Iowa Department of Inspections and Appeals
Assisted Living Program
Final Re-Certification & Complaint Investigation Report

Assisted Living Program: **Complaint Intake #: 13106**

Carri Stone, Administrator
Park Lane Village Assisted Living
908 S. Park Lane
Knoxville, IA 50138

Date of Investigation:

September 11, 2007

Monitor(s):

Hal Chase, RN BSN MPH
Lincoln Newsom, RN

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) 9-11-07 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 recertification and complaint investigation on-site visit was conducted at Park Lane Village Assisted Living on September 11, 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:	55
Current number of tenants with cognitive disorder:	2
Total Population:	57

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.

Tenant/Family Satisfaction Results – A community meeting was held with 46 tenants ttending. Tenants stated they felt pampered living at the program. Tenants stated staff are caring, supportive and treat them like family. Tenants stated the food is good and the program follows a monthly schedule of activities. Tenants stated there is enough staff to meet their needs, call lights are answered quickly and can call the nurse in the middle of the night or when needed. Tenants stated they are getting the services they requested, and would recommend this program to friends and family.

Complaint History – There were no substantiated complaints 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, the following information was obtained.

- Monitoring Observation: Tenant #1, an 80 year old, was admitted on 5-28-07, with diagnoses of: Arthritis and Cataracts. The program completed a functional, cognitive and health evaluations on 7-18-07, which was two months from the initial evaluations and not within 30-days. Nurse's notes of 8-13-07 indicated an outside provider was providing wound care. Nurse's notes of 8-13-07 indicated the tenant returned from a physician's visit with a hard cervical collar with instructions the cervical collar is to be left on at all times. Nurse's notes of 8-16-07 indicated the tenant needed "more assistance" with adult incontinence products, clothes, and personnel cares. The program did not complete functional, cognitive, and health evaluations when a change in condition existed.

  Tenant #2, an 84 year old was admitted on 9-27-04, with diagnoses of: Chronic Obstructive Pulmonary Disease (COPD), Bladder Problems with Uncontrolled Incontinence, Arthritis and Blood Pressure problems. Functional, cognitive and health evaluations were completed on 8-30-07. Nurse's notes of 8-6-07 through 8-7-07 indicated an indwelling catheter was reinserted and for staff to assist the tenant with draining the catheter bag. Nurse's notes of 8-8-07 indicated the tenant needed "more" assistance with cares and was incontinent with urine and stool. Nurse's notes of 8-21-07 indicated the Foley catheter was removed. The program did not complete functional, cognitive and health evaluations when a change in condition existed.

  Tenant #3, a 62 year old, was admitted on 4-07-07, with diagnoses of: Blood Pressure Problems, Thyroid Problems and a History of Stroke. Functional and health evaluations were completed on 4-27-07, and a cognitive evaluation was completed on 4-5-07. Nurse's notes of 8-15-07 through 9-6-07 indicated numerous incidents of the tenant urinating on the floor and being incontinent daily. The program did not complete a functional, cognitive and health evaluations when a change in condition existed.

- Regulatory Insufficiency: The program did not consistently complete functional, cognitive and health evaluations within 30 days of occupancy and as needed, to determine the tenant's continued eligibility for the program and to determine any modifications to needed services. (25. 23(2))

Complaint Allegation: It is alleged the administrator is assessing the tenants and making the decision of whether the tenant goes to hospital or not.

- Monitoring Observation: Tenant's #1, 2, 3, 4, and 5's most recent functional, cognitive and health evaluations indicated the Registered Nurse (RN) had signed each evaluation. The RN stated she does functional, cognitive and health evaluations.

- Regulatory Insufficiency: None noted.

B. 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 #1's service plan was updated on 8-23-07 but did not reflect the changes identified in the nurse's notes of 8-13-07 through 8-16-07, which indicated wound care, use of a hard cervical collar and increased assistance with Activities of Daily Living (ADLs). The program did not update the service plan to reflect the specific care needs based on functional, cognitive and health evaluations.

