MARS to document this is being completed.

- Regulatory Insufficiency: The program did not consistently assess and document the health status of each tenant receiving personal or health related care.

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

Complaint Allegation: It was alleged the building's lounge ceiling was falling down and when it rained the ceiling leaked. It was alleged the program was not fixing the leak and put a bucket to catch the water.

Monitoring Observation: The monitor toured the building accompanied by a staff. The program has three lounges including lounges in the A, B and C hallways. The monitor observed what appeared to be water damage on the A and B lounge ceilings. There were no buckets observed in any of the lounges.

According to a written statement by the Manager, he was made aware of the damage to the A lounge on 5-14-07 and contacted a construction company on that day. The company was hired on 5-14-07 to repair both lounge ceilings. The construction company stated it would be a couple of weeks due to another job. The work is slated to begin on 6-5-07. The ceiling in the B lounge had a small hole due to a leak that was discovered this winter. Program maintenance staff put black jack around the skylight and fixed the ceiling at that time. According to the Manager's statement, on 5-14-07 he looked at the B lounge and found the hole had restarted. According to the Manager's statement, there had been no tenant complaints regarding the ceilings and staff had not notified the Manager until 5-14-07. The Manager indicated he had been in both lounges prior to 5-14-07 and had not noticed any damage.

According to staff interviews, they had noticed damage to the ceilings and stated it had been damaged for nine months to one year. Staff indicated they had not seen any buckets placed to catch water and reported the carpets were not wet. Staff also indicated there had been no complaints from the tenants regarding the ceiling damage.

- Regulatory Insufficiency: None noted.

Dated this 13th day of June, 2007.