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GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

KIM REYNOLDS
LT. GOVERNOR

Complaint Intake #: 33602-C

May 2, 2011

Colleen Henderson, Director
RidgeView Senior Living
2975 F Avenue NW
Cedar Rapids, IA 52405

RE: Final Complaint Investigation Report – RidgeView Senior Living, Cedar Rapids, IA

Dear Ms. Henderson:

Enclosed is the **Final Complaint Investigation Report** from the on-site monitoring visit of April 27, 2011, 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. **No Regulatory Insufficiencies were identified.**

If you have any questions regarding the enclosed Report, please contact me at 515/281-7039.

Sincerely,

Rose Boccella

Rose Boccella
Program Coordinator
Adult Services Bureau

Enclosure

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

Assisted Living Program:

Complaint Intake #: 33602-C

Colleen Henderson, Community Director
RidgeView Senior Living
2975 F Avenue N.W.
Cedar Rapids, IA 52405

Date of Investigation:

April 27, 2011

Monitor(s):

Stephanie Cummins, MA
Margaret Kaltefleiter, RN MS

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 RidgeView Senior Living on April 27, 2011. In preparing this report, the following information was considered:

Current Program Census:

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

Current number of tenants without cognitive disorder:	42
Current number of tenants with cognitive disorder:	0
Total Population:	42

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 – The program did not receive any regulatory insufficiencies during this certification period.

On-Site Monitoring Evaluation – The monitor(s) made the observations detailed in the following areas.

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

A. Occupancy Agreement

Complaint Allegation: It was alleged a tenant did not receive services listed in occupancy agreement including: bathing, housekeeping and laundry.

- Monitoring Observation: All apartments were certified as assisted living apartments; however, the program had different levels of service including: independent living and assisted living. There were two occupancy agreements; one agreement for independent living tenants and one agreement for assisted living tenants. The assisted living occupancy agreement indicated the tenants received weekly housekeeping and two loads of laundry. The agreement indicated bathing was provided two times per week.

Four tenants and two family members were interviewed. They stated they received what was promised in the occupancy agreement. They stated housekeeping, laundry and bathing services were provided appropriately.

Nursing staff completed laundry tasks and housekeeping was completed by housekeeping staff. Staff #1 and #3 stated laundry and bathing services were completed as requested and indicated on the service plan.

Staff #4, the Housekeeping Supervisor and Staff #5, the Housekeeper, stated housekeeping services were provided appropriately. They stated housekeeping services were provided one time per week and garbage was removed at that time. They stated the services were provided according to the schedule.

The Director of Nursing (DON) and Community Director stated the tenants received the services listed in the occupancy agreement.

According to Resident Council Meeting Minutes from 2-17-11, light housekeeping was provided per the occupancy agreement weekly. Deep cleaning (moving furniture or personal belongings, dusting decorative items, polishing furniture) was available for an extra charge. The occupancy agreement reflected the charges for additional cleaning services. According to Resident Council Meeting Minutes from 3-17-11, there were no issues brought up about housekeeping. According to the Resident Council Meeting Minutes from 4-21-11 there were no suggestions for housekeeping or maintenance.

- Regulatory Insufficiency: None noted.

B. Tenant Documents

Complaint Allegation: It was alleged staff falsified records regarding bathing.

- Monitoring Observation: Four tenant files were reviewed and there was no evidence of falsification of records. The monitors received all materials requested during the investigation. There was no evidence that any documentation collected had been falsified.

Staff #1, #2 and #3 did not have any concerns regarding falsification of records. The DON and the Community Director did not have any concerns regarding falsification of records.

Staff #1, #2 and #3 stated bathing tasks were not documented upon the completion of that task. The DON and Community Director stated bathing tasks were not documented upon the completion of that task.

Four tenants and two family members were interviewed. The tenants that received bathing assistance reported they received that assistance as requested and indicated on the service plan.

