IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

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GOVERNOR

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RODNEY A. ROBERTS, DIRECTOR

**Complaint/Incident Intake #:** **38123-C**
**35062-CR**
**35115-CR**
**35787-CR**

March 30, 2012

Ms. Marva Davis, RN Director
Shores at Pleasant Hill
1500 Edgewater Drive
Pleasant Hill, IA 50327

**RE: Final First Complaint Revisit and Complaint Investigation Report, Shores at Pleasant Hill, Pleasant Hill, Iowa**

Dear Ms. Davis:

Enclosed is the **Final First Complaint Revisit and 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 First Complaint Revisit and 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 515/281-7039.

Sincerely,

*Rose Boccella*

Rose Boccella
Program Coordinator
Adult Services Bureau

Enclosure

# IOWA DEPARTMENT OF INSPECTIONS AND APPEALS
## Assisted Living Program
## Final First Complaint Revisit and Complaint Investigation Report

**Assisted Living Program:**

Marva Davis, RN, Director of Health Services
Shores at Pleasant Hill
1500 Edgewater Drive
Pleasant Hill, IA 50327

**Complaint/Incident Intake #:**

38123-C
35062-CR
35115-CR
35787-CR

**Date of Complaint/Incident Investigation:**

March 7, 2012

**Monitor(s):**

Joyce Kix, RN
Maribeth Freland, RN

**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: | 48 |
| Number of tenants with cognitive disorder: | 5 |
| Total Population of Program at time of on-site | 53 |

| **Dementia-Specific Program by Dedication** | |
|---|---|
| Number of tenants without cognitive disorder: | 2 |
| Number of tenants with cognitive disorder: | 15 |
| Total Population of Program at time of on-site | 17 |
| **TOTAL census of Assisted Living Program** | 70 |

**Program History** – The program received regulatory insufficiencies in the areas of: Evaluation, Service Plan and Medications during the recertification and complaint (30944) visit of 9-30 and 10-4-2010.

During the complaint visit (32829, 32397, 32916) of 2-21, 22-2011, the program received regulatory insufficiencies in the areas of Tenant Rights and Staffing

During the complaint visit (33891) of 6-1-11, the program received a regulatory insufficiency in the area of Occupancy Agreement.

During the complaint visit (35062, 35115, 35787) of August 29 and 30 and September 12 and 13, 2011, the program received regulatory insufficiencies in the areas of: Policy and Procedure, Medication, Staffing, Evaluation, Criteria for Admission and Retention, Tenant Documents and Nurse Review

During the complaint and incident visit (37017, 36946, 37034) of December 12, 13 and 14, 2011, the program received no regulatory insufficiencies.

**Complaint/Incident Investigation** – The Complaint investigators made the observations detailed in the following areas:

**A. Policies and Procedures**

The program received a regulatory insufficiency related to failure to complete medication error reports and failure to fully complete incident report documentation for Tenants #3, #10, and #11 during the August/Sept 2011 complaint onsite visit for 35115-C.

- Monitoring Observation: Tenants #3 and #10 were no longer living at the program. Tenant #11 had one fall on 3-5-12 with an incident report completed fully. The monitors also reviewed the clinical records of Tenants #5, #7, #8, #12 and #13. After reconciliation of clinical record documentation and incident reports the monitors found the program had fully and accurately completed incident/accident report form for all documented incidents for #5, #7, #12 and #13. According to the program's policy titled Reporting and Documenting Incidents/Accidents, staff members were directed to fill out a report form when a tenant, visitor, family member or employee received an injury. Tenant #8's clinical record did not include any documentation of injury to staff subsequent to Tenant #8's behavior. During interview, Staff #3, Registered Nurse (RN) reported that approximately two weeks ago Staff #9, care attendant (CA) had been caring for Tenant #8 when the tenant became agitated and pushed Staff #9 causing scratches to her arm. Staff #9, CA, reported she got busy and forgot to complete an incident report. Staff #4, CA, reported that sometime in November or December 2011, Tenant #8 became agitated and slapped her across the face leaving a handprint. Staff #4, CA, reported that she had completed an incident report and gave it to the program's previous RN. The program could not provide documentation of that incident report.

