IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

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RODNEY A. ROBERTS, DIRECTOR

Complaint Intake #: 33503-C

May 23, 2011

Ms. Susan Bowen, Administrator
Primrose Retirement Community
1801 E. Kanesville Blvd
Council Bluffs, IA 51503

RE: Final Complaint Investigation Report, Primrose Retirement Community, Council Bluffs, Iowa

Dear Ms. Bowen:

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 Insufficiency, DIA accepts the POC.

If you have any questions in regard to the enclosed Report, please contact me at 515/281-4116.

Sincerely,

Jim Berkley

Jim Berkley
Program Coordinator
Adult Services Bureau

Enclosure

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

Assisted Living Program: **Complaint Intake #: 33503-C**

Susan Bowen, Administrator
Primrose Retirement Community
1801 E Kanesville Blvd
Council Bluffs, IA 51503

Date of Investigation:

April 13 and 14, 2011

Monitor(s):

Lori Miner, RN BSN

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 Primrose Retirement Community on April 13 and 14, 2011. 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:	31
Current number of tenants with cognitive disorder:	3
Total Population:	34

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.**

Tenant/Family Satisfaction Results – A meeting was held with ten tenants and two family members. The tenants indicated the best thing about the program was the good environment. Needed services are provided. There is a feeling of security. Light housekeeping is done in the apartments. Common areas are kept clean. The tenants also reported maintenance is prompt to respond when needed. The tenants reported most staff do a good job and they are treated well. The tenants also reported there has been a lot of staff turnover and that makes it difficult to develop trust. The tenants reported that they use a pendant system to call for help if needed. Four tenants reported staff responded immediately to needs. One tenant said it takes 5-15 minutes for staff to respond. One tenant said it takes more than 15 minutes. When asked, no one reported that they had not gotten showers or personal needs met. The tenants indicated the staff also serve meals, and that sometimes service is slow because the staff are attending to other tenants and not immediately available to serve food. Most of the tenants indicated the food was good with a variety of meats, fruits, and vegetables served. The food is hot some of the time. The tenants reported being generally satisfied with the program.

Program History – There were no regulatory insufficiencies found 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. Service Plan

During the course of the investigation, the following was observed:

- Monitoring Observation: Tenant #1, a 93 year-old, was admitted to the program on 11-13-08 with diagnoses of: History of Cerebrovascular Accident (CVA), Hypertention (HTN), Hypothyroidism, and Diabetes. A physician's order, dated 2-21-11, was received to start physical and occupational therapy (PT/OT). A review of the signed service plan dated 2-21-11 did not indicate services provided by PT/OT. The service plan did not indicate the tenant's preference for nursing facility care.

  Tenant #2, a 93 year-old, was admitted to the program on 11-20-10 with diagnoses of: Post CVA, Diabetic, Hypothyroidism, and Anemia. The resident care profile dated 12-27-10 indicated a PT/OT referral. Progress notes failed to accurately document PT/OT services. The service plan dated 12-27-10 and signed 12-30-10 did not indicate PT/OT services. A physician's order dated 2-28-11 indicated the tenant needed oxygen with ambulation. The most recent signed service plan dated 1-26-11 did not address the need for oxygen. The service plan did not indicate the tenant's preference for nursing facility care.

  Tenant #3, an 86 year-old, was admitted to the program on 11-10-10 with diagnoses of: Dementia, Macular Degeneration, and Status Post Radical Mastectomy. The tenant was scored at three on the Global Deterioration Scale (GDS) which indicated mild cognitive impairment. The Resident Assessment Form, signed 10-27-10, indicated the tenant wandered. The tenant documents included a Risk of Elopement/Wandering Review most recently dated 2-25-11. Progress notes dated 4-2-11 and timed at 3:00 a.m. indicated the tenant was observed in the entryway of the program back door. The documentation indicated the tenant was confused and returned to his/her room. The most recent signed service plan, dated 11-29-10, indicated staff was to redirect the tenant back to activities, but did not address the activity needs of the tenant. The service plan did not indicate the tenant's preference for nursing facility care.

  Tenant #4, a 90 year-old, was admitted to the program on 11-13-09 with diagnoses of: Cardiomyopathy, Alzheimers, Dementia, Increased Lipids, and History of Breast Cancer. The tenant was scored at five on the GDS scale, which indicated moderately severe cognitive decline. The functional assessment dated 4-22-10 indicated the tenant required assistance with bathing. Progress notes from hospice indicated the hospice program was providing bathing services. Program progress notes dated 3-31-11 indicated the tenant had private duty services. The signed service plan dated 4-26-10 indicated the tenant was independent with bathing. The service plan did not address specific hospice services. The service plan did not address the services provided by the private duty staff. Hospice progress notes dated 4-12-11 indicated the tenant did not engage in meaningful conversation. The service plan failed to indicate planned and spontaneous activities based on the tenant's abilities and interests. The service plan did not indicate the tenant's preference for nursing facility care.

Tenant #5, an 89 year-old was admitted to the program on 11-13-09 with diagnoses of: Atrial Fibrillation, Osteoporosis, Diabetes Type II, HTN, Hypothyroidism, Hyperlipidemia, Obstructive Sleep Apnea, and Macular Degeneration. The tenant was scored at one on the GDS scale, which indicated no cognitive decline. The service plan did not indicate the tenant's preference for nursing facility care.