There was a bath schedule, which identified the tenant, apartment number, day, general time for the bathing and the type of bath. Staff did not sign the document when the bath was complete; however, it was a scheduling tool for bathing.

- Regulatory Insufficiency: None noted.

C. Service Plan

Complaint Allegation: It was alleged a tenant's service plan was not updated appropriately after hospitalization and at least annually.

- Monitoring Observation: Four tenant files were reviewed; two current tenant files and two discharged tenant files were reviewed.

Tenant #1, an 88 year old, was admitted on 3-13-10 and diagnoses include: Dementia, Diabetes Mellitus (DM), Gastro Esophageal Reflex Disease (GERD), Hypothyroid, Hyperactive Bladder, Hypertension (HTN), Congestive Heart Failure (CHF), Gout and Chronic Obstructive Pulmonary Disease (COPD). The tenant was discharged on 3-19-11. According to Nurse's Notes dated 3-17-11, the tenant fell and was sent out to a local hospital. The tenant sustained a hip fracture and did not return. The service plan was not updated after the hospitalization as the tenant did not return. The most current service plan prior to the hospitalization was dated 10-6-10 and it was signed and updated appropriately. According to notes, there were no significant changes that required an additional service plan update. The service plan was updated appropriately and at least annually.

Tenant #2, a 91 year old, was admitted on 3-24-05 and diagnoses include: DM, CHF, Coronary Artery Disease (CAD), Chronic Anemia, Degenerative Arthritis, HTN, Chronic Kidney Disease, Chronic Venous Stasis, GERD and Glaucoma. The tenant was discharged on 3-11-11. According to Nurse's Notes dated 12-27-10, the tenant was admitted to a local hospital with a diagnosis of Cellulitis. The tenant returned on 2-11-11. The service plan was updated on 2-9-11 and reflected an increase in services. The tenant, the DON and Staff #2 signed the service plan. The service plan was updated again on 2-24-11 and 3-7-11. The service plan was signed appropriately at these intervals. The service plan was updated as needed with a change in condition and at least annually.

Tenant #3, an 85 year old, was admitted on 9-5-06 and diagnoses include: DM Type II, Osteoarthritis, Depression and Hypothyroidism. According to Nurse's Notes the tenant was hospitalized from 2-15-11 and returned on 2-25-11. The tenant was hospitalized with Pneumonia and Bronchitis, according to a program record. The service plan was updated on 2-25-11 and was signed by the tenant, the DON and another staff. The tenant's service plan was updated on 3-29-11 and was signed appropriately. The service plan was updated as needed with a change in condition and at least annually.

Tenant # 4, a 91 year old admitted on 1-26-05, and diagnoses include: DM, Osteoporosis, History of Myocardial Infarction (MI), HTN, Glaucoma, Nocturia, Urinary Tract Infections (UTIs), and Chronic Renal Failure. Service plans were updated on 9-15-10 and 12-14-10 and were signed appropriately. The service plans were updated appropriately and at least annually.

- Regulatory Insufficiency: None noted.

D. Medications

Complaint Allegation: It was alleged staff did not observe tenants consume medications and there were medications all over the floor in a tenant's apartment.

- Monitoring Observation: A medication pass was observed with six tenants. Observations revealed that Staff # 2 remained with five out of six tenants while they swallowed their medications. Staff # 2 dispensed the medications appropriately for Tenant #5 and left them in the apartment as requested. Tenant # 5's service plan and Medication Administration Record (MARs) indicated the tenant's request to have medications left in his/her apartment to take when the tenant desired. None of the tenants in the program had a Global Deterioration Scale (GDS) of four or greater. No medications were observed on the floor in any of the nine tenant apartments entered by the monitors. Staff # 1 and #2 stated they had never seen any medications on the floor in tenant apartments. Staff # 3 stated she had seen one pill on the floor of an apartment once or twice in the past year and immediately called the nurse. The DON and Community Director stated they had not seen any medications on the floor in tenant apartments. Review of MARs for Tenants # 1, #2, #3 and #4 showed medications were documented as administered.
- Regulatory Insufficiency: None noted.

