IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

RODNEY A. ROBERTS, DIRECTOR

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

Complaint/Incident Intake #: 37461-C
37787-C

March 13, 2012

Ms. Sue Hyde, Administrator
Keelson Harbor Assisted Living
2810 Aurora Avenue
Spirit Lake, IA 51360

RE: Final Complaint/Incident Investigation Report – Keelson Harbor Assisted Living, Spirit Lake, IA

Dear Ms. Hyde:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of February 1, 22 & 23,2012, 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 515/281-4116.

Sincerely,

Jim Berkley

Jim Berkley
Program Coordinator
Adult Services Bureau

Enclosure

LUCAS STATE OFFICE BUILDING, 321 EAST 12TH STREET, DES MOINES, IOWA 50319-0083

ADMINISTRATION
(515) 281-5457
FAX: (515) 242-6863

ADMINISTRATIVE HEARINGS
(515) 281-6468
FAX: (515) 281-4477

HEALTH FACILITIES
(515) 281-4115
FAX: (515) 242-5022

INVESTIGATIONS
(515) 281-5714
FAX: (515) 242-6507

Telephone Number for the Hearing Impaired: (515) 242-6515

IOWA DEPARTMENT OF INSPECTIONS AND APPEALS
Assisted Living Program
Final Complaint/Incident Investigation Report

Assisted Living Program:

Sue Hyde, Administrator
Keelson Harbour Assisted Living
2810 Aurora Avenue
Spirit Lake, IA 51360

Complaint/Incident Intake #: 37461-C
37787-C

Date of Complaint/Incident Investigation:

February 1 & 22 & 23, 2012

Monitor(s):

Hal L. Chase, RN BSN MPH

Definitions: ***The following definitions are relevant:***

Assisted Living Program – A program certified under 481 IAC 69 that provides housing with contracted services to three or more tenants in a physical structure that provides a homelike environment. Services may include but are not limited to health-related care, personal care, and assistance with instrumental activities of daily living. A General Population Program is an Assisted Living Program that is not dementia-specific but may have tenants with cognitive disorder.

Dementia-Specific Assisted Living Program - An assisted living program certified under 481 IAC 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 (GDS), or serves 55 or more tenants and 10 percent or more of the tenants have dementia between Stages 4 and 7 on the GDS, or holds itself out as providing specialized care for persons with dementia, such as Alzheimer's disease, in a dedicated setting.

Regulatory Insufficiency - A violation of a statutory or rule provision within the Code of Iowa (2011) or the 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 statutory or rule violations. The plan should identify how and by what date each regulatory insufficiency will be corrected, and what measures will be taken to ensure the problem does not recur. The plan is due to DIA within ten (10) working days of the program's receipt of a Complaint/Incident Investigation Report. Depending on the circumstances, DIA may revisit the assisted living program to confirm progress in fulfilling a plan's corrective measures.

Overview: ***In preparing this report, the following information was considered:***

Current Program Census

Assisted Living Programs are defined by the type of population served. The census numbers below were provided by the Program at the time of the on-site visit.

Dementia-Specific Program by Definition	
Number of tenants without cognitive disorder:	43
Number of tenants with cognitive disorder:	7
Total Population of Program at time of on-site	50

Dementia-Specific Program by Dedication	
Number of tenants without cognitive disorder:	1
Number of tenants with cognitive disorder:	24
Total Population of Program at time of on-site	24
TOTAL census of Assisted Living Program	74

Program History – There were substantiated regulatory insufficiencies in the areas of Nurse Review, Staffing, Medications and Dementia Specific Education for Program Personnel during this certification period.

Complaint/Incident Investigation – The Complaint/Incident investigator(s) made the observations detailed in the following areas:

A. Staffing

Complaint/Incident Allegation #37461-C: It was alleged tenants residing in memory care had skin tears and bruises. Some of the bruises were located around the wrist on Tenant's #3, #4 and #5. It was possible staff were pulling tenants up by their wrist.

- Monitoring Observation: Incident reports beginning 12-2-11 through 2-1-12 revealed 12 incidents of falls involving five tenants. Of the 12 incidents, Tenant #4, Tenant #5 and Tenant #6 sustained minor injury.

  On 2-1-12 a monitor conducted a physical and visual inspection of all 24 tenants residing in the dementia unit. The following was noted:

  Tenant #3 had no visual bruising on the hands or wrists.

  Tenant #4 had bruising on both hands and wrists. An incident report of 12-3-11 indicated Tenant #4 had a seizure, but no injury was noted. An incident report of 1-1-12 indicated Tenant #4 was found on the floor, but no injury was noted. Incident reports of 1-16-12 and 1-28-12 indicated Tenant #4 was found on the floor, but no injury was noted.

