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

Assisted Living Program: **Complaint Intake #:** 17817

K'lee Lathum, Administrator
Shores At Pleasant Hill Assisted Living
1500 Edgewater Drive
Pleasant Hill, IA 50327-0921

Date of Investigation:

June 18, 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 on-site visit was conducted at Shores at Pleasant Hill Assisted Living on June 18, 2008. 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:	19

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:	13
Total Population:	32

***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 were substantiated complaints in the areas of: Evaluation of Tenant, Tenant Documents, Service Plan, Medications, Nurse Review, Nursing Assistant Work Credit, Food Service, Staffing, Managed Risk, Record Checks and Life Safety 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 #2, a 92 year old, was admitted to the program on 4-1-08 and has a diagnosis of Dementia. The tenant resides in the dementia unit. A cognitive evaluation was completed on 6-5-08, staging the tenant at a six on the GDS, indicating moderately severe cognitive decline. Health profile notes of 5-23-08, written by the registered nurse (RN), indicated the tenant met hospice criteria related to Dementia. Hospice care plan of 6-4-08 indicated the tenant was admitted to hospice on 6-4-08. The program completed a cognitive and health evaluation on 6-5-08, but did not complete functional, cognitive and health evaluations when the RN noted a change in health status on 5-23-08.

- Regulatory Insufficiency: The program did not evaluate each tenant's functional, cognitive and health status as needed to determine the tenant's continued eligibility for the program and to determine any 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, a 92 year old, was admitted on 6-13-08 and has diagnoses of: Dementia, Falls, Generalized Weakness, Shortness of Breath with Exertion, Arthritis, Anemia, Aphasia and Incontinence. The tenant resides in the dementia unit. A cognitive evaluation was completed on 6-12-08, staging the tenant at a four on the GDS, indicating moderate cognitive decline. The tenant was admitted to hospice on 4-4-08. Hospice plan of care of 4-7-08 was updated on 6-10-08 and indicated a home health aide was providing assistance with Activities of Daily Living (ADLs) twice weekly. Service plan of 6-13-08 did not indicate the home health aide provided assistance with ADLs. The program did not have a copy of the hospice plan of care and did not coordinate care given to the tenant by the program and hospice.

  Tenant #2's service plan was updated on 6-5-08, thirteen days after a change in health status was indicated in health profile notes on 5-23-08. Hospice care plan of 6-4-08 indicated hospice, beginning 6-4-08 would provide assistance with ADLs two to three times weekly for twelve weeks. Service plan of 6-5-08 references under "case management" that the tenant received hospice services but did not identify services provided by hospice. The program did not coordinate care given to the tenant by the program and hospice.

  Tenant #3, a 90 year old, was admitted on 4-22-08 and has diagnoses of: Alzheimer's Disease, Hyperthyroidism, Osteoporosis and Stress Incontinence. The tenant resided in the dementia unit. A cognitive evaluation was completed on 5-9-08, staging the tenant at 4.6 on the GDS, indicating moderate cognitive decline. Service plan of 5-9-08 indicated hospice would provide a home health aide to assist with cueing at meals

times at least two to three times weekly, to continue to transfer with one staff assist with hospice physical therapy services "for time to be determined by hospice," the tenant will receive services from hospice and the tenant will receive visits from hospice volunteers, chaplain and social worker as needed. The tenant's file did not have a hospice care plan. A copy of the hospice care plan obtained by the monitor indicated the need to establish a fall prevention program and for the tenant to have continuous inhalation of oxygen. The service plan of 5-9-08 did not include these interventions.

- Regulatory Insufficiency: The program did not update the service plan as needed, when a tenant needs personal or health-related care.25.28(3)

- Regulatory Insufficiency: The program did not individualize the service plan and did not indicate, at a minimum, the tenant's identified needs and the tenant's requests for assistance and expected outcomes. (25.28 (4) (a))

C. Another business or activity in an assisted living program – If another business or activity is conducted within the program, the program ensures that business or activity complies with state and federal rules and does not interfere with the services provided to program tenants or reduce space, services or staff necessary to meet tenants' needs. [321 IAC 25.35]

Complaint Allegation: It is alleged the program is providing health care services to residents residing in an Independent Living program.

- Monitoring Observation: Staff #1, #2, #3, #4, #5 and #6 stated staff in the assisted living program did not offer personal and health related cares to residents in the Independent Living program.

Complaint Allegation: It is alleged a resident from the Independent Living program received adult day care services in the dementia unit.

- Monitoring Observation: Staff #1 stated Tenant #1 was the only non-tenant who stayed in the memory care unit. Tenant #1's spouse asked if his/her spouse could stay in the memory care unit as the tenant's daughter hadn't arrived to watch her parent. The Administrator stated the tenant was in the memory care unit to watch television and was not receiving personal or health related care. The Administrator stated no other tenant used the dementia unit.

- Regulatory Insufficiency: None noted.

Dated this 19th day of August, 2008