  Tenant #2's service plan was updated on 8-30-07. Nurse's note's of 8-6-07 through 8-21-07 indicated a change in bladder habits and increased assistance with ADLs. The program did not update the service plan when a change in condition existed.

  Tenant #3's service plan was updated on 8-27-07 and indicated the tenant was independent with toileting. Functional and health evaluations were completed on 4-27-07, with a cognitive evaluation completed on 4-5-07. Nurse's notes of 8-15-07 through 9-6-07 indicated numerous incidents of urinating on the floor and being incontinent daily. The program did not update the service plan with a change in condition based on functional, cognitive and health evaluations.

  Tenant #5, an 83 year old, was admitted on 6-21-07, with diagnoses of: Arthritis, Asthma, Cataracts, and Emphysema, Pacemaker, and Heart problems. The service plan was updated on 7-23-07 but did not include care instructions for wound care and daily weights. Nurse's notes of 7-23-07 indicated instructions for wound care, daily weights and to notify the physician if the tenant has a three to five pound weight-gain. Nurse's notes of 7-31-07 indicated the tenant was to receive wound care from an outside agency. Nurse's notes of 8-1-07 indicated the tenant was hospitalized for a fractured hip, returning on 8-14-07. The service plan was updated on 8-15-07 but did not include the physician's discharge instructions for post operative care. The program did not update the service plan with a change in condition, did not identify the service provider for wound care and include the discharge instructions received.

- Regulatory Insufficiency: The program did not consistently develop service plans based on the evaluations conducted in accordance with (24.23(1) and 24.23(2), designed to meet the specific service needs of the individual tenant. (25.28(1))

- Regulatory Insufficiency: The program did not consistently update the service plan when the tenant had a change in condition. (25.28(3))

C. 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 medications are not always available for tenants.

- Monitoring Observation: Staff #1 stated there weren't any problems with availability of medications. Staff #3 and 4 stated there had been times when medications were not available but this did not happen frequently. Tenants' #1, 2, 3, 4, and 5 Medication Administration Records (MARs) indicated medications were available to be administered.

- Regulatory Insufficiency: None noted.

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

- Monitoring Observation: MARs for September 2007 indicated the following medications or treatments were not charted as given:

Tenant #1	Ted Hose – Apply at 8:00 a.m.	9-4-07, 9-10-07
Tenant #6	Blood Pressures Weekly	8:00 am 9-10-07
Tenant #7	Accu-checks three times daily	12:30 pm 9-10-07
Tenant #8	Atrovent Inhaler three times daily	1:00 pm 9-10-07
Tenant #8	Lorazepam 0.5mg five times daily	10:00am 9-10-07
Tenant #8	Lorazepam 0.5mg five times daily	1:00 pm 9-10-07
Tenant #8	Sucralfate 1gm 1 tablet four times daily	1:00 pm 9-10-07
Tenant #9	Lobetalol 200mg ½ tablet three times daily	1:00 pm 9-10-07
Tenant #10	Xoponex Inhaler 1 puff three times daily	1:00 pm 9-10-07
Tenant #11	Systane eye drops 1 drop both eyes daily	6:00 am 9-5-07
Tenant #12	Sertraline 100mg 1 tablet daily	8:00 am 9-4-07
Tenant #12	Aspirin 325mg 1 tablet daily	8:00 am 9-4-07
Tenant #12	Multi-vitamin 1 tablet daily	8:00 am 9-4-07
Tenant #12	Metoprolol 25mg 1 tablet twice daily	8:00 am 9-4-07
Tenant #12	Flomax Inhaler 0.4mg twice daily	8:00 am 9-4-07
Tenant #12	Avodart 0.5mg 1 tablet daily	8:00 am 9-4-07
Tenant #12	Ipratoprium Bromide two sprays both nostrils twice daily	8:00 am 9-4-07
Tenant #13	Refresh Eye drops 1 drop both eyes twice daily	8:00 am 9-1-07, 9-2-07, 9-9-07.

