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

Assisted Living Program: **Complaint Intake #: 12269**

Kirk Erickson, Manager
Rosebush Gardens
4925 West Avenue
Burlington, IA 52601-9469

Date of Investigation:

July 2, 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 on July 2, 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 substantiated complaints this certification period in the areas of Evaluation of Tenants, Service Plans and Nurse Review.

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 was alleged the program raised room rates and the tenants may not have been given proper notification of the rate increase.

Monitoring Observation: According to the Manager, the last rate increase occurred effective 2-1-07. The tenants were notified by a written statement dated 12-22-06. This statement was dated more than 30 days prior to the rate increase.

- 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 was alleged Tenant #1 exceeds the appropriate level of care. It was alleged the tenant could not walk consistently and required two staff to transfer. It was alleged the tenant could not wipe himself/herself after toileting, brush his/her teeth and comb his/her hair.

Monitoring Observation: Tenant #1, an 83 year old, was admitted on 2-1-06 and is diagnosed with Parkinson's Disease.

Staff interviews indicate there are currently no tenants, including Tenant #1, that exceed the appropriate level of care. Staff indicates Tenant #1 walks in his/her apartment to get to the bathroom and at times will walk to the dining room. Staff indicates the tenant is not a routine two person transfer. The tenant's service plan dated 6-18-07, states (under Mobility) the tenant uses a walker in the apartment and uses a walker or wheelchair when going to meals depending upon strength and steadiness. According to staff, the tenant has improved. Staff assist the tenant with toileting and grooming. The tenant is checked routinely for toileting; however, staff indicates he/she requests assistance with toileting.

- Regulatory Insufficiency: None noted.

C. Tenant Documents – Program maintains a complete file for each tenant containing all appropriate documentation. [321 IAC 25.27]

Complaint Allegation: It was alleged program records, including service plans and nurse's notes, were destroyed. It was alleged the nurse's notes were destroyed for the past year.

Monitoring Observation: Five tenant files were reviewed. Five of five tenant files had service plans and nurse's notes. Staff indicate they were not aware of program records being destroyed.

- Regulatory Insufficiency: None noted.

D. 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 the following information was obtained.

Monitoring Observation: Tenant #3, an 87 year old, was admitted on 2-3-01 with a diagnosis of an Occluded Bowel. Staff interviews indicate the tenant receives staff assistance with colostomy care. The service plan dated 6-19-07, states the tenant is independent with colostomy care; however, does need assistance on occasion at the time of a shower. The service plan did not reflect the current and identified needs of the tenant in regard to colostomy care.

Tenant #5 did not have a service plan developed within 30 days of taking occupancy. According to nurse's notes dated 5-9-07, the tenant stated his/her knee gave out and the tenant landed on his/her buttocks. The notes state on 5-15-07, the tenant had become fearful of walking and the tenant's physician suggested a wheelchair for long distances. The notes state the tenant propels himself/herself in the wheelchair. The current service plan dated 3-22-07, does not address the tenant's use of a wheelchair. The service plan was not updated, as needed, with a change in condition.

- Regulatory Insufficiency: The program did not consistently develop service plans within 30 days of occupancy and, as needed, with a change in condition and that reflect the identified needs of the tenants.

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]

Complaint Allegation: It was alleged an order was not transcribed appropriately for Tenant #2.

Monitoring Observation: Tenant #2, an 83 year old, was admitted on 1-9-06 and diagnoses included: Diabetes, History of Knee and Back Pain, Osteo Arthritis, Inter stiller Cystitis, Glaucoma and Spinal Stenosis.

Bactrim was ordered twice daily dated 4-27-07 for seven days. The order was transcribed onto the Medication Administration Record (MAR). The tenant received an order for Bactrim twice daily for 10 days on 5-17-07. The order was transcribed on the MAR (no date available) and was administered on 5-18-07 at 0800. The tenant received an order for Doxycyline twice daily for 10 days dated 5-18-07. The Bactrim ordered was discontinued on the MAR on 5-18-07. The order for Doxycycline was transcribed on the MAR on 5-18-07 and the first dose was administered on 5-18-07 at 2000. The Doxycycline was administered for 10 days.

- Regulatory Insufficiency: None noted.

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

Monitoring Observation: Tenant #2 had an order for Bactrim twice daily dated 4-26-07 for seven days. The order was transcribed onto the MAR. The tenant received an order for Bactrim twice daily for 10 days on 5-17-07. The order was transcribed on the MAR (no date available) and was administered on 5-18-07 at 0800. The tenant received an order for Doxycycline twice daily for 10 days dated 5-18-07. The Bactrim ordered was discontinued on the MAR on 5-18-07. The order for Doxycycline was transcribed on the MAR on 5-18-07 and the first dose was administered on 5-18-07 at 2000. The Doxycycline was administered for 10 days. The orders were not noted with time, date and signature.

- Regulatory Insufficiency: The program did not document physician orders with time, date and signature.

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: It was alleged the Manager routinely changed the dietician approved menus to save money.

Monitoring Observation: One of three head cooks was interviewed. The dietary staff indicates menus were not changed very often and states changes did occur if an item was on back order. The dietary staff indicates changes were not made to the menu in order to save money and she was never instructed by the Manager to change menus to reduce cost. The Manager states in an interview he has not made changes to the menu to reduce food costs. The dietary staff indicate the food served is of a good quality. The program has menus approved by a Registered Dietician. A tenant interview indicates there were not many changes to the menus.

