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

Assisted Living Program: **Complaint Intake #: 12409**

K'lee Latham, Administrator
Shores At Pleasant Hill Assisted Living Program
1500 Edgewater Drive
Pleasant Hill, IA 50327-0921

Date of Investigation:

July 10, 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 Shores at Pleasant Hill Assisted Living Program on July 10, 2007. 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 in a DSP that holds itself out as providing specialized care in a dedicated setting:	28
Current number of tenants without cognitive disorder:	7
Total Population:	35

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

Accreditation Status – Not applicable.

Complaint History – There were substantiated complaints in the areas of Evaluation of Tenant, Tenant Documents, Service Plan, Medications, Nurse Review, Nursing Assistant Work Credit, Food Service, Staffing, Managed Risk and Life Safety during 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: It is alleged the program recruited a tenant to reside at the program when the tenant did not understand the decision he/she made.

- Monitoring Observation: Tenant #1, a 92 year old, was admitted on 6-1-07 and has diagnoses of Depression, Gastro Esophageal Reflux Disease, Hypertension, Hypothyroidism, Bells Palsy, Anemia, Dementia and Diabetes Mellitus. A cognitive evaluation was completed on 5-16-07, staging the tenant at one on the Global Deterioration Scale (GDS) indicating normal, no cognitive decline. The tenant signed the occupancy agreement on 6-1-07, acknowledging receipt of said document.

- 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: It is alleged the program retained a tenant who exceeds the program's ability to provide care as the tenant has no cooking skills, has poor balance and may injure himself/herself or cause a fire.

- Monitoring Observation: A review of Tenant #1's file indicated the program completed a functional, cognitive and health evaluation on 5-16-07 and within 30-days of admission on 6-29-07. Functional evaluations indicated the tenant rarely falls, recognizes and makes own decisions, and is independent with dining services and eating. The program initiated a managed risk on 6-4-07 indicating possible safety concerns related to possible falls and use of a stove and microwave. The tenant agreed to physical and occupational therapy evaluation and to have the stove unplugged and the microwave removed from the apartment. The tenant's service plan of 6-30-07, indicated physical therapy for strengthening and endurance and continues to be independent with dining. Three of three staff interviewed did not identify tenants who exceeded the program's ability to provide care as defined under state regulation.

- Regulatory Insufficiency: None noted.

Dated this 17th day of July, 2007