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

Assisted Living Program: **Complaint Intake #: 16744**

Kathy Beal, Administrator
Continental at St. Joseph's
19999 St Joseph's Dr.
Centerville, Iowa 52544

Date of Investigation:

April 7 and 8, 2008

Monitor(s):

Michael Streepy 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)]. 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 Continental at St. Joseph's on April 7 and 8, 2008. In preparing this report, the following information was considered:

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:	30
Current number of tenants in a DSP that serves 5 or more tenants with dementia or cognitive disorder staged between 4 and 7 on the Global Deterioration Scale (GDS):	5
Current number of tenants without cognitive disorder	25
Total Population:	30

***These are the census numbers represented by the program to be applicable at the time of the on-site.**

Accreditation Status – Not applicable.

Program History – There have been 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)]

Complaint Allegation: Complaint 16744 alleges the tenant was taken to the emergency room at the local hospital where the tenant was found to have an impaction, the complaint alleges the tenant was given Haldol which is constipating and the program did not have bowel monitoring records.

- Monitoring Observation: Tenant #1, a 95 year old was admitted to the program 06-24-04 with diagnoses including: Dementia, Legally Blind, Degenerative Arthritis and Macular Degeneration. The tenant resided in the Memory Care unit of the program. The tenant was receiving Haldol per physicians order with input from the tenants Power of Attorney (POA). The program initiated bowel monitoring after the incident with impaction at the hospital. The tenant had been independent with toileting prior to the incident.

- Regulatory Insufficiency: None noted.

Complaint Allegation: Complaint 16744 alleges bruising was found on the tenant 03-06-08 and the POA was not notified and the program did not know how it had happened. The complaint further alleges after the physician visit and X-rays the tenant was using a wheelchair but had been ambulatory with a walker prior to this incident.

- Monitoring Observation: Review of nurse's notes for 03-05-08 reveal the tenant was found on the floor during hourly checks no bruising was identified at the time but with follow up on 03-06-08 the bruising had become evident, the tenant had a physician's appointment on that date and the POA's husband took the tenant to the appointment. Review of nurse's notes from 02-14-08 indicate the tenant frequently needed to use the wheelchair for distance and required assistance with transfers after an episode of unresponsiveness. Program discussion with the POA is documented on 03-07-08 and 03-08-08 regarding the tenant and level of care issues.

- Regulatory Insufficiency: None noted.

Complaint Allegation: Complaint 16744 alleges the tenant had become like a "zombie" as the program wanted her sedated due to aggressive behavior.

- Monitoring Observation: Review of nurse's notes from 01-21-08 indicates an increase in aggressive behaviors by the tenant toward staff and other tenants. The POA and program staff are documented as having discussed the use of Haldol and numerous changes in dosages with physician orders obtained and followed during the period.

- Regulatory Insufficiency: None noted.

Complaint Allegation: Compliant 16744 alleges on 03-10-08 the tenant was dropped during transfer from a wheelchair to a more comfortable chair causing the tenant to be bruised from head to toe and the staff were not using gait belt to transfer

- Monitoring Observation: Review of nurse's notes for 03-10-08 document tenant was walking from the wheelchair to a lift chair, with stand by assistance, when the tenant fell backwards. When staff attempted assistance, the tenant did not pick up his/her feet to walk. Later in the evening on 03-10-08, while staff were assisting the tenant to bed the tenant sat down on the floor during ambulation. The family was notified on both occasions. Interviews with program staff reveal they do not always use gait belts.

- Regulatory Insufficiency: None noted.

During the course of the investigation the following information was obtained:

- Monitoring Observation: Tenant #1 had no documentation of Health, Functional or Cognitive evaluations following change of condition including increased aggression towards staff and other tenants 01-21-08 and unresponsive episode on 02-14-08 with increased need for services including transfers and occasional feeding.

- Regulatory Insufficiency: The program did not consistently evaluate each tenant's Functional, Health and Cognitive status as needed to determine the tenant's continued eligibility for the program and to determine nay modifications to services needed. (25.23(2)).

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 had no documentation of updated Service Plan following change of condition with increased aggression towards staff and other tenants on 01-21-08 and unresponsive episode on 02-14-08 with increased need for services including transfers and occasional feeding.

  Tenant #2, an 85 year old was admitted to the program 03-01-08 with diagnoses including: Osteoporosis, Hypertension and Arthritis. The Tenant's initial Service Plan was dated 02-18-08 with the Health evaluation completed 03-01-08.

- Regulatory Insufficiency: The program did not consistently ensure the Service Plan would be updated whenever changes are needed. (25.28(2)).

- Regulatory Insufficiency: The program did not consistently ensure Service Plans would be developed for each tenant based on evaluations conducted in accordance with 25.23(1) and 25.23(2). (25.28(1)).

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: Complaint 16744 alleges the Tenant was like a "zombie" and the program wants the tenant sedated as they say she is becoming aggressive.

- Monitoring Observation: Review of the Tenant #1's records indicate the tenant had become increasingly aggressive since 01-21-08 with the tenant being aggressive towards staff and other tenants. The program, in consultation with the POA, sought physician orders and changed medication dosages on numerous occasions in an effort to modify the behaviors and enhance the tenants function.

- Regulatory Insufficiency: None noted.

D. 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: Complaint 16744 alleges there is only 1 staff person in the memory care unit after 2:00 p.m. for 12 to 13 tenants in the unit. The complaint alleges a safety concern regarding Tenant #1 who is not being cared for or toileted.

