IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

January 22, 2009

Complaint: #21599-I

Jenny Knust, Administrator
Wesley Grand Central Assisted Living
3520 Grand Ave
Des Moines, IA 50312-4359

RE: Complaint Investigation Report, Wesley Grand Central Assisted Living, Des Moines, IA

Dear Ms. Knust:

The Department of Inspections and Appeals (DIA) has completed the review of your Plan of Correction (POC) in response to the Complaint Investigation conducted on December 1, 2008. DIA has reviewed the complaint, the investigation report, and the POC. The documentation was in order and the POC is accepted. No further action on part of the program is necessary.

The Department's findings must be based on the current situation, including but not limited to: staff interviews, documentation, monitor observation and tenant interviews.

We thank you and your staff for your cooperation in the investigation of this Complaint. If you have any questions, please contact me at 515-281-5003.

Sincerely,

Connie Schaffer

Connie Schaffer
Certification Coordinator – Central Iowa
Health Facilities Division
Adult Services Bureau

Enclosures

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

Assisted Living Program: **Complaint Intake #: 20861-C**

Jenny Knust, Administrator
Wesley Grand Central Assisted Living
3520 Grand Ave
Des Moines, IA 50312-4359

Date of Investigation:

December 1, 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 Wesley Grand Central Assisted Living on December 1, 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:	46
Current number of tenants with cognitive disorder:	0
Total Population:	46

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.**

Accreditation Status – Not applicable.

Complaint History – There have been no substantiated Regulatory Insufficiencies 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: It is alleged a tenant did not receive a 14 day notice to vacate the program as stated in the Occupancy Agreement and the program was unable to re-admit him/her.

- Monitoring Observation: In an interview with the Administrator, she stated, she had spoken to Tenant #1's family member and advised him the tenant would be accepted back to the program upon discharge from the hospital, but only with his/her 24 hour caregiver, while the family member sought other arrangements. The tenants' current Occupancy Agreement is dated June 7, 2006. The Occupancy Agreement indicates the program will give no less than fourteen (14) days notice to terminate and does not indicate, at a minimum, a thirty (30) day notice of termination.

- Regulatory Insufficiency: The program did not notify the tenant or the tenant's representative, as applicable, in writing at least 30 days prior to any change being made in the occupancy agreement.(25.22(3)(f))

B. 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 #1, a 90 year old, was admitted on 6-4-04 and had diagnoses of: Dementia, Depression and Coronary Artery Disease. A cognitive evaluation was completed on 6-7-07, staging the tenant at a four on the Global Deterioration Scale (GDS), indicating moderate cognitive decline. On 6/4/08 the program completed an annual functional and health evaluation, but did not complete a cognitive evaluation. The program did not consistently complete cognitive evaluations at least annually.

- Regulatory Insufficiency: The program did not evaluate each tenant's cognitive status annually, to determine the tenant's continued eligibility for the program and to determine any modifications to services needed. (25.23(2))

C. 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]

During the course of the investigation, the following information was obtained.

- Monitoring Observation: Nurses notes dated 7/10/08 indicated the nurse had received a phone call from staff at 8:30 pm stating Tenant #1 was extremely anxious and combative and threatened to "kill" his/her care giver. Nurse's notes dated 7/11/08

indicated the tenant had made threats to hurt and kill staff, and hit and punched the caregiver. The tenant was then transferred to a local hospital for evaluation.

Staff # 1, stated some days the tenant was "sweet" and then "would turn on you in no time." Staff # 1 stated she had been hit in the arm by the tenant two times. The tenant had managed to wander outside greater than 50 feet from the building toward the road. The tenant had pushed another tenant on the elevator a few months prior to being hospitalized. Staff #1 stated Tenant #1 was paranoid at times and would refuse to take his/her medications.

Staff #2, stated "on a good day the tenant was charming, and then would become paranoid, which started the first part of this year." The tenant would question medications and would at times refuse medications. Staff #2, stated she had been hit in the arm by the tenant one time. Staff #2, stated Tenant #1 had a verbal confrontation with another tenant and hit the tenant.

The program's Registered Nurse (RN) stated, in her opinion, the tenant did not meet criteria for assisted living since March or April, 2008. She stated the tenant was getting more verbally aggressive towards staff, "swearing, throwing arms" but she did not know if the Tenant was trying to hit them. She stated there had been a lot of conversations with the tenant's family member related to these concerns. She stated she knew of one staff member that had been hit by the tenant, and had a punch thrown at her but not hit. She stated the tenant had been verbally aggressive to another tenant on the elevator.

The Administrator stated, she felt the tenant would be better served by a Chronic Confusion and Dementing Illness Unit.

- Regulatory Insufficiency: The program did not discharge a tenant who: (1) Despite intervention chronically wanders into danger, is sexually or physically aggressive or abusive, or displays unmanageable verbal abuse or aggression (2) Displays behavior that places another tenant at risk. (23.23(3))

F. 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 an annual service plan developed on 6/4/08. The service plan was signed by a health care professional and two additional staff; however, it did not include the tenant's signature. The service plan completed on 6-7-07 was not based on a cognitive evaluation. (Health and functional evaluations were completed on 6-4-08.)

- Regulatory Insufficiency: The program did not develop a service plan that was based on the evaluations conducted in accordance with 25.23(1) and 25.23(2). (25.28(1))

- Regulatory Insufficiency: The program did not have all persons who develop the service plan and the tenant or the tenant's legal representative sign the plan. (25.28(2))

G. 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 the tenant had been missing medications.

- Monitoring Observation: A review of Medication Administration Records (MARs) for the months of May and June, 2008 for Tenant #1 indicated there had been either medications not given or medications that were not documented as given. From May 1, 2008, through June 30, 2008, there were at least 97 medication errors.

  The MARs for May and June 2008 also indicated the documents had white out applied to cover initials, or a red pencil was used to document initials of those giving medications had been used and then erased.

  The program's RN, stated it appeared to her white out had been use on the documents, and she saw where red pencil had been used and then erased. She also stated it is the program's practice to use either black ink or blue ink to document on MARs.

  The program's Administrator, also stated it appeared white out had been used on the documents where red pencil had been used and then erased.

- 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 22nd day of January, 2009.