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

Assisted Living Program: **Complaint Intake #: 15553**

Ms. Shelly Wicks, Administrator
Leland Smith Assisted Living
309 Ovesen Drive
Wilton, IA 52278

Date of Investigation:

February 20, 2008

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 Leland Smith Assisted Living on February 20, 2008. In preparing this report, the following information was considered:

Current Program Census: ***(Type "Not applicable." after section that does not apply.)***

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:	23
Current number of tenants with cognitive disorder:	0
Total Population:	23

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 with 23 tenants in attendance. Tenants stated the building was beautiful, very special, nice, and "as close to home as you can find." Tenants stated staff are responsive to their needs and the food was wonderful with "lots" of variety offered; however, they would like to have more activities. Tenants stated they felt safe and are getting the services they expected. They make their own decisions, are satisfied with the program and would recommend the program to family or friends.

Accreditation Status – Not applicable

Program History – There were no substantiated Regulatory Insufficiencies 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: It is alleged Tenant #1 had diarrhea for approximately two weeks without anything being done. The tenant is light headed and this is probably due to dehydration. The tenant fell in November 2007 and broke two ribs.

Monitoring Observation: Tenant #1, an 89 year old, was admitted on 7-6-05 and has diagnoses of Pain, Macular Degeneration and Osteoporosis. Nurse's notes of 10-5-07 indicated the tenant stumbled and "went down on bottom" with the assistance of a staff person, without injuries noted. On 11-2-07 the tenant fell in the bathroom. The nurse completed an assessment and noted a small lesion on the "back of skull." The tenant was seen by a physician and later that morning was diagnosed with two cracked ribs. Nurse's notes of 11-2-07 through 11-4-07 indicated the tenant requested assistance to stand and complained of pain and dizziness.

Nurse's notes of 11-13-07 indicated the tenant complained of "severe" abdominal pain. An assessment was completed by the Registered Nurse (RN), the physician was contacted and the tenant was sent to the emergency room of the local hospital. The tenant returned to the program on 12-26-07. The program completed a functional, cognitive and health evaluation. Nurse's notes of 1-9-08 indicated the tenant's physician was contacted as the tenant was having "ongoing diarrhea, general discomfort, more confusion." On 1-10-08 the tenant's daughter contacted the program and the program informed her no new orders were received. The tenant's daughter stated she would take the tenant to the physician on 1-11-08. Nurse's notes of a later entry on 1-10-08 indicated a physician's order for a urinalysis (UA) with culture and sensitivity and Metamucil for diarrhea was ordered. The program contacted the tenant's daughter regarding the physician's order. Nurse's notes of 1-11-08 indicated the UA was positive and the tenant was started on Levaquin 250 mg, 1 tablet daily for ten days. On 1-11-08 the tenant was seen by his/her physician with an order for Questran, two scoops daily, and the tenant's Prozac was increased to 30 milligrams (mg) daily. The tenant is to return to the clinic on the following Monday.

Nurse's notes of 1-13-08 indicated the tenant complained of nausea. The tenant was seen by his/her physician with no new orders written. The program notified the tenant's physician on 1-14-08 of the tenant's continued nausea. The tenant was seen by his/her physician later that morning, accompanied by the tenant's daughter. Later that morning the tenant's daughter gave the program a physician's order that the tenant was transferred from the physician's office to a local hospital. The tenant's son informed the program on 1-15-08 the tenant would not be returning to the program. The program did not complete a functional, cognitive and health evaluation when a change in condition as noted on 11-2-07 through 11-4-07.

- Regulatory Insufficiency: The program did not complete a functional, cognitive and health evaluation as needed, to determine the tenant's continued eligibility for the program and to determine any modifications 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]

Complaint Allegation: It is alleged Tenant #1 walked to the physician's office unassisted by staff.

Monitoring Observation: Tenant #1's cognitive evaluation was completed on 10-24-07, staging the tenant at a two on the Global Deterioration Scale (GDS), indicating very mild cognitive decline. The tenant's service plan of 10-24-07 indicated the tenant was independent with ambulation but uses a walker inside and out side of the program. On 11-9-07 the tenant was directed to walk by himself/herself to the physician's office. The RN stated this entry was incorrect, that she didn't tell the tenant to walk to the physician's office, but did not make a late entry correcting the previously written statement.

- Regulatory Insufficiency: None noted.

Dated this 26th day of February, 2008.

Plan of Correction for Leland Smith Assisted Living

Evaluation of Tenant

Regulatory Insufficiency: The program did not complete a functional, cognitive, and health evaluation as needed, to determine the tenant's continued eligibility for the program and to determine any modifications to needed services. (25.23(2))

POC:
The tenant that this insufficiency relates to has moved permanently out of the facility.

For any current and future tenants, the RN Coordinator will do a nurse review for any tenant that has a medication change, fever, new complaint, or any change in their needs. This review will include a functional needs assessment, mini mental exam, GDS, and health evaluation. The RN Coordinator will then review the service plan to see if any changes need to be made, make those changes if needed, and inform the staff of the changes. Service plan changes with beginning and ending time frames will be specified.

Staff will inform the RN Coordinator immediately when individual tenant needs change that prompt a nurse review. Staff will be in-serviced on the importance of immediately informing the RN Coordinator of tenant changes.

The RN Coordinator will monitor for permanent compliance.