- Regulatory Insufficiency: The service plan shall be individualized and shall indicate, at a minimum the tenant's identified needs and preferences for assistance; any services and care to be provided pursuant to the occupancy agreement; the service provider(s), if other than the program, including but not limited to providers of hospice care, home health care, occupational therapy, and physical therapy; for tenants who are unable to plan their own activities, including tenants with dementia, planned and spontaneous activities based on the tenant's abilities and personal interests; and preferences, if any, of the tenant or the tenant's legal representative for nursing facility care, if the need for nursing facility care presents itself during the assisted living program occupancy. (IAC r. 481-69.26(4)(a-e))

B. Staffing

Complaint Allegation: It was alleged it took staff 45 minutes or more to respond to call lights. It was alleged there was not enough staff to provide personal cares.

- Monitoring Observation: The program registered nurse (RN) was interviewed. She indicated there had been staff turnover and interviews were currently being conducted for potential new employees. The usual staffing pattern was one Licensed Practical Nurse (LPN) per shift, two Certified Nursing Assistants (CNA) assigned on the day and evening shift with one assigned on the night shift. A review of the staffing schedule for 3-1-2011 to 4-13-11 indicated adjustments had been made. The program RN indicated she had received no complaints regarding cares or response to call lights. The nurse indicated the program was able to print out call light response times as part of a quality assurance program. Staff #1 was interviewed. She indicated there was enough staff to meet the needs of the tenants. Staff #1 indicated shower duties were split between the day and evening shifts. Five showers per day was the busiest day. She indicated that tenants sometimes refuse showers and staff will try again the following day. Staff #1 indicated she has always been able to get showers done, and that all toileting and treatments were done on time. Staff #1 stated staff use "walkies" and are paged when a tenant turns on a call light. Staff acknowledge when they can respond to a call and if they cannot, another staff person is notified. A button on the tenant's pendant needed to be pushed to turn off the call light. Staff #1 indicated she "responds quickly" to call lights. Staff #2 was interviewed. Staff #2 indicated there was not enough staff because of the huge turnover in staff. Staff have been working overtime. She indicated she has always been able to get showers done. Staff #2 indicated call lights are usually answered in 2-3 minutes, but may take up to 15 minutes if she is working with another tenant.

  A tenant meeting was held. The tenants reported that they use a pendant system to call for help if needed. Four tenants reported staff respond immediately to needs. One tenant said it takes 5-15 minutes for staff to respond. One tenant said it takes more than 15 minutes. When asked, no one reported they failed to receive showers or have personal needs met.

Call light records were reviewed for 3-26-11 to 4-1-1. Call lights were initiated 46 times. Thirty nine of those requests were answered in less than 10 minutes. Six requests were answered in 10-15 minutes. One request was answered in 17 minutes. Call light records were reviewed for 4-6-11 to 4-13-11. Call lights were initiated 39 times. Thirty requests were answered in less than 10 minutes. Nine requests were answered in 10-15 minutes.

The signed service plan, dated 2-21-11, was reviewed for Tenant #1. The service plan indicated the tenant needed bathing assistance twice a week, and assistance with transfers, dressing, and toileting. Resident Monthly Assignments for March and April were reviewed. The documentation indicated the tenant received baths regularly, and received daily assistance with transfers, dressing, and toileting.

The signed service plan, dated 12-27-10, was reviewed for Tenant #2. The service plan indicated the tenant needed bathing assistance 1-2 times per week. The signed service plan dated 1-26-11 indicated the tenant no longer needed bathing assistance. The Resident Monthly Assignment for January was reviewed. The documentation indicated the tenant received baths regularly.

The signed service plan, dated 11-29-10, was reviewed for Tenant #3. The service plan indicated the tenant needed bathing assistance 1-2 times per week, and assistance with dressing. The Resident Monthly Assignment for March and April was reviewed. The documentation indicated the tenant received baths regularly, and daily assistance with dressing.

The signed service plan, dated 4-26-10, was reviewed for Tenant #4. The service plan indicated the tenant was independent with bathing while the functional assessment indicated the tenant required assistance. Documentation in hospice progress notes indicated the tenant was bathed regularly in March and April 2011. The service plan indicated the program would provide assistance with dressing, grooming, and toileting. Resident Monthly Assignments for March and April were reviewed. The documentation indicated the tenant received daily assistance with dressing and grooming, and was toileted regularly.

The signed service plan, dated 6-11-10, was reviewed for Tenant #5. The service plan indicated the program would provide bathing assistance 1-2 times per week, assist with dressing, grooming, and toileting. Resident Monthly Assignments for March and April were reviewed. The documentation indicated the tenant received baths 1-2 times per week. The documentation indicated the tenant received daily assistance with dressing and grooming, and was toileted regularly. A physician's order dated 3-16-11 indicated TED hose were to be applied in the morning and removed in the evening. A review of the medication administration record indicated TED hose were regularly applied in the morning and removed in the evening beginning 3-17-11.

- Regulatory Insufficiency: None noted.

Dated this 20th day of May, 2011.