  Tenant #5 had a bruise on the anterior aspect of the left wrist. An incident report of 12-2-11 indicated Tenant #5 fell and sustained a bruise on the head. An incident report of 1-5-12 indicated Tenant #5 was found on the floor, but no injury was noted.

On 2-23-12, a monitor conducted a physical and visual inspection of all 24 tenants. Bruises were not seen on Tenant #3, #4, and #5. An incident report of 2-15-12, indicated Tenant #4 was found was found on the floor by the couch, but no injury was noted. Tenant #4 reported his/her back and buttocks were sore. An incident report of 2-19-12 indicated Tenant #4 sustained a skin tear of the left elbow. Tenant #9 sustained a cut above the left eye from a fall earlier that day. Tenant #9 was taken to a hospital emergency room for treatment and returned the same day. Of the remaining 20 tenants, no other bruises were noted.

Five staff members were interviewed on 2-1-12 and 2-22-12. Staff #1, #2, #3, #4 and #5 reported they had not seen any unexplained bruising of tenants residing in the dementia unit. Staff #1 reported Tenant #4 was always bumping his/her hands on tables and railings, and was on Coumadin, which caused bruising of the wrist and hand. Tenant #8 had a large bruise on the right forearm, but Tenant #8's spouse reported the bruise was caused by Tenant #8 hitting something.

Staff #3 reported Tenant #8 sustained a bruise on the top of the right hand two weeks earlier from hitting his/her hand on a night stand adjacent to the bed. Staff #4 reported Tenant #4 has had bruises on the buttocks and back in the past, but no bruising recently. Tenant #4 has a history of seizures and falls. Staff #4 reported Tenant # 9 sustained a cut above the left eye on 2-22-12, which required stitches.

Staff #1, #2, #3, #4 and #5 reported they had not seen any staff assist a tenant with transfer by inappropriately pulling a tenant up by their wrist. On 2-1-12 and 2-22 and 2-23-12 a monitor observed staff assisting tenants with transfer from a sitting position to a standing position and vice-a-versa during activities. Each time staff demonstrated appropriate body mechanics in assisting tenant's with transfer

Seven tenant files were reviewed. There were no concerns related to Tenant's #1, #2, #6, and #7. Due to the observations made on 2-1-12 and 2-22-12, Tenant #4 and #5's file were reviewed. Tenant #3's file was reviewed, as Tenant #3 was cited in the allegation.

The program has 2 dementia units, one by dedication and one by definition. Tenants listed below resided in the dedicated unit.

Tenant #3, an 89 year-old, was admitted on 12-3-07 and had diagnoses of: Dementia and Acid Reflux Disease. Tenant #3 resided in the dedicated dementia unit. A cognitive evaluation was completed on 12-13-11 and staged the tenant at five on the Global Deterioration Scale (GDS), which indicated moderate cognitive decline. A review of Tenant #3's file indicated no history or incidents of falls. A service plan of 1-6-12 indicated Tenant #3 was independent with ambulation, used a walker and was independent with transfer. A review of Tenant #3's monthly recap summaries (MRCs) (daily charting of activities of daily living (ADLs) for December through February 22, 2012 indicated ADLs were consistently completed. Staff #1, #2, #3, #4 and #5 reported they had not seen any bruising or injury of Tenant #3.

Tenant #4, an 80 year-old, was admitted on 10-8-08 and had diagnoses of: Alzheimer's disease, Hyperlipidemia and Hypertension (HTN). Tenant #4 resided in the dedicated dementia unit. A cognitive evaluation was completed on 1-9-12 and staged the tenant at five on GDS, which indicated moderate cognitive decline. Program records indicated six incidents of falls or suspected falls between 12-3-11 and 2-19-12. Two incidents indicated minor injury; including a minor skin tear and a rug burn.

Tenant #5, an 88 year-old, was admitted on 1-17-08 and had diagnoses of: HTN, Atrial Fibrillation, Congestive Heart Failure (CHF), Dementia, Hypothyroidism, Osteoporosis and a history of Urinary Tract Infections (UTIs). Tenant #5 resided in the dedicated dementia unit. A cognitive evaluation was completed on 1-20-12 and staged the tenant at five on the GDS, which indicated moderate cognitive decline. Program records indicated two incidents of falls or suspected falls on 12-2-11 and 1-5-12. Incident reports indicated the Tenant #5 hit his/her head when playing catch. The second incident occurred when the tenant was found on the floor in a pool of urine. The tenant had taken off his/her incontinent undergarments. A service plan of 1-20-12 indicated Tenant #5 was independent with ambulation and transfer, was incontinent of bowel and bladder, needed staff assistance with toileting and needed to toileted every two hours. A review of Tenant #5's MRCs for December through February 22, 2012 revealed ADLs were consistently completed.