E. Staffing

Complaint Allegation: It was alleged a tenant's apartment had dirty dishes that were stacked up, garbage overflowing, laundry piled up and the apartment had an odor. It was alleged a tenant was neglected.

- Monitoring Observation: Four tenants and two family members were interviewed. They received the services requested. They stated laundry, bathing and housekeeping services were provided appropriately. The tenants reported they did their own dishes. They stated there were no concerns with garbage removal.

Staff #1, #2 and #3 stated the tenants received good care. Staff #1 and #2 stated they had not observed laundry piled up or garbage overflowed. Staff #3 stated it occurred when she first started; however, since new management took over things had improved. Staff #1, #2 and #3 stated laundry and bathing services were completed as requested and indicated on the service plan.

Staff #4, the Housekeeping Supervisor and Staff #5, the Housekeeper, stated housekeeping services were provided appropriately. They stated housekeeping services were provided one time per week and garbage was removed at that time. They stated services were provided according to the schedule. Staff #4 and #5 had not observed laundry piled up or garbage overflowed. They identified Tenant #5 had dishes that piled up and staff were to encourage the tenant to wash the dishes.

The DON and the Community Director stated tenants received good care. They reported the tenants received laundry, housekeeping and bathing services as requested and as indicated on the service plans. The DON and Community Director stated they had not seen any laundry piled up or garbage overflowed. They reported Tenant #5 had dishes in his/her apartment. The tenant's service plan reflected the issue and provided interventions related to the dishes.

According to Resident Council Meeting Minutes from 2-17-11, light housekeeping was provided per the occupancy agreement weekly. Deep cleaning (moving furniture or personal belongings, dusting decorative items, polishing furniture) was available for an extra charge. Washing dishes, cleaning the refrigerator and tidying up were tenant responsibilities. The occupancy agreement reflected the charges for additional cleaning services. According to Resident Council Meeting Minutes from 3-17-11, there were issues brought up about housekeeping. According to the Resident Council Meeting Minutes from 4-21-11 there were no suggestions for housekeeping or maintenance.

A note was posted for staff dated 2-1-11, which indicated no staff was to enter any apartment without the prior knowledge and permission of the tenant. The tenant was to be present at all times when staff were in the apartment or had given staff permission to be in the apartment without being present. The note indicated to use discretion in the case of an emergency. Staff #5, stated Tenant #2's family complained the tenant's apartment was not cleaned for two weeks. She said one week it was not cleaned because the tenant was asleep. Housekeeping records indicated on 2-25-11, the tenant was asleep. She also stated the tenant preferred to do his/her own dusting. The tenant's apartment was consistently cleaned one time per week. Housekeeping records indicated the date tenant apartments were cleaned. The records indicated the apartments were consistently documented as cleaned.

The monitors were in nine apartments during the course of the investigation and did not observe any garbage that had overflowed or concerns with laundry. The apartments and common areas did not have an odor present.

- Regulatory Insufficiency: None noted.

F. Other

Complaint Allegation: It was alleged staff were required to write statements regarding a tenant that exceeded level of care.

- Monitoring Observation: The program had three discharges from February 2011 to the time of the investigation. Two discharged files were reviewed. According to program records, Tenant #1 was transferred per family request. Tenant #2 needed increased level of care and family requested to transfer.

Staff#1 and #3 stated they were not asked to write written statements regarding any tenants that exceeded level of care. Staff #2 stated sometimes the DON asked for notes to be written on a 24 hour sheet for several weeks for tenants which she had concerns. The DON and the Community Director stated they did not require staff to write statements regarding a tenant that exceeded level of care.

- Regulatory Insufficiency: None noted.

Dated this 28th day of April, 2011.