  The monitors found incident reports to be completed fully and accurately for five of the six tenants reviewed. While a deviation from the requirements of the rules was found, it did not meet the standard set forth in Rule 67.10 (3) for determining that a regulatory insufficiency exists.

- Regulatory Insufficiency: None noted.

During the course of the investigation, the following information was identified.

**B. Program Reporting to the Department**

Monitoring Observation: Tenant #5, an 84 year old, was admitted to the memory care unit 6-20-11 and died on 12-16-11. Tenant #5 had diagnoses of Alzheimer's and Hypertension (HTN). The Tenant scored a 6 on the Global Deterioration Scale (GDS) of 12-8-11 which indicated severe cognitive decline. The service plan of 12-9-11 documented Tenant #5 required staff assistance for escort and ambulating to and from the dining room. According to Tenant #5's clinical record, he/she experienced falls on 12-6, 12-8 and 12-9-11. The Incident report dated 12-12-11 documented Tenant #5 was found on the floor. The clinical record contained documentation dated 12-14-11 of an x-ray indicating a subcapital fracture of the left femoral neck. Progress notes of 12-15-11 document Tenant #5 could not bear weight. The program transferred Tenant #5 to the hospital on 12-15-11 at 4:10 p.m. where he/she died on 12-16-11. The program was unable to provide documentation of notification within 24 hours to the department of a fall with a major injury. (Staff #18, RN, stated the prior Director would have been responsible for filing the report.)

- Regulatory Insufficiency: The director or the director's designee shall be notified within 24 hours, or the next business day, by the most expeditious means available of

any accident causing major injury. For the purposes of this rule, "major injury" shall also mean a substantial injury. A. "Major injury" shall be defined as any injury which: (1) results in death; or (2) Requires admission to a higher level of treatment. Other than for observation; or (3) Requires consultation with the attending physician, designee of the physician, or physician's extender who determines, in writing on a form designated by the department, that an injury is a "major injury" based on the circumstances of the accident, the previous functional ability of the tenant, and the tenant's prognosis. (IAC r. 481- 67.4(1))

**C. Medications**

The program received a regulatory insufficiency related to medication errors and failure to have medications onsite for administration during the August/Sept 2011 complaint onsite visit for 35115-C.

- Monitoring Observation: The monitors reviewed documentation of medication error reports maintained by the program related to errors since 12-1-11. December 2011 error reports show three incidents of medication not available for administration; however, the reports documented immediate delivery of the medication with two of the three incidents having the doses administered per the physician's order later that day. The third incident resulted in a three day delay of administration; however, the program documented multiple contacts with the pharmacy attempting to get the medication delivered. The monitors reviewed the clinical records of Tenants #4, #7, #8, #9, #11, #12, #13 and #20 and found no incidents of medication errors which occurred between 12-11 and 3-12 that did not correlate with a medication error report. Staff #7 and #17 reported no concerns with absence of medication for administration.

  While a deviation from the requirements of the rules was found, it did not meet the standard set forth in Rule 67.10 (3) for determining that a regulatory insufficiency exists.

- Regulatory Insufficiency: None noted.

**D. Staffing**

The program received a regulatory insufficiency related to failure to maintain adequate trained staff to meet tenant needs and failure to complete appropriate delegations for Staff #1, #2, #4, #5, #6, #8, #10, #11, #12, #13, #14, #15, and #16. The program also received a regulatory insufficiency for failure provide adequate cares for Tenant #2 and #6 during the August/Sept 2011 complaint onsite visit for 35115-C, 35062-C and 35787-C.

- Monitoring Observation: Staff #2, #6, #8, #11, #12, #13, #14, #15 and #16 are no longer employed by the program. The monitors reviewed the personnel files of Staff #1, #4, #5, and #10, all of whom are care attendants. Documentation of appropriate nurse re-delegation for personal care tasks was completed by Staff #18. Re-delegation of medication administration of Staff #1, #4, and #5 was appropriately documented. The monitors also reviewed the personnel files of Staff #19, #20, and #21, CAs who were employed after 12-11. Documentation of appropriate nurse delegation for personal care tasks and medication administration was provided.

