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

Assisted Living Program: **Complaint Intake #: 17591**

Stephanie Deschoup, Administrator
Glenwood Place Assisted Living
2907 S 6th St
Marshalltown, IA 50158-4687

Date of Investigation:

May 28, 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 Glenwood Place Assisted Living on May 28, 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:	32
Current number of tenants with cognitive disorder:	6

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:	8
Current number of tenants without cognitive disorder:	2
Total Population:	48

***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 14 tenants in attendance. Tenants stated they liked living at the program and stated staff were meeting their needs. Staff are respectful, caring and trained to give the cares needed. Food served was good, but is not always served hot and the portions are small. Tenants felt safe, were receiving the care they contracted for and enjoyed the activities offered by the program. Tenants stated they made their own decisions regarding their personal and health-care choices. Tenants stated they would recommend the program to others.

Accreditation Status – Not applicable.

Program History – There were substantiated regulatory insufficiencies in the areas of: Occupancy Agreement, Evaluation of Tenant, Service Plan, Medications, Staffing and Exit Alarm Door during this certification period.

Complaint Investigation – The complaint investigator(s) made the observations detailed in the following areas.

A. Criteria for exclusion of tenants - Program does not admit or retain tenants that require a higher level of care, unless a written exception has been applied for and approved. [321 IAC 25.23(3); 25.24]

Complaint Allegation: It is alleged Tenants #1 and #2 "need a higher level of care."

- Monitoring Observation: Tenant #1, a 97 year old, was admitted on 8-24-04 and has diagnoses of: History of Prostate Cancer, Coronary Artery Disease, Depression, Anxiety, Hypertension (HTN), Renal Insufficiency and Diabetes Mellitus. The tenant was admitted to Hospice on 2-5-08 and has a primary diagnosis of Congestive Heart Failure (CHF). A cognitive evaluation was completed on 5-27-08, staging the tenant at six on the GDS, indicating severe cognitive decline. The program completed functional, cognitive and health evaluations on 2-15-08 when the tenant was admitted to hospice and on 5-27-08, with a change in health status. Service plans were updated on 2-15-08 and 5-27-08 and reflected the individualized needs of the tenant. The program did not retain a tenant who exceeded level of care.

  Tenant #2, a 90 year old, was admitted on 8-15-00 and has diagnoses of: Diabetes Mellitus II, Dementia, CHF, Chronic Obstructive Pulmonary Disease (COPD), HTN and Anemia. A cognitive evaluation was completed on 5-02-08, staging the tenant at three on the GDS, indicating mild cognitive decline. Functional, cognitive and health evaluations were completed on 5-2-08 and reflected the individualized needs of the tenant. The program did not retain a tenant who exceeded level of care.

- Regulatory Insufficiency: None noted.

B. 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 a Licensed Practical Nurse (LPN) comes to work drunk, making numerous medication errors.

- Monitoring Observation: Staff #1 and #2 stated an LPN would have alcohol (ETOH) on her breath when she came to work; however, she treated tenants appropriately. Staff #1 and #2 stated the LPN no longer works at the program. Staff #1 stated there had been some confusion regarding Medication Administration Records (MARs). Medication incident reports are completed and the registered nurse (RN) reviews errors with staff. Staff #2 stated there had been none to one medication errors weekly over the last two months, but when there is a medication error, an incident report is completed.

Complaint Allegation: It is alleged Tenant #2 is not receiving a breathing treatment when ordered.

- Monitoring Observation: A review of Tenant #2's MARs for March, April and May 2008 indicated the tenant received breathing treatments as ordered.

Complaint Allegation: It is alleged staff are incompetent and are "druggies."

- Monitoring Observation: Staff #1 stated one staff person told her they use Marijuana. Staff #2 stated the LPN would have alcohol on her breath when she came to work. An email was received from the program of completing random drug testing and finding three staff positive for being under the influence.

- Regulatory Insufficiency: The administration of medications shall be provided by an Iowa-licensed registered nurse or advanced registered nurse practitioner registered in Iowa or the authorized agent in accordance with 655—subrule 6.2(5) and 655—subrule 6.3(1) and Iowa Code chapter 155A and in executing the medical regimen as prescribed by the physician, the registered nurse shall exercise professional judgment in accordance with minimum standards of nursing practice as defined in these rules: 25.29(2)a, 655-6.2(5)e(152).

C. 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 "things" are being stolen from tenants and the Administrator "isn't doing anything about it."

- Monitoring Observation: Tenants, who attended a community meeting, were asked if their personal belongings, including cash and jewelry were missing. Tenants stated they weren't missing any belongings. Tenant's stated they felt safe and trusted everyone at the program. Staff #1 stated she had heard of money missing from a tenant's purse. Staff #2 stated she heard money was missing from a tenant's purse about a month ago. The Administrator provided a documentation that a tenant had complained of money missing on 4-21-08 after returning from Bingo. An investigation indicated the tenant's son and daughter stated they didn't believe there was money in the tenant's purse. The tenant stated, after speaking with his/her daughter he/she didn't think money was missing.

- Regulatory Insufficiency: None noted.

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

Complaint Allegation: It is alleged staff providing care for tenants under the "waiver program" are under the required age of eighteen.

- Monitoring Observation: Iowa Administrative Code Chapter 25 for Assisted Living program does not have rules related to this issue.

- Regulatory Insufficiency: None noted.

Dated this 18th day of July, 2008