- Regulatory Insufficiency: The program did not administer medication in accordance to acceptable standards of practice of medication administration. (25.29(2))

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 course of the investigation, the following information was obtained.

- Monitoring Observation: The program completed nurse reviews on Tenant #2 on 8-30-07, Tenant #3 on 7-23-07 and Tenant #4 on 7-18-07 and 8-21-07. Each tenant's file indicated the program did not consistently complete a nurse review prior to these dates. The RN stated nurse reviews were not consistently done prior to 8-25-07, when she became the program RN.

- Regulatory Insufficiency: The program did not consistently complete a nurse review every 90-days for each tenant receiving health care professional-directed or health-related care. (25.30(1))

E. 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 is alleged it "takes too long to pass medications."

- Monitoring Observation: Staff # 1 stated it takes one hour to administer "noon" medications. Staff #1 stated prior to an additional staff person added on day shift, staff would "occasionally be late" for medication administration. Staff #3 stated morning administration of medications would take two to two and half hours to complete. Staff #4 stated it would take two and half hours to administer evening medications.

- Regulatory Insufficiency: The program did not have sufficiently trained staff available at all times to fully meet identified needs of tenants. (25.33(2))

Complaint Allegation: It is alleged the administrator is not a nurse, but sends faxes to the physician's to change medications.

- Monitoring Observation: Tenant's #1, 2, 3, 4 and 5's physician orders indicated the Licensed Practical Nurse (LPN) or RN initiated or received signed physician orders for medications or treatments.

- Regulatory Insufficiency: None noted.

Complaint Allegation: It is alleged tenants are complaining about not enough help, but are afraid of the administrator.

- Monitoring Observation: Tenant #2 stated staff knows what they are doing and there was plenty of staff at the program. Tenant #14 stated there are enough staff and no problems with current staff. Tenant #15 stated staff are available whenever you need them and are always respectful. During the community meeting, tenants stated call lights were answered quickly and staff was caring and supportive.

- Regulatory Insufficiency: None noted.

Complaint Allegation: It is alleged staff are told to not call the nurse if a tenant falls or gets hurt.

- Monitoring Observation: The program provided a copy of the "emergency care of tenants" and "employee policy and procedures" when a tenant had an accident, injury or sudden illness, for staff to notify the ambulance service, the person's family or responsible party and to consult with the administrator. Staff #1 stated they are to call the RN as she is available 24 hours a day seven days a week. Staff #3 stated they

were to call the family and 911. The RN stated staff was to call 911 in case of an emergency, transport to the hospital and then notify the RN.

- Regulatory Insufficiency: None noted.

Complaint Allegation: It is alleged the administrator is telling staff how to care for tenants.

- Monitoring Observation: Staff training files indicated staff were trained by and demonstrated their competency to an RN. The RN stated she directed tenant care related to health and personal cares given to tenants.

- Regulatory Insufficiency: None noted.

Complaint Allegation: It is alleged the program has reduced staff so staff are not able to respond to call lights.

- Monitoring Observation: Staff #1 stated staff responded to call lights quickly, from two to five minutes. Staff #3 and 4 stated staff responded to call lights within three to five minutes. A random review of tenant emergency calls on 7-4-07 indicated 47 call lights were answered within 15 minutes, with four calls reported time as unanswered. On 7-14-07, 33 call lights were answered within 23 minutes and on 7-22-07, 52 calls were answered within 8 minutes with three calls reported time as unanswered. Tenants stated during the community meeting call lights are answered quickly. Tenant's #2, 14 and15 stated they are receiving the services they expected.

- Regulatory Insufficiency: None noted.

F. 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 administrator has threatened staff jobs if staff complain, and staff is afraid for their jobs.

Monitoring Observation: Staff #1, 3 and 4 stated they did not feel there job was threatened by the administrator. Staff #2 stated she did not feel threatened by the current administrator but felt threatened by previous management.

- Regulatory Insufficiency: None noted.

Dated this 21st day of September, 2007