Tenant #2 and #6 (tenants of the memory care unit) were no longer living at the program. The monitors observed provision of personal cares for Tenant #11 and #13, ( tenants who resided in the memory care unit) and identified n

The monitors reviewed the 12-11 through 3-12 staff schedules. The program reported optimal staffing numbers to be four persons on each shift. According to the schedules, only 12 shifts of 264 were staffed with less than optimal. Staff #7 and #17 reported the program staffing numbers to be greatly improved and adequate to care for all the tenants.

The monitors identified no personal care concerns. All staff were delegated appropriately. The program scheduled four staff members for each shift with minimal deviations.

- Regulatory Insufficiency: None noted.

**E. Evaluation**

The program received a regulatory insufficiency identified during the course of the investigation related to failure to complete accurate and timely evaluations with significant changes in condition for Tenants #1, #2, and #10 during the August/Sept 2011 complaint onsite visit.

Complaint/Incident Allegation #38123-C: It was alleged the program failed to evaluate behaviors appropriately for two tenants.

- Monitoring Observation: Tenant #1, #2 and #10 no longer reside at the program. The monitors reviewed clinical records of Tenants #4, #5, #7, #8, #9, #11, #12, #13 and #20. The monitors identified no concerns with Tenant's #4, #9, #11 and #12.

  According to Tenant #5 clinical record, he/she experienced multiple falls between 12-6 and 12-12. N Due to the falls, Tenant #5 experienced a change in mobility status. The RN completed appropriate evaluations with the change in condition.

  Tenant #7, a 78 year old, was admitted to the memory care unit 4-1-11 with diagnoses of: Alzheimer's Disease with hallucinations and confusion and Bi-Polar Depression. The Tenant scored a 5 on the GDS of 12-6-11 which indicated moderately severe cognitive decline. According to Tenant #7's clinical record, he/she eloped from the program on 12-6-11. The RN completed appropriate evaluations with the elopement.

  Tenant #8, a 77 year old, was admitted to the memory care unit 11-1-10 with diagnoses of: Alzheimer's, Paranoid Schizophrenia and Diabetes. The Tenant scored a 5 on the GDS of 2-20-12 which indicated moderately severe cognitive decline. According to Tenant #8's clinical record, he/she experienced an increase in anxiety, wandering and aggressive behaviors towards staff during the month of 2-12. The RN completed appropriate evaluations with the changes in condition.

Tenant #13, an 80 year old, was admitted to the memory care unit 8-27-07 with diagnoses of: Agitation, Congestive Heart Failure (CHF), Coronary Artery Disease and HTN. The Tenant scored a 6 on the GDS of 2-10-12 which indicated severe cognitive decline. Tenant #13's clinical record lacked documentation of combative behaviors. The RN completed appropriate evaluations.

Tenant #20, an 89 year old, was admitted to the memory care unit 8-26-09 and died 3-6-12. Tenant #20 had diagnoses of: CHF and Chronic Obstructive Pulmonary Disease. The Tenant scored a 5 on the GDS of 2-23-12 which indicated moderately severe cognitive decline. Tenant #20's clinical record indicated a decline in condition with admission to Hospice on 2-23-12. The RN completed appropriate evaluations for initiation of oxygen, significant changes in mobility status and dressing ability.

The monitors identified no significant change of conditions for the tenants reviewed that was not responded to appropriately by the RN.

- Regulatory Insufficiency: None noted.

**F. Criteria for Admission and Retention**

The program received a regulatory insufficiency related to failure to discharge Tenant #1 when he/she exceeded level of care criteria for assisted living during the August/Sept 2011 complaint onsite visit for 35115-C, 35062-C and 35787-C.

Complaint/Incident Allegation #38123-C: It was alleged the program failed to discharge multiple tenants when they exceeded level of care criteria for assisted living for toileting, transferring and behavior issues.

- Monitoring Observation: Tenant #1 no longer resides at the program.

The monitors reviewed the clinical records of Tenant #8, #13 and #20.