Staff #1, #2, #3, #4 and #5 reported Tenant #5 was incontinent of urine and would often use the toilet independently without telling staff. Tenant #5 would often pull incontinent undergarments up incorrectly and staff would need to assist with placement. Staff #1, #2, #3, #4 and #5 reported tenants with dementia would occasionally refuse personal cares when first asked, but staff was able to complete cares when tenants were re-approached. Each reported there were no tenants who routinely refused personal and health related cares, including bathing.

A review of Tenant's #1, #2, #6 and #7 MRCs for December through February 22, 2012 revealed ADLs were consistently completed.

Bruising was not seen on Tenant #6. An incident report of 12-18-11 indicated Tenant #6 sustained a skin tear on the arm. Resident service notes reviewed for 12-27-11 indicated the skin tear had healed.

Tenant #7 had a bruise on the back of the right wrist. Resident notes of 12-23-11 indicated Tenant #7 had fallen but no injury was noted. Resident service notes of 2-1-12 indicated Tenant #7 bumped his/her head on a chair, but no injury was noted. Staff #1, who accompanied the monitor, reported Tenant #7 had a bruise on the medial aspect of the right thigh. Tenant #8 had no visual bruises on the hands and wrists. Incident reports of 1-10-12 and 1-22-12 revealed Tenant #8 was found on the floor, but no injuries were noted.

Staff interviews and tenant file reviews revealed tenants residing in the dedicated dementia unit had sustained bruising of extremities, however, the bruises came from suspected or actual falls and from self-injury. Incident reports were completed on a timely basis and the Program's registered nurse (RN) evaluated each tenant. No evidence was found of staff improperly transferring or assisting tenants.

- Regulatory Insufficiency: None noted

B. Service Plans

Complaint/Incident Allegation #37787-C: It was alleged a tenant defecates, "digs it out," and places the feces in the Grand room.

- Monitoring Observation: Tenant #4's service plan of 12-31-11 indicated Tenant #4 was incontinent of both urine and feces and was toileted every two hours. A review of Tenant #4's MRCs for December through February 22, 2012 revealed ADLs were consistently completed. Staff #1, #2, #3, #4 and #5 reported Tenant #4 was incontinent of urine and didn't tell staff when he/she was wet. Staff #1 reported Tenant #4 had a history of grabbing at his/her own feces, but there had been no recent incidents (within the last four months) of doing so. Tenant #4 wore a jump suit and couldn't reach inside his/her incontinent undergarments.

  Tenant #5's service plan of 1-20-12 indicated Tenant #5 was incontinent of bowel and bladder, needed staff assistance with toileting and needed to be toileted every two hours. A review of Tenant #5's MRCs for December through February 22, 2012 revealed ADLs were consistently completed.

  The dementia unit manger reported an incident of 2-2-12, of stool being found on the floor in a common area. On that day, Tenant #5 had come into the dementia unit manager's office and told her he/she (Tenant #5) was going to use the restroom. Two minutes later staff saw Tenant #5 standing in the Grand room of the unit and feces had fallen out of Tenant #5's pant leg and on to the floor. A visitor walked by, didn't see the feces and accidently stepped in it. Staff immediately cleaned the floor and gave the visitor cleaning supplies to clean his/her shoe. Staff took Tenant #5 back to his/her apartment and assisted in cleaning and changing Tenant #5's clothes and incontinent undergarments. There were no other incidents of incontinent accidents of feces.

- Regulatory Insufficiency: None noted.

Complaint/Incident Allegation #37461-C: It was alleged tenants have strong malodors from their genital area. Tenants are found soaked in urine and perineal areas are reddened. It was alleged tenants residing the memory care unit were not receiving adequate peri-care and bathing.

- Monitoring Observation: Tenant #1's, #2's, #3's, #4's, #5's and #7's file were reviewed and indicated each were incontinent of urine and/or feces. None of the tenant's service plans or resident service notes indicated any concern related to perineal soreness or redness. MRCs for December through February 22, 2012 revealed each tenant listed above was consistently toileted every one to two hours.

  Staff #1, #2, #3, #4 and #5 reported at least 11 tenants were incontinent of urine with intermittent incontinence of feces. Staff #1, #2, #3, #4 and #5 reported tenants who

were incontinent of urine and/or feces were toileted every one or two hours. No tenants were identified as having reddened perineal areas or soreness.

Staff #1 reported Tenant #1 would often toilet independently and had occasional urine odor. The odor was due to Tenant #1 not changing his/her incontinent undergarments as needed. Staff #2 reported Tenant #4 had occasional urine odor, as Tenant #4 would toilet independently and wouldn't clean himself/herself appropriately. Staff would assist Tenant #4 when this occurred. Staff #3, #4 and #5 reported no malodors of urine or feces from tenants. On 2-1-12 and 2-22 & 23-12 a monitor completed a physical and visual inspection of the dementia unit and spoke with each tenant residing in the unit. No malodors were present in the unit itself tenants were clean, well groomed and dressed appropriately. No odor of urine or feces was present.

