Iowa Department of Inspections and Appeals
Assisted Living Program
Final Complaint Investigation & Recertification Monitoring Evaluation Report

Assisted Living Program: **Complaint Intake #:** 14088 & 14028

Ms. Stacy Goldapp, RN
Arlington Place of Red Oak Assisted Living
800 East Ratliff Road
Red Oak, IA 51566

Date of Investigation:

November 27, 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 and recertification on-site visit was conducted at Arlington Place of Red Oak Assisted Living on November 27, 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:	24
Current number of tenants with cognitive disorder:	0
Total Population:	24

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.**

Tenant/Family Satisfaction Results - A community meeting was held in the dining room with 20 tenants. Tenants expressed concern over the turnover in staff but did not give examples how this affects the care and services received. Tenants stated staff are "okay" but also complained that the nurse is in her office and "doesn't do anything except visit with the Administrator." Several tenants stated they hated the food, the meat is tough and food is often served cold. Tenants stated they felt they were not receiving the services they are paying for and felt they could not go to the Administrator (Housing Manager) regarding their concerns. Tenants did state they felt safe and make their own decisions. Tenants stated they could call 911 or staff if medical services were needed. Tenants stated they are not satisfied with the program and wouldn't recommend the program to friends and family.

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)]

Complaint Allegation #14088: It is alleged Tenant #1 fell and complained for two days about something being wrong with his/her back. The Registered Nurse (RN) was notified but did not evaluate the tenant. The tenant "ended up" in the hospital. It is alleged a staff person charted in the nurse's notes the need to help this tenant and then a late entry was made in the nurse's notes.

- Monitoring Observation: Tenant #1, a 91year old, was admitted on 8-14-07 and has diagnoses of: Atrial Fibrillation, Right Breast Mass and Pulmonary Fibrosis. Functional, cognitive and health evaluations were not completed within 30 days of the tenant's admission to the program. Resident Notes of 9-17-07 at 10 p.m. indicated the tenant called staff several times complaining of a lot of back pain and eyes hurting. Staff indicated to the tenant they would pass it on to the day staff to see about getting an appointment for stronger medication or physical therapy. Resident Notes of 9-18-07 indicated an evening staff person asked if day staff was able to get some results for the tenant. Staff from the day shift indicated she spoke to the Housing Manager about having the tenant see a physician for back pain. Resident Notes indicated the Housing Manager's response was to give the tenant time and he/she would "forget about it." Resident Notes of the same entry indicated the tenant called for staff and upon entering staff noted the tenant was trying to call his/her physician at home but was unsuccessful. Staff told the tenant she would report it again in the morning.

  The RN made a late entry dated 9-17-07 and indicated the tenant complained of pain throughout body due to a fall. The tenant was bruised around the left and right eye with multiple bruises throughout. The RN asked if the tenant wanted to see a physician again. Tenant stated he/she "would wait and see how the week goes." The RN indicated she would continue to monitor. Resident Notes of 9-20-07 indicated the tenant complained of extreme back pain. The RN called the tenant's physician and the tenant was admitted to the hospital. Resident Notes of 10-9-07 indicated that after an RN assessment, tenant was not able to return safely to the program unless family provided 24 hour care by an outside agency. Resident Notes of 10-11-07 indicated the tenant returned to the program with 24 hour care provided by a home health agency.

Complaint Allegation #14088: It is alleged the Administrator told staff not to inform family that Tenant #4 needed Hospice care because she would "lose money on the deal."

- Monitoring Observation: Resident Notes of 9-4-07 indicated Tenant #4's daughter was contacted regarding the tenant's complaint of pain. The tenant's daughter stated she had contacted the physician about the tenant's pain, medications and hospice care. Resident Notes of 10-4-07 indicated the tenant was discharged from the program.

  Tenant #2, a 68 year old, was admitted on 2-28-05 and has diagnoses of: Hyperlipidemia and Degenerative Joint Disease. The program completed quarterly

service plan updates beginning 3-28-05. The program did not complete an annual functional, cognitive and health evaluations in 2006 and 2007.