According to Tenant #8 clinical record, he/she experienced an increase in anxiety, wandering and aggressive behaviors towards staff during the month of 2-12. The clinical record documented Tenant #8 experienced a urinary tract infection that correlated with the behaviors. During interview, Staff #3, Registered Nurse (RN) reported that approximately two weeks ago Staff #9, care attendant (CA) had been caring for Tenant #8 when the tenant became agitated and pushed Staff #9 causing scratches to her arm. Staff #9, CA, reported she got busy and forgot to complete an incident report. Staff #4, CA, reported that sometime in November or December 2011, Tenant #8 became agitated and slapped her across the face leaving a handprint. Staff #4, CA, reported that she had completed an incident report and gave it to the program's previous RN. The program could not provide documentation of that incident report. The RN made multiple changes to the service plan and addressed interventions on a task sheet for staff members to utilize. The clinical record indicated the program had initiated trail visits to the memory care unit and staff training for behaviors. The monitors observed Tenant #8 seated at a table with other

tenants. He/she had eaten 100% of breakfast and reportedly had been cooperative with cares in the a.m. Tenant #8 was observed to smile and attempt to piece together a puzzle and converse with other tenants. Tenant #19, who lived next door in the memory care unit stated he/she was not bothered by Tenant #8. Tenant #19 reported that Tenant #8 wandered into his/her room previously but he/she now just kept the door locked.

Tenant #13's clinical record lacked documentation of combative behaviors. The monitors observed Tenant #13 ambulating with hand hold assistance and eating and drinking independently. The service plan of 2-11-12 documented Tenant #13 toileted independently with reminders from staff. Staff #17, CA, stated that although Tenant #13 wore adult briefs, sometimes the bed was wet and since the tenant's vision was poor he/she didn't always urinate directly on the toilet. Observation of Tenant #13's room revealed a strong urine odor which was not quickly cleared.

Tenant #20's clinical record indicated a decline in condition with admission to Hospice on 2-23-12. The clinical record indicated the tenant did have open areas on his/her coccyx. The service plan of was updated with changes on 2-23-11 and indicated Tenant #20 required stand-by assistance with a walker for safety and ate independently. Tenant #20 died on 3-7-12 at the program.

Staff #7 and #17 reported the program did not have any tenants who exceeded the level of care for assisted living.

The monitors did not identify any current tenants who exceeded the level of care for assisted living.

- Regulatory Insufficiency: None noted.

**G. Tenant Documents**

The program received a regulatory insufficiency identified during the course of the investigation related to failure to complete task sheets for tenants unable to advocate for themselves for Tenants #1 and #2.

- Monitoring Observation: Tenant #1 and #2 no longer reside at the program.

  The monitors reviewed the clinical records of Tenant #4, #8, #11, #12 and #13 who all lived in the memory care unit and scored 5 or 6 on the GDS which indicated at least moderately severe cognitive decline. All of the tenants were unable to advocate for themselves. The program provided task sheets which outlined personal care directions for all tenants in the memory care unit.

- Regulatory Insufficiency: None noted

**H. Nurse Review**

The program received a regulatory insufficiency related to failure to complete nurse reviews for significant changes in condition for Tenants #2, #3, #9, and #11 during the August/Sept 2011 complaint onsite visit for 35115-C.

- Monitoring Observation: Tenant #2 and #3 no longer reside at the program.

  The monitors reviewed the clinical records for Tenant #9 and #11. According to documentation completed, neither experienced a significant change in condition from 12-11 to 3-12 which required a nurse review.

  The monitors reviewed the clinical records for Tenants #4, #5, #7, #8, #12, #13 and #20. Tenants #4 and #13 did not have significant changes from 12-11 to present time.

  According to Tenant #5's clinical record, he/she experienced multiple falls between 12-6 and 12-12. N Due to the falls, Teannt#5 experienced a change in mobility status. The RN completed appropriate correlating nurse reviews with the change in condition.

  According to Tenant #7's clinical record, he/she eloped from the program on 12-6-11. The RN completed appropriate correlating nurse reviews with the elopement.

  According to Tenant #8's clinical record, he/she experienced an increase in anxiety, wandering and aggressive behaviors towards staff during the month of 2-12. The RN completed appropriate correlating nurse review with the changes in condition.

  Tenant #20's clinical record indicated a decline in condition with admission to Hospice on 2-23-12. The RN completed appropriate correlating nurse reviews for initiation of oxygen, significant changes in mobility status and dressing ability.

  The monitors identified appropriate nurse reviews for all changes in behavior and condition.

- Regulatory Insufficiency: None noted.