- Regulatory Insufficiency: None noted.

Complaint/Incident Allegation #37461-C: It was alleged tenants teeth were not always brushed. It was alleged Tenant #5 had a tooth chipped two months earlier and the Program did nothing about it. The same tenant's teeth were covered in plaque.

- Monitoring Observation: Tenant's #1, #2, #3, #4, #5 #7's and #8 files were reviewed and indicated MRCs for December through February 22, 2012 revealed each tenant listed above was consistently given oral care twice daily.

  Tenant #5's file was reviewed and no record was found describing an incident of the tenant chipping his/her tooth. During the onsite, a monitor visited with Tenant #5 and noted a chipped front tooth. Staff #1, #2 reported tenants in the dementia usually allow staff to assist with tooth brushing twice daily. Staff #3, #4 and #5 reported Tenant #5 had a chipped tooth but didn't know how it happened. Each reported the previous Program nurse (prior to the current Program nurse) knew of the chipped tooth and had reported it to Tenant #5's legal representative. It was reported Tenant #5's legal representative didn't want it fixed. The Program nurse reported she was not aware Tenant #5 had a chipped tooth. The dementia unit manager reported she knew of the chipped tooth, but was told by the previous Program nurse had reported the chipped tooth to Tenant #5's legal representative and nothing was to be done. The Program Nurse notified Tenant #5's legal representative and asked if she was aware of Tenant #5's front chipped tooth. Tenant #5's legal representative reported he/she hadn't been told and requested Tenant #5 be seen by a dentist. Resident notes of 2-23-12 indicated the Program would be scheduling a dental appointment to have the chipped tooth evaluated.

- Regulatory Insufficiency: None noted.

Complaint/Incident Allegation #37787-C: It was alleged Tenant #6 was "very sharp," too functional and shouldn't be living in the dementia unit.

- Monitoring Observation: Tenant #6, an 82 year-old, was admitted on 8-30-08 and had diagnoses of: Dementia and Diabetes Mellitus. The tenant resided in the dedicated dementia unit. A cognitive evaluation was completed on 11-30-11 and staged the tenant at two on the GDS, which indicated mild cognitive impairment.

A service plan of 1-7-12 indicated Tenant #6 needed assistance with ADLs, including assistance with anti-embolism stockings (TED) and grooming and was independent with all other ADLs. The Program administered medications.

On 2-23-12, Tenant #6 was interviewed by a monitor. Tenant #6 reported he/she liked living in the dementia unit, had all the privacy he/she wanted and received good care. Tenant #6 reported he/she gets more attention from staff living in the dementia unit and wouldn't want to live anywhere else.

There are no regulations prohibiting a tenant with normal or minimal cognitive impairment from living in a dementia unit.

- Regulatory Insufficiency: None noted.

C. Activities

Complaint/Incident Allegation#37787-C: It was alleged there were a number of times when there were no activities offered. Tenants are parked in front of the television, are fed and have a place to sleep and "that is it."

- Monitoring Observation: During the onsite investigation of 2-1-12 and 2-22 & 23-12 a monitor observed a variety of activities were held in the dementia unit. On 2-1-12, activities included exercise, Wii games, kick ball, crafts and story-telling. On 2-22 & 2-23-12, activities included exercises, board-games, Wii games, current news and events, and movies and crafts. A majority of tenants who resided in the dementia participated in these activities.

  Staff #1, #2, #3, #4 and #5 reported activities listed on the monthly activity calendar were followed. Each staff person reported an activities director was hired the beginning of February 2012 to work specifically with tenants in the dementia unit. The activities director reported she worked full-time and worked specifically with tenants in the dementia unit.

- Regulatory Insufficiency: None noted.

D. Structural Requirements

Complaint/Incident Allegation #37787-C: It was alleged the building was cheaply made. A tenant was wrapped up in a curtain, as it was cold inside the program.

- Monitoring Observation: During the onsite investigation of 2-1-12 and 2-22 & 23-12 a monitor observed the ambient temperature in the dementia unit common areas was 74 degrees Fahrenheit. Each of the 24 tenant's apartments was physically inspected and tenant's apartments were clean, warm and free from cold drafts. Windows and exterior doors appeared to be closed tightly and cold air was not felt. Throughout the onsite dates of 2-22 & 23-12, a monitor asked tenants residing in the dedicated dementia unit if they were cold or had cold apartments. Tenants reported they were comfortable and felt warm. During the onsite a monitor noted each tenant was dressed appropriately.

Staff #1, #2, #3, #4 and #5 reported the dementia unit was warm and hadn't heard from any tenant of being cold or complaining of their apartment being cold.

- Regulatory Insufficiency: None noted.