Tenant #3, an 82 year old, was admitted on 2-12-07 and has diagnoses of: Arthritis, Hypertension, Atherosclerotic Heart Disease, Carotid Disease and Hyperlipidemia. Resident Notes of 8-1-07 indicated the tenant tripped and fell during an activity and sustained a large skin tear on the left leg. Resident Notes of 10-1-07 indicated the tenant had a wound with the right lower leg reddened, warm and swollen. The RN reassessed the wound, notified the tenant's physician and received an order for an antibiotic to be given twice daily. The program did not complete functional, cognitive and health evaluations when a change in condition existed.

Tenant #4, an 87 year old, was admitted on 2-3-06 and has diagnoses of: Right Colectomy, Cancer and Diabetes Mellitus. Resident Notes of 8-8-07 indicated the tenant was transported to the hospital for pain to the stomach and body. The tenant returned to the program on 8-16-07. Tenant was again transported to the hospital and later transferred to a local nursing facility. Resident notes do not indicate a return date to the program. Resident Notes of 9-4-07 indicated the tenant requested the RN to contact the tenant's physician regarding pain medication, as the medication was not giving pain relief. Resident Notes of 9-19-07 indicated the tenant was not eating and was comfortable just laying in bed. Staff communication log of 9-30-07 indicated the tenant had trouble swallowing medications and was coughing, causing pain on lower right side. Resident Notes of 10-3-07 indicated the tenant complained of very intense pain. On 10-4-07 the tenant was transferred to the hospital and did not return to the program. The program did not complete functional, cognitive and health evaluations when a change in condition existed.

- Regulatory Insufficiency: The program did not complete a functional, cognitive and health evaluation within 30 days of occupancy and as needed, but not less than annually, to determine the tenant's continued eligibility for the program and to determine any modification to needed services. (25.23 (2))

B. Service Plan – Program has an individualized service plan developed and updated for each tenant as required. [321 IAC 25.28]

- Monitoring Observation: Tenant #1 was admitted on 8-14-07. The program completed an initial service plan on 8-14-07, but did not complete an updated service plan within 30 days of admission and when the tenant returned from the hospital on 10-11-07 indicating tenant required 24 hour care from a home health agency for all personal cares and medication administration.

  Tenant #2's file indicated the program completed quarterly service plan updates beginning 3-28-05 through 9-12-07. Quarterly service plan updates completed indicated no change in condition. Within twelve months, the program updated the service plan but did not update the service plan based upon functional, cognitive and health evaluations.

Tenant #3's service plan of 3-13-07 was not updated to reflect a change in condition as noted in Resident Notes regarding wound care of the left leg on 8-1-07 and of the right leg on 10-1-07.

Tenant #4's Resident Notes of 8-8-07 indicated the tenant was transported to the hospital for pain to the stomach and body. The tenant returned to the program on 8-16-07. On 8-16-07 the tenant was found on the floor and was again transported to the hospital and later transferred to a local nursing facility. No return date is noted. Resident Notes of 9-4-07 indicated the tenant requested the RN contact the tenant's physician regarding pain medication as the medication was not giving pain relief. Resident Notes of 9-19-07 indicated the tenant was not eating and was comfortable just laying in bed. Staff communication log of 9-30-07 indicated the tenant had trouble swallowing medications and was coughing, causing pain in lower right side. Resident Notes of 10-3-07 indicated the tenant complained of very intense pain. The program did not update the tenant's service plan when a change in condition existed.

- Regulatory Insufficiency: The program did not develop service plans for each tenant based on the evaluations conducted in accordance with 25.23 (1) and 25.23 (2) and designed to meet the specific service needs of the individual tenant. (25.28 (1))

- Regulatory Insufficiency: The program did not update service plans within 30 days of occupancy, as needed, but not less than annually. (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 #14088: It is alleged outdated medications can be found in the facility.

- Monitoring Observation: A medication review was completed by the monitor. Medications administered by the program are packaged in daily administered doses and are exchanged weekly by three local pharmacies. Three pharmacies were contacted and stated they were not aware of any outdated medications at the program or any that had been returned from the program. Each pharmacy stated a quarterly inventory review is done to ensure medications are current and appropriately stored by the program. There was no evidence of outdated medications administered by the program.

