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

Assisted Living Program: **Complaint Intake #: 15647**

K'Lee Lathum, Administrator
The Shores at Pleasant Hill
1500 Edgewater Drive
Pleasant Hill, IA 50327-0968

Date of Investigation:

February 13, 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 The Shores at Pleasant Hill Assisted Living on February 13, 2008. In preparing this report, the following information was considered:

Current Program Census:

General Population Program (GPP)* **–** 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 without cognitive disorder:	24
Current number of tenants with cognitive disorder:	1

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:	5
Current number of tenants without cognitive disorder:	3
Total Population:	33

***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. 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 tenants are charged for pages made by them and Tenant #2 was told by the Administrator he/she was not charged for pages made by the tenant.

- Monitoring Observation: Tenant #2, a 93 year old, was admitted on 6-1-07 and had diagnoses of: Bells Palsy, Hypertension (HTN), Non Insulin Dependent Diabetes Mellitus, Iron Deficiency, Hypothyroidism, Coronary Artery Disease, Hyperlipidemia, Atrial Fibrillation, Gastro Esophageal Reflux Disease (GERD), Renal Insufficiency and Anemia. The tenant's occupancy agreement was signed by the tenant on 6-1-07 and has an Optional Services Schedule, Attachment C of basic services. Basic services include use of an emergency call pendant. The Administrator stated basic services allow tenants to page staff for assistance. Services needed or requested by the tenant are listed along with the cost associated for those services. The tenant stated he/she is aware of and participates in the basic services offered by the program.

- Regulatory Insufficiency: None noted.

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 79 year old, was admitted on 8-7-06 and had diagnoses of: HTN, Urinary Tract Infections, Hyperlipidemia, Hyperthyroidism, Alzheimer's Disease, Degenerative Joint Disease, Glaucoma and GERD. A cognitive evaluation was completed on 12-3-07, staging the tenant at five on the Global Deterioration Scale (GDS) and indicated moderately severe cognitive decline. The program completed a functional and health evaluation on 12-3-07 and a service plan update on 12-3-07. The functional evaluation indicated the tenant needed assistance from the wheelchair into and out of bed, is unsteady on feet and/or falls weekly, but did not indicate the need for two-staff to routinely transfer the tenant. Staff #1, #2, #3 and #4 stated the tenant required routine two-person assist with transfer. The monitor observed three separate transfers through the course of the day and each required two staff to safely transfer the tenant.

  Tenant #2's functional evaluation of 6-29-07 indicated the tenant needed "some help" in and out of shower or bath, was independent with dressing, mobility, ambulation and independent with toileting. The tenant received physical therapy (PT) from 9-19-07 through 10-4-07. The physical therapy discharge summary of 10-4-07 indicated the tenant required extensive assist of three to dress, bath, toilet, transfer and for "functional mobility." The program did not complete a functional, cognitive and health evaluation to determine any modifications to needed services.

- Regulatory Insufficiency: The program did not complete a functional, cognitive and health evaluation as needed, to determine the tenant's continued eligibility for the program and to determine any modifications to needed services. (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]

Complaint Allegation: It is alleged Tenant #2 "is too high a level of care to be at the facility" and Tenant #2 "requires two staff to safely transfer" the tenant.

- Monitoring Observation: Tenant #2 received PT from 9-19-07 through 10-4-07. The PT discharge summary of 10-4-07 indicated the tenant was discharged as the tenant reached maximum potential. The tenant required extensive assist of three to dress, bath, toilet, transfer and for functional mobility. Physician's order of 2-11-08 indicated an order for a wheel-chair with cushion due to diagnoses of disability/immobility. Staff #2, #3 and #4 stated the tenant required routine two-person assist with transfer. Staff #2 stated the tenant is doing better but continues to needs the assist of two staff 100% of time to transfer. Staff #3 stated the tenant needs a two-person assist with transfer "almost, all the time." The Administrator requested the monitor to speak to Staff #4 as this staff person "works exclusively" with the tenant. Staff #4 stated she uses a gait belt as the tenant's health has declined and it is not safe to transfer the tenant without the assistance of two staff and the tenant is "too unstable to transfer with one staff person." The monitor observed three separate transfers from staff through the course of the day. Two transfers were from a recliner to wheelchair and to the bathroom, and one transfer from the recliner to a wheelchair and the registered nurse (RN) provided assistance. All three transfers were attempted with the assist of one staff but all three were difficult and did not appear to be safely done, putting the tenant in jeopardy of injury. The program did not exclude a tenant who displayed the need for a routine two-person assist with transfer.