- Monitoring Observation: Review of staffing schedules and interviews with program staff indicate the program is licensed for 10 tenants only in the memory care unit. The unit is staffed with one staff person in the unit at all times and two staff in the unit from 8:00 a.m. until 2:00 p.m. and two staff from 4:00 p.m. until 8:00 p.m. Tenant needs appear to be met. Record review indicates staff documentation of 1 hour monitoring of Tenant #1 and bowel function monitoring for Tenant #1 per physician order. Nursing services are available in house and on call with response of on call staff being five to ten minutes.

- Regulatory Insufficiency: None noted.

E. Dementia-specific education for program personnel – A dementia-specific program shall employ or contract with personnel who have received appropriate dementia-specific education and training. [321 IAC 25.34]

- During the course of the investigation the following information was obtained:

- Monitoring Observation: Review of personnel files for 6 staff persons revealed no documentation of 6 hour dementia specific in-service training in the past year. Undated modules were present in the files but the program could offer no documentation of in-service. Staff #1, the program nurse, with last dated dementia training 04-25-05. Staff #2, a Certified Nurses Aide, with last dated dementia training 07-23-05. Staff #3, a Care Provider, with last dated dementia training 04-03-06 Staff #4, a Certified Nurses Aide, with last dated dementia training 04-20-06. Staff #5, a Certified Nurses Aide, with last dated dementia training 06-16-06. Staff #6, a Certified Nurses Aide, with no documentation of dementia training.

- Regulatory Insufficiency: The program did not consistently ensure that all direct contact personnel shall receive a minimum of 6 hours of dementia specific continuing education annually. (25.34(3)).

F. Managed Risk Statement – Program has a managed risk statement which includes the tenant's or legal representative's signed acknowledgement of the shared responsibility for identifying and meeting needs and the process for managing risk and upholding tenant autonomy when tenant decision making may result in poor outcomes for the tenant or others. [321 IAC 25.36]

During the course of the investigation the following information was obtained:

- Monitoring Observation: Record review for Tenant #1 revealed the tenant had no documented Managed Risk agreement signed acknowledgement of shared responsibility for identified needs and process for managing risk when tenant decision making may result in poor outcomes for the tenant or others. The tenant record indicates increased aggressive behaviors towards staff and other tenants from 01-21-08 and increased falls and associated bruising from 02-22-08 with 4 incident reports from 03-05-08 through 03-11-08, as well as a 30 day notice do to level of care served 03-06-08 with no documentation of managed risk.

- Regulatory Insufficiency: The program did not consistently engage in establishment of managed risk agreement including the tenant's or if applicable, the legal representative's signed acknowledgement of the shared responsibility for identifying and meeting the needs of the tenant and process for managing risk and upholding tenant autonomy when tenant decision making may result in poor outcomes for the tenant or others. (25.36(231C).

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

Complaint Allegation: Complaint 16744 alleges the tenant's bottom teeth are missing.

- Monitoring Observation: Review of nurse's notes indicate the tenant would refuse to place the teeth. Interview with program personnel reveals the tenant would wrap the teeth in paper towels and leave the teeth in different areas.

- Regulatory Insufficiency: None noted.

Dated this 17th day of June, 2008.

THE CONTINENTAL
at St. Joseph's

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June 4, 2008

Ms. Connie Schaffer
Certification Coordinator-Central Iowa
Health Facilities Division
Lucas State Office Building
321 East 12th Street
Des Moines, Iowa 50319

RE: Plan of correction for complaint investigation #16744

Dear Ms. Schaffer:

Please, review the following plan of correction for The Continental at St. Joseph's Assisted Living.

A. Regulatory insufficiency #1. Evaluation of tenant's functional, cognitive, and health status to determine eligibility for the program. Tenant #1 is deceased due to a heart attack. The RN has been instructed on correct assessment and has attended a class on documentation provided by IHCA/ICAL and DIA. All tenant's are now being assessed in the appropriate time frame with the correct assessments being done. A quality audit will be done on all admissions, hospital discharges, and randomly on others to assure compliance with regulations.
B. Regulatory insufficiency#2: Service plan is updated as needed. Tenant #1 is deceased. Tenant #2 is no longer tenant. RN has been instructed and attended a class on documentation for appropriate frequency, updating of care plans. Audits will be randomly done on all charts and routinely with new admissions/post hospitalizations.

C. Regulatory insufficiency#3· Ensuring service plans are developed based on evaluation. Tenant#2 no longer a tenant. RN has reviewed code and attended class on assessments and documentation. She verbalizes appropriate time frames for assessments and service plans. All new admits, post hospitalizations will be audited with others being done randomly.
D. Regulatory insufficiency#4: Staff #1-6 failure to document 6 hours of dementia training. All newly hired staff is currently receiving 6 hours of training during orientation since October 2007 with dates being documented on training quizzes and files. Staff hired prior to October 2007 is receiving 6 hours updated training with documentation of dates.
E. Regulatory insufficiency#5: Tenant #1 no risk management agreement. RN has reviewed regulation. Shared risk statement will be completed on all tenants who have over 2 falls in a 1 (one) month period. Will continue to notify POA of falls in memory care unit. Will do continue monitoring of all falls/events by RN.

Please, feel free to contact me if you are in need of further information.

Sincerely,

Kathy Beal

Kathy Beal, RN
Manager