- Regulatory Insufficiency: None noted.

- Monitoring Observation: A review of Medication Administration Records (MARs) used by the program between 10-1-07 through 10-31-07 indicates staff did not document medications given to tenants. A review of program files indicates the program did not correct medication errors during this period. Medication errors include:

TENANT #	MEDICATIONS/TREATMENTS NOT DOCUMENTED AS GIVEN
#1 10-3-07 10-1-07 & 10-4-07 10-5, 6, 7, 8, & 11-07	 Amiodarone 200mg 1 tablet daily Humabid 300 mg 1 tablet 10 a.m. and 6:00 p.m. Coumadin 3.5 mg 1 tablet daily 6:00 p.m. Prednisone 10 mg 1 tablet 10:00 a.m. and 6:00 p.m. Altace 5mg 2 capsules daily 10:00 a.m. Aspirin 81mg 1 tablet daily 10:00 a.m. Hydroxazine 10 mg at 10:00 a.m. 2:00 p.m. and 6:00 p.m. Cefzil 250mg at 10:00 a.m. and 6:00 p.m. Nitrobid 9 mg at 10:00 a.m. 2:00p.m. 6:00 p.m. and 10:00 p.m. Cardizem 30mg at 6:00 a.m. 2:00 p.m. and 6:00 p.m. Lasix 40mg 1 tab at 10:00 a.m. Atenolol 25mg 1 tablet daily 10:00 a.m. Nitrobid 9 mg 10 p.m.
#3 10-1-07 & 10-2-07 10-17-07 10-30-07	 Diflucan 100mg (not recorded not to be given on these two days Coumadin 2 mg at 4 p.m. Toprolxl 75mg daily at 7:00 a.m. Celebrex 200mg daily at 7:00 a.m. Nexium 40 mg daily at 7 a.m. Norvasc 5mg daily at 7:00 a.m. Potassium Chloride at 7:00 a.m.
#6 10-28-07	 Warfarin 2.5mg 1 tab daily at 8:00 p.m.
#7 10-28-07	 Rivastigmine 3 mg capsule 5:00 p.m.
#8 10-4-07 10-17-07 10-29-07	 Tobradex 2 drops left eye 4:00 p.m. meds not administered Miralax 17gm at 9:00 p.m.
#9 10-2-07 & 10-28-07	 Didn't record Blood Pressure before giving Lanoxin 0.125mg
#10 10-4-07 & 10-24-07 10-25-07 & 10-26-07 10-26-07 10-26-07 10-26-07 & 10-27-07	 Isordil 10mg 7:00 a.m. Lopressor 50mg at 8:00 p.m. Aggrenox 1 capsule at 8:00 p.m. Norvasc 10mg 1 tablet at 8:00 p.m. Cnablex 7.5mg 8:00 p.m.

- Regulatory Insufficiency: The program did not consistently document medications the program agreed to administer. (25.29 (b))

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]

- Monitoring Observation: Tenant #1's file indicated the program did not complete a 90 day nurse review since admission on 8-14-07. Tenant #2's file indicated the last 90 day nurse review was completed on 6-7-06. Tenant #3's file indicated the last 90 day nurse review was a narrative review in the Resident Notes on 10-2-07, but the narrative did not address the personal and health related cares. Tenant #3's file indicated the program did not consistently complete a nurse review every 90 days. Tenant #4's file indicated a 90 day nurse review was never completed.

  Tenant #1's, Tenant #2's, Tenant #3's and Tenant #4's file indicated the program did not sign, date and time physician orders.

- Regulatory Insufficiency: The program did not monitor, at least every 90 days, or after a change in condition, each tenant receiving program-administered medications for adverse reactions to administered medications and make appropriate interventions or referral, and ensure that the prescription medication orders are current and that the prescription medications are administered consistent with such orders. (25.30 (1))

- Regulatory Insufficiency: The program did not ensure that health care professionals' orders for tenants receiving health care professional-directed care from the program are current. (25.30 (2))

- Regulatory Insufficiency: The program did not assess and document the health status of each tenant, make recommendations and referrals as appropriate, and monitor the progress on previous recommendations at least every 90 days or if there are changes in health status. (25.30 (3))

- Regulatory Insufficiency: The program did not provide a registered nurse to provide written documentation of signing, dating and timing physician orders. (25.30 (4))

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 #14088: It is alleged the Administrator told staff to "ignore" Tenant #1 and maybe he/she "will shut up."