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

- Monitoring Observation: Staff #1, #2, #3 and #4 stated Tenant #1 required routine two-person assist with transfer. The monitor observed three separate transfers through the course of the day and each required two staff to safely transfer the tenant. The Administrator and RN stated the tenant was a routine two-person transfer, and had a care conference with the family on 2-12-07 and told the family the tenant required two-staff to routinely transfer the tenant. Health profile notes of 2-12-08 indicated the program discussed level of care and stated the program would request from DIA a waiver from assisted living regulations related to occupancy and transfer criteria for 30-days so that the program could have another care conference with the family. The program did not exclude a tenant who displayed the need for a routine two-person assist with transfer.

- Regulatory Insufficiency: The program did not exclude tenants who exceeded occupancy and retention criteria. (25.23(3)c(2))

D. 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's functional evaluation indicated the tenant needed assistance from the wheelchair into and out of bed, is unsteady on his/her feet and/or falls weekly, but did not indicate the need for two-staff to routinely transfer the tenant. Staff #1, #2, #3 and #4 stated the tenant required routine two-person assist with transfer. The monitor observed three separate transfers through the course of the day and each required two staff to safely transfer the tenant. The program did not update the tenant's service plan to meet the specific service needs of the tenant.

  Tenant #2's service plan of 7-1-07 indicated the tenant was receiving physical therapy but was not updated to reflect PT from 9-19-07 through 10-4-07. The service plan indicated the tenant needed some assistance in and out of shower, needed stand by or physical assist with dressing, needed physical/stand by assist with transfer to/from the wheelchair and toileting and needed assistance/escort with mobility. PT discharge summary of 10-4-07 indicated the tenant was discharged as the tenant reached maximum potential; the tenant required extensive assist of three to dress, bath, toilet, transfer and for functional mobility. The program did not update the tenant's service plan to meet the specific service needs of the tenant.

- Regulatory Insufficiency: The program did not individualize the service plan and indicate, at a minimum, the service providers(s) if other than then the program. (25.28)(4)(c))

E. Nurse Review - Program provides a registered nurse to ensure the appropriate administration and documentation of medications, ensure that physician orders are current, and assess and document the tenants' health related activities. [321 IAC 25.30]

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

- Monitoring Observation: Tenant #1's file indicated a change in health status. Staff #1, #2, #3 and #4 stated the tenant required routine two-person assist with transfer. The program did not complete a nurse review with a change in health status.

  Tenant #2's file indicated a change in health status. The tenant received physical therapy (PT) from 9-19-07 through 10-4-07. The PT discharge summary of 10-4-07 indicated the tenant was discharged as the tenant reached maximum potential; the tenant required extensive assist of three to dress, bath, toilet, transfer and for functional mobility. The program did not complete a nurse review with a change in health status.

- Regulatory Insufficiency: Regulatory Insufficiency: The program did not assess and document the health status of each tenant, make recommendations and referrals as appropriate, and monitor the progress on previous recommendations when there changes in health status. (25.30 (3))

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

Complaint Allegation: It is alleged the Administrator is Tenant #1's financial Power of Attorney (POA) and the POA was initiated shortly after the tenant was admitted to the program.

- Monitoring Observation: The tenant was admitted to the program on 6-1-07. A review of the tenant's file did not indicate a Power of Attorney (POA). The tenant stated he/she did not have a POA but did have a Durable Power of Attorney (DPOA). A review of the tenant's file indicated the DPOA was initiated on 9-20-04 and designated someone other than the Administrator or staff employed by the program as the DPOA.

Complaint Allegation: It is alleged there have been thefts at the program and cameras have been placed in tenant's apartments without asking tenants permission to do so.

- Monitoring Observation: Complaint investigation #15242 on 1-15-08 related to alleged theft of tenant's money. The program did not receive a regulatory insufficiency related to the alleged thefts. The Administrator and RN denied placing cameras in tenants' apartments. Staff #1, #2 and #3 stated they had not seen cameras in tenants' apartments and tenants did not complain to them of having cameras in their apartments. The monitor asked 16 tenants during and after lunch if cameras were placed in their apartment or placed in their apartments without their permission. Tenants stated they did not have cameras in their apartments and were not asked to place cameras in their apartments.

- Regulatory Insufficiency: None noted.

Dated this 17th day of April, 2008.