- Regulatory Insufficiency: None noted.

Complaint Allegation: It was alleged Tenant #4 was told the program would provide a special diet and had not. The tenant was told food was gluten free when it was not, which resulted in the tenant having diarrhea.

Monitoring Observation: Tenant #4, an 85 year old, was admitted on 5-8-06 and diagnoses include: Atrial Fibrillation, Osteoporosis and HTN.

One of three head cooks was interviewed. The dietary staff provided an informational sheet regarding a gluten free diet. It lists food ingredients to avoid and substitutions for the products that were not allowed. The Registered Dietician approves menus on a monthly basis, according to the dietary staff. Tenant #4 has a current order for a gluten free diet and the kitchen has a copy of the Simplified Diet Manual, Ninth Edition. According to the dietary staff, the program accommodates the tenant's gluten free diet. The dietary staff indicate the tenant was never told an item was gluten free when the item was not gluten free. Dietary staff indicate even if a tenant is not on a special diet tenants could request a substitution. Tenant #4 was interviewed and states the program is accommodating of the special diet required. The tenant reports they substitute items and

offer fruit at every meal. The tenant also reports the program is very willing to provide the special diet and he/she states there is good communication with kitchen staff. The tenant is pleased with the foods provided and the tenant indicates he/she gets enough choices for the gluten free diet.

- Regulatory Insufficiency: None noted.

Complaint Allegation: It was alleged tenants are not told the meals are being served and are not taken to the dining room if they need assistance. These tenants are not given trays. Tenant #5 often missed meals because he/she needs assistance to reach the dining room and is not brought a tray.

Monitoring Observation: Staff interviews indicate all tenants that require assistance are taken to the dining room for meals and if a tenant does not come to a meal they are checked on and offered a tray if needed. Tenant #5 states he/she uses a wheelchair three to four times a day to go to meals in the dining room. The tenant states he/she propels the wheelchair and at times staff assists him/her to or from the dining room. The tenant states when he/she was first admitted, in March, he/she had trays brought into the apartment. The tenant reports no problems with getting meals either in the dining room or in the apartment.

- Regulatory Insufficiency: None noted.

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: It was alleged a staff was told to lie to the monitor and not accurately document the needs of the tenants in communication notes.

Monitoring Observation: Staff interviews indicate they were not told by the Manager to be dishonest with the monitor. Staff state if they were told to be dishonest with the monitor they would not do so. Staff indicate they document tenant needs in communication books.

- Regulatory Insufficiency: None noted.

Complaint Allegation: It was alleged there was one staff for 39 tenants. The tenants were found with dry stool on them.

Monitoring Observation: Staff indicate there were two to three staff on first and second shift and two staff on third shift. The schedule was reviewed, which indicates at least two staff were scheduled 24 hours a day seven days a week. Staff interviews indicate staffing is sufficient to meet the needs of the tenants. Staff indicate they have not found tenants with dried stool on them.

- Regulatory Insufficiency: None noted.

Complaint Allegation: It was alleged Tenant #3 had a colostomy and "burps" the bag in the dining room. The tenant gets feces on his/her hands in the process. It was alleged staff wipe the tenant's hands with napkins but do not actually wash the tenant's hands.

Monitoring Observation: Staff interviews indicate Tenant #3 does not "burp" his/her colostomy bag in the dining room. A dietary staff was interviewed and she states the tenant does not "burp" the colostomy bag in the dining room. Staff state they assist the tenant with the colostomy bag in the tenant's apartment. Dietary staff indicate the tenant is a private person and does not "burp" the colostomy bag in the dining room.

- Regulatory Insufficiency: None noted.

Complaint Allegation: It was alleged tenants are forced to shower. Staff are told to tell tenant they will not be taken to supper. It was alleged the Manager said this was an "ok" thing to do as all of the tenants have Alzheimer's and will not remember.

Monitoring Observation: Staff indicate tenants are not forced to shower. Staff state if a tenant refuses a shower it is recorded on the shower list/task sheet. Staff indicate they were not told by the Manager to force tenants to comply with cares. According to program documents there are no tenants at a four or above on the GDS, which would indicate moderate cognitive impairment.

- Regulatory Insufficiency: None noted.

Complaint Allegation: It was alleged Tenant #1 is often lied to regarding physician appointments. It was alleged staff were rude to tenants.

Monitoring Observation: Staff interviews indicate staff do not lie to the tenant regarding physician appointments. Staff report the tenant's daughter – in - law records all upcoming appointments for the tenant. Staff indicate they are not rude to tenants.

- 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 was alleged the ceilings in lounges A and B hallways were falling down. When it rained the staff had to use a shop vacuum to remove the water.

Monitoring Observation: The monitor observed both the ceilings in lounges A and B hallways and they are repaired. Staff indicate the ceilings in lounges A and B hallways are repaired. The manager indicates the check was issued to the construction company on 6-28-07 and indicates the repairs on the ceiling are complete.

- Regulatory Insufficiency: None noted.

Dated this 18th day of July, 2007.