IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

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LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake #: 38582-C

June 1, 2012

Ms. Brenda Cook, Assisted Living Director
Senior Star at Elmore Place Assisted Living
4500 Elmore Avenue
Davenport, IA 52807

RE: Final Complaint/Incident Investigation Report, Senior Star at Elmore Place Assisted Living, Davenport, Iowa

Dear Ms. Cook:

Enclosed is the **Final Complaint/Incident 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/Incident 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 515/281-4116 or **James.Berkley@dia.iowa.gov**.

Sincerely,

Jim Berkley

Jim Berkley
Program Coordinator
Adult Services Bureau

Enclosure

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

Assisted Living Program: **Complaint/Incident Intake #:** 38582-C

Brenda Cook, Assisted Living Director
Senior Star at Elmore Place Assisted Living
4500 Elmore Avenue
Davenport, IA 52807

Date of Complaint/Incident Investigation:

April 24, 2012

Monitor(s):

Stephanie Cummins, MA
Margaret Kaltefleiter, RN MS

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.

General Population Program	
Number of tenants without cognitive disorder:	70
Number of tenants with cognitive disorder:	1
Total Population of Program at time of on-site	71
TOTAL census of Assisted Living Program	71

Program History – There were substantiated Regulatory Insufficiencies found during this certification period for Service Plan, Medications and Nurse Review.

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

A. Staffing

Complaint/Incident Allegation: It was alleged a tenant with a colostomy pulled off the colostomy bag and needed assistance to replace it. It was alleged a tenant required care for a colostomy bag and catheter bag.

- Monitoring Observation: Five tenant files were reviewed including Tenants #1, #2, #3, #4 and #5. Tenants #3, #4 and #5 did not have a colostomy or catheter. Tenant #1 had a catheter. Tenant #2 had a colostomy and catheter. The Program identified Tenant #2 as the only tenant who had a colostomy.

  Tenant #1, Tenant #1, a 93 year old, was admitted on 12-3-11 and diagnoses include: Parkinson's Disease, Enlarged Prostate and Catheter. The service plan indicated Tenant #1 had a urinary catheter to gravity with a leg bag at night and a large night time bag during the days. Staff was to assist Tenant #1 with bag changes as requested as needed and twice daily from night time to day time. Catheter changes were completed by a urologist in the office usually every 31 days. Staff was to send Tenant #1 out if complications arose with the catheter, according to the service plan. The Physician Order sheet indicated to put the leg bag on in the morning at 8:00 a.m. and to put the gravity bag on in the evening at 8:00 p.m. The service plan reflected the catheter care provided. The Physician Order sheet reflected the order for catheter care and the Medication Administration Records (MARs) reflected the completion of putting the leg bag on at 8:00 a.m. and the gravity bag on at 8:00 p.m. Tenant #1's file identified the catheter care and the completion of the catheter care.

Tenant #2, an 81 year old, was admitted on 5-29-11 and diagnoses include: Dementia, Debility, Mild Normal Pressure Hydrocephalus, Chronic Low Back Pain, Hypothyroidism, Ventriculoperitoneal Shunt Placement (8-30-11). A service plan dated 3-21-12 indicated Tenant #2 was current with an indwelling urinary catheter. Staff was to assist with bag changes from dependent bag to leg bag as tenant requested. Visiting nurses assisted with care and changing of the catheter as needed or requested. Staff would assist Tenant #2 with ostomy care. Visiting nurses would assist with ostomy care, wafer changes and bag changes. Program staff would assist with emptying bag and burping the device. The service plan reflected the catheter care and ostomy care provided. Tenant #2's file identified the catheter and ostomy care.

Five staff files were reviewed including Staff #1, #2, #3, #4 and #5. Staff #1 was a Medication Manager and did not have nurse delegated training on catheter care. Staff #2 was an LPN and did not require nurse delegation training on catheter care. Staff #3 was a Medication Manager and did not have nurse delegated training on catheter care. Staff #4 was a universal worker and did not have nurse delegated training on catheter care. Staff #5 was a universal worker and did not have nurse delegated training on catheter care. Staff did not have nurse delegated training on catheter care.

- Regulatory Insufficiency: Any nursing services shall be provided in accordance with Iowa Code chapter 152 and 655–Chapter 6. (IAC r. 481-67.9(5))

Complaint/Incident Allegation: It was alleged there was no nurse on duty to provide care when needed.

- Monitoring Observation: The Program provided Assisted Living Nurse Management On Call calendars for March and April 2012. The calendars included names and phone numbers of all nurse managers on call for each day. Staff #1 and Staff #2 said nurses were available when needed and a nurse was always on call. The Assisted Living (AL) Director said there was always an on-call nurse who was available. The AL Director and two Assistant Directors of Nursing covered nursing calls. She said she was not aware of any instances when an on-call nurse had not been available to respond when needed.

  Four tenants were interviewed and said they received the services and cares required. They did not offer any improvements with staff and said nursing services were available. Staff responded when the tenants requested assistance.

- Regulatory Insufficiency: None noted.

B. Nurse Review

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

- Monitoring Observation: Five tenant files were reviewed.

Tenant #2's file included a page of physician orders which indicated the following: irrigate the urinary catheter with 30 cubic centimeters (cc) of saline and water as needed; dressing changes to multiple skin tears due to increased drainage noted on 3-29-12, to cleanse wound bed with soap and water, apply Bacitracin, cover with Telfa and wrap in gauze; change daily and as needed if soiled or excessive drainage; cleanse colostomy site with soap and water, pat dry, apply skin prep, apply appropriate size wafer and bag to site; change every three days and as needed for soiling or dislodge; and per family request, change Prednisone to 5 milligrams (mg) daily. The orders were not noted by a nurse. The MARs did not reflect the new orders.

The AL Director said the nurse who took a physician order transcribed the order onto the MARs. She said it was standard practice to always put physician ordered items on the MARs.

Review of Tenant #2's file indicated physician orders for medication and treatments were not noted or transcribed to the MARs despite being physician ordered. Orders were not current for a tenant who received health related care.

- Regulatory Insufficiency: If a tenant does not receive personal or health-related care, but an observed significant change in the tenant's condition occurs, a nurse review shall be conducted. If a tenant receives personal or health-related care, the program shall provide for a registered nurse or licensed practical nurse via nurse delