IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

Complaint Intake: 28909-C

June 17, 2010

Ms. Shawn Lahr, Administrator
Eiler House Assisted Living
920 West Garfield
Clarinda, IA 51632

RE: Final Complaint Investigation Report, Eiler House Assisted Living, Clarinda, Iowa

Dear Ms. Lahr:

Enclosed is the **Final Complaint Investigation Report** completed by the Department of Inspections and Appeals (DIA) in accordance with Iowa Code chapter 231C and Iowa Administrative Code (IAC) chapters 481—67 and 481—69.

DIA has reviewed the Plan of Correction (POC) submitted in response to the **Preliminary Complaint Investigation Report**. Based upon a complete review of the Report and the Program's proposed actions to correct the identified Regulatory Insufficiencies, DIA accepts the POC.

If you have any questions in regard to the enclosed Report, please contact me at 515/281-5721.

Sincerely,

Tamara Halbertson

ASB Lead Certification Coordinator
Adult Services Bureau

Enclosure

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

Assisted Living Program: **Complaint Intake #: 28909-C**

Ms. Shawn Lahr, Administrator
Eiler House Assisted Living
920 West Garfield
Clarinda, IA 51632

Date of Investigation:

May 20, 2010

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. IAC r. 481-67.10(5). 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 481 IAC chapter 69 that: serves fewer than fifty-five (55) tenants and has five (5) or more tenants who have dementia between Stages 4 and 7 on the Global Deterioration Scale or serves 55 or more tenants and 10 percent or more of the tenants have dementia between Stages 4 and 7 on the Global Deterioration Scale or holds itself out as providing specialized care for persons with dementia, such as Alzheimer's disease, in a dedicated setting.

Overview:

A complaint investigation on-site visit was conducted at Eiler House Assisted Living on May 20, 2010. In preparing this report, the following information was considered:

Current Program Census

General Population Program (GPP)* – A program that does is not include a Dementia Specific unit, but may include have tenants with cognitive disorder.

Current number of tenants without cognitive disorder:	16
Current number of tenants with cognitive disorder:	0
Total Population:	16

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.**

Program History – There were substantiated Regulatory Insufficiencies found in the areas of Evaluation of Tenant, Service Plans, Medications, Nurse Review, Food Service, Staffing, Record Checks, Managed Risk and Other during this certification period during this certification period.

The January 6 & 7, 2009 recertification visit resulted in a fine of $1,000 with Regulatory Insufficiencies found in the areas of: Evaluation of Tenant, Service Plans, Nurse Review, Food Service, Staffing, Managed Risk and Record Checks.

The September 8, 9, & 10, 2009 recertification revisit, complaint, and incident resulted in a fine of $5,000 and a Conditional Certificate was issued, effective October 20, 2009. Regulatory Insufficiencies were found in the areas of: Service Plans, Medications, Nurse Review, Food Service, Staffing, Record Checks and Other (lack of notification and not following their Plan of Correction). Sanctions include timely completion and submission of background checks on all new employees, 30-day nurse reviews to DIA, and submission of documentation of management training for the Director and RN.

The April 6, 2010 complaint and incident revisit resulted in no Regulatory Insufficiencies and the program was returned to standard certification.

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

A. Evaluation of Tenant

Complaint Allegation: It is alleged on 5-13-10, the program's registered nurse (RN) completed an assessment of the tenant at an intermediate care facility and invaded the tenant's privacy. On 4-22-10, Tenant #1's family gave the program written notice that the tenant would not be returning to the program.

- Monitoring Observation: Tenant #1, an 81 year old, was admitted on 12-15-08 and had diagnoses of: Diabetes, Diabetic Foot Infection, Gout, Calcaneal Fracture, Increased Cellulitis, Arthritis, Hypertension and Congestive Heart Failure. Resident service notes of 4-1-10 indicated family notified the program the tenant was being admitted to the hospital. The RN stated the tenant was then transferred to a hospital skilled care facility for physical therapy. From the hospital, the tenant was transferred to a nursing facility where physical therapy continued. Resident service notes of 4-12-10 indicated the RN visited the tenant and the tenant was to continue with therapy and needed the assistance of two staff to transfer. Resident service notes of 4-15-10 indicated the RN visited the tenant and indicated the tenant needed the assistance of one staff to assist with transfer. The RN stated on 4-22-10, the tenant's family member gave the program a 30 day written notice that the tenant would not be returning. On 5-13-10 the RN was asked by her corporate office to assess the tenant. It was determined the tenant needed two staff assistance with transfer. The RN stated she gave this information to her corporate office and a clinical denial was given to the tenant's family.

- Regulatory Insufficiency: None noted.

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

- Monitoring Observation: Tenant #1 was hospitalized from 11-23-10 – 11-30-10 and had discharge diagnoses of: Diabetic Foot Infection, Gout, Calcaneal Fracture and Diabetes. Functional, cognitive and health evaluations were completed on 11-30-10 and the service plan was updated on 12-11-09.

  Resident service notes of 12-30-09 through 3-30-10 and program updates of 12-7-09 through 3-30-10 given to the tenant's physician, with physician responses for treatment, indicated the tenant had open sores on the buttocks, skin ulcerations, weeping edema and swelling of the lower legs, incontinent of urine and at least three falls with injuries. The physician ordered multiple treatments for the program to implement along with wound care from an outside provider. On 3-30-10 the tenant had three – four plus pitting edema bilaterally in thighs, pelvis, hips and lower half of the abdomen. On 4-1-10 the tenant was admitted to a hospital for Atrial Fibrillation and Renal Cysts.

  The service plan was updated on 1-7-10. Additional services were added to the service plan of 1-22-10, 2-3-10, 2-12-10, 2-16-10 and 2-23-10. Each additional update reflected interventions and treatments ordered by the tenant's physician and wound care from an outside provider. Evaluations were not completed with a significant change in condition.

Program records indicated a short term condition nursing review" was completed at least 13 times. Each review referenced similar information reported to the tenant's physician during this period. Each review indicated the condition change was expected to resolve within 14 days. The RN stated each nurse review identified the cares needed for the tenant, and the service plan could be updated without completing functional, cognitive and health evaluations. Short term condition nurse reviews revealed cares exceeded fourteen days.

- Regulatory Insufficiency: A program shall evaluate each tenant's functional, cognitive and health status within 30 days of occupancy. A program shall also evaluate each tenant's functional, cognitive and health status as needed with significant change, but not less than annually, to determine the tenant's continued eligibility for the program and to determine any changes to services needed. The evaluation shall be conducted by a health care professional or human service professional. A licensed practical nurse may complete the evaluation via nurse delegation when the tenant has not exhibited a significant change. IAC r. 481-69.22(2)

B. Service Plan

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

- Monitoring Observation: Tenant #1's resident service notes of 12-30-09 through 3-30-10 and program updates of 12-7-09 through 3-30-10, given to the tenant's physician with physician responses for treatment, indicated the tenant had open sores on the buttocks, skin ulcerations, weeping edema and swelling of the lower legs, incontinent of urine and at least three falls with injuries. The physician ordered multiple treatments for the program to implement along with wound care from an outside provider. On 3-30-10 the tenant had three – four plus pitting edema bilaterally in thighs, pelvis, hips and lower half of the abdomen.

  On 4-1-10 the tenant was admitted to a hospital for Atrial Fibrillation and Renal Cysts. The physician ordered multiple treatments for the program to implement along with wound care from an outside provider. Service plan of 12-11-09 was updated on 1-7-10. The service plan was updated at least six times between 1-7-10 and 2-23-10. Each service plan update reflected interventions and treatments ordered by the tenant's physician and an outside provider who provided the wound care. Updated service plans were not based on evaluations, despite significant changes in the tenant's condition.

- Regulatory Insufficiency: A service plan shall be developed for each tenant based on the evaluations conducted in accordance with subrules 69.22(1) and 69.22(2) and shall be designed to meet the specific service needs of the individual tenant. The service plan shall subsequently be updated at least annually and whenever changes are needed. IAC r. 481-69.26(1)

Dated this 3rd day of June, 2010.