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

Assisted Living Program: **Complaint Intake #:** 17397

Eldred Kingerly, Administrator
Calvin Community Assisted Living
4210 Hickman Rd.
Des Moines, IA 50310-3333

Date of Investigation:

May 7, 2008

Monitor(s):

Lincoln Newsom, 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 Calvin Community Assisted Living on May 7, 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:	73
Current number of tenants with cognitive disorder:	21
Total Population:	94

***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 Regulatory Insufficiencies in the areas of: Evaluation of Tenants and Service Plan during this certification period.

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

A. Occupancy Agreement – The program shall enter into an occupancy agreement with the tenant or tenant's legal representative, if applicable, prior to the tenant's taking occupancy that clearly describes the rights and responsibilities of the tenant and of the program, and shall sign a managed risk policy disclosure statement. [321 IAC 25.22]

Complaint Allegation: The program stopped providing medication services with only one hour notice.

Monitoring Observation: Tenant #1, a 66 year old, was admitted on 2-12-08, and had diagnoses of: Depression and Psychomotor Retardation. The programs Registered Nurse (RN) and Licensed Practical Nurse (LPN) indicated the program did not give the tenant or the tenants' court appointed Guardian/ Durable Power of Attorney (DPOA) a written 30 day notice that medication administration was no longer going to be provided. Both nurses stated there is a flat room rate and services such as medication administration are not provided in the monthly rate and do not require a 30 day written notice to be discontinued. The LPN and RN stated the medication administration provided to the tenant was discontinued with approximately one hour notice on 2-23-08, because of concerns the Guardian/DPOA had with how the medications was administered. The DPOA was aware of this change.

- Regulatory Insufficiency: None noted.

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 complaint investigation, the following information was obtained:

Monitoring Observation: Tenant #1's service plan of 2-23-08, indicated the program discontinued assistance with mobility, medication administration, well-being, mental status, bathing, hygiene, dressing and housekeeping. The service plan was signed by the tenant's Guardian/ DPOA and the RN, but did not include two additional staff.

Tenant #2, a 90 year old, was admitted on 5-5-07 and had admitting diagnoses of: Hyperlipidema, Congestive Heart Failure, Diabetes Type One and Hypertension (HTN). The tenant's service plan was updated on 11-27-08, after the tenant had skin biopsies completed. The service plan was signed by the tenant and the RN, but did not include two additional staff.

Tenant #3, an 86 year old, was admitted on 2-7-08 and had diagnoses of: Dementia, Anemia and Urinary Incontinence. The service plan was updated on 3-14-08 and included physical therapy. The service plan was signed by the tenant, the tenant's DPOA, the RN and a staff person, but did not include one additional staff person.

- Regulatory Insufficiency: The program did not consistently update service plans by a multidisciplinary team that consist of no fewer than three individuals, including a health care professional and other staff appropriate to meet the needs of the tenant, in consultation with the tenant and, if applicable, with the tenant's legal representative. (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: Tenant #1 was not receiving his/her medication as ordered.

- Monitoring Observation: A review of Tenant #1's Medication Administration Records (MAR's) from 2-12-08 through 2-22-08 indicated the tenant received medications as prescribed.

- Regulatory Insufficiency: None Noted

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

- Monitoring Observation: Tenant #4, a 95 year old, was admitted on 4-27-06 and had diagnoses of: HTN, Chronic Pulmonary Obstructive Disease and Pulmonary Fibroses. While the tenant was in the hospital, he/she was on prednisone 5mg; it was started on 3-11-08. The tenant returned to the program on 3-12-08 and did not receive his/her dose of prednisone on 3-16-08 through 3-20-08.

- 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 (25.29(2)a.

Dated this 20th day of June, 2008.