- Monitoring Observation: Staff #1 stated the Administrator decided not to make a physician's appointment despite a request by Tenant #1 to see the physician. Staff #1 stated the Administrator told staff to ignore Tenant #1 and maybe he/she would shut up and think about something else.

Complaint Allegation #14088: It is alleged the Administrator does not treat tenants with respect and has called female tenants inappropriate names. It is alleged tenants cannot go to the Administrator as they feel they have been "wronged" by the Administrator and cannot go to her if they have a problem.

- Monitoring Observation: Tenant #2 stated the Administrator has been verbally abusive to him/her and other tenants. Tenant #2 stated the Administrator has called him/her names, has been mean to him/her and other tenants and has yelled at tenants. Tenant #3 stated the Administrator has been inappropriate to tenants, mean spirited and rude. She isn't nice to tenants or to staff. During the community meeting several tenants agreed when one tenant stated the Administrator was demeaning to tenants. When asked, no one gave an example of how the Administrator was demeaning. Staff #1 stated the Administrator was condescending and rude toward tenants. Staff #2 stated the Administrator and tenants don't get along and they have a bad relationship. Staff #2 stated she spoke to tenants about this and feels tenants are upset because staff have left or have been fired. Staff #3 stated she hasn't heard or seen the Administrator be rude, mean, or call tenants inappropriate names. Staff #4 stated she hasn't heard the Administrator be rude or inappropriate with tenants.

- Regulatory Insufficiency: The program did not ensure all personnel employed by or contracting with the program receive training appropriate to assigned tasks and target population. (25.33 (5))

Complaint Allegation #14028: It is alleged there was a power outage at the program between 9-5-07 and 9-7-07, for four and half hours, and the emergency beepers tenants use were not working. It is alleged Tenant #4 fell in the dark and his/her emergency beeper did not work.

- Monitoring Observation: Staff #1 stated Tenant #4 complained of falling, was on the floor for an hour and staff did not check on him/her during that time. Staff #1 stated she didn't inform the RN of the tenant's fall. Tenant #4's Resident Notes did not indicate the tenant had fallen and no incident report was completed. Staff #1 stated Tenants #2 & #3 complained that staff did not complete 10 minute checks during the power outage. Staff #4, who worked during the power outage, stated the tenants' pendants, used to call for assistance, didn't work. Staff #1 stated during the power outage, the call lights did not work. Tenants #2 and #3 stated the pendants were not working during the power outage. Several tenants, at the community meeting, stated the pendants were not working during the power outage**.** Staff #4 stated no tenant had fallen during the power outage. The Administrator stated she had called staff at the program several times during the power outage to see if everyone was okay. The Administrator and RN stated no one told them Tenant #4 had fallen.

  A community meeting was held with 20 tenants in attendance. Several tenants stated staff did not check on them during the power outage of 9-6-07 and the morning of 9-7-07. Other tenants stated they slept through the power outage. Tenant #2 stated he/she had heard that Tenant #4 had fallen but hadn't seen it. Tenant #2 stated staff did not complete 10 minutes checks as no one came into his/her apartment to check. Tenant #3 stated he/she had heard that Tenant #4 had fallen. Tenant #3 stated staff

did not complete 10 minute check during the power outage because he/she didn't see anyone come into her apartment.

- Regulatory Insufficiency: The program did not provide each tenant access to a 24-hour personal emergency response system that automatically identifies the tenant in distress and can be activated with one touch. (25.33 (3))

- Monitoring Observation: Staff #2's initial date of employment was 5-22-07. Staff #5's initial date of employment was 5-28-06. A review of Staff #2's and #5's file indicated the program did not have documentation of dependent adult abuse training.

- Regulatory Insufficiency: The program did not have sufficient trained staff available at all times to fully meet tenants' identified needs. (25.33 (1))

Complaint Allegation #14088: It was alleged staff take money and items from tenants and staff borrow money from tenants.

- Monitoring Observation: Twenty tenants participated in the community meeting and Tenants #2 and #3 were interviewed separately. None of the tenants stated they were missing items or money.

- Regulatory Insufficiency: None noted.

F. Life safety – The program shall follow written emergency policies and procedures and structural safety requirements. [321 IAC 25.37]

Complaint Allegation #14028: It is alleged there was a power outage at the program between 9-5-07 and 9-7-07, for four and half hours and staff did not conduct 10 minute safety checks on tenants. Staff were to check on tenants every 10-15 minutes to ensure tenant's safety. It is alleged staff did not check on tenants every 10-15 minutes and Tenant #4 fell in the dark.-

- Monitoring Observation: Program's Staff Communication Log of 9-6-07 indicated the program had a power outage from 11:30 p.m. until 4:00 a.m. 9-7-07 with staff completing tenant room checks every 10 minutes and indicated everyone was okay. The Administrator stated during a power outage the call buttons used by tenants to call staff did not work and that is why staff completed 10 minute checks.

  Staff #3 stated he/she hadn't worked at the program in September when the power outage occurred. Staff #4 stated she was working the evening of 9-6-07 and completed 10 minute checks during the 4 ½ hours the power was out. Staff #4 stated she was in contact with the Administrator during the outage as the Administrator continually called to see if tenants were okay.

  The Administrator stated they did not have a policy and procedure established for power outages but staff are to use the severe weather policy and procedure for power outages. Staff #1, #2, #3 and #4 stated they did not know if there was a policy and procedure for power outages and what to do if the call pendant system didn't work.

- Regulatory Insufficiency: The program did not have a written policy and procedure which included personal emergency procedures in the event of a power outage. (25.37 (1) (c))

Complaint Allegation #14028: It is alleged emergency lights in the east corridor were not working.

- Monitoring Observation: Tenant #2 stated the emergency lights didn't come on when the power went out and it was dark. Tenant #3 stated the battery lights were dim and some of them didn't work. The Administrator stated emergency lighting is personally checked by her monthly and all the lights worked normally. The Administrator stated fire alarm inspection records, which did not include checking the emergency lighting, are checked annually, with the last inspection dated 10-8-07. The company providing inspection services was contacted and stated they do not check the emergency lights to see if they are working. The fire inspection team who conducted the last visit stated they are not allowed to check the emergency lighting.

- Regulatory Insufficiency: The program did not follow their written emergency policies and procedures. (25.37 (1)a)

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

- Monitoring Observation: Staff #2's file indicated a hire date of 5-22-07, but the program did not provide documentation of a criminal background check completed prior to being hired by the program.

- Regulatory Insufficiency: The program did not complete a criminal and dependent adult abuse check of a staff person prior to employment. (135C.33 (5))

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

- Monitoring Observation: Tenant #1's Resident Notes of 10-9-07 indicated the tenant was assessed by the RN because the tenant was being discharged from the hospital. The RN stated the tenant was able to use the commode with the assist of one. The RN indicated "Tenant is not able to come back here safely unless family provides 24 hour care by an outside agency."

  The tenant's occupancy agreement lists facility admission and criteria to stay at the program requiring a tenant to actively participate in activities of daily living and the program will provide assistance with personal care staff with an additional cost for personal care services. The occupancy agreement did not require the tenant to use an outside agency to provide personal care.

- Regulatory Insufficiency: The program did not operate in accordance with the terms of the occupancy agreement between the assisted living program and the tenant. (231C(8))

I. Retaliation by assisted living program prohibited. An assisted living program shall not discriminate or retaliate in any way against a tenant, tenant's family, or an employee of the program who has initiated or participated in any proceeding authorized by this chapter. (231C.13)

Complaint Allegation #14088: It was alleged the Administrator threatened staff if they called the State.

- Monitoring Observation: Four staff interviewed stated they felt they would not be threatened if they contacted the State.

- Regulatory Insufficiency: None noted.

Dated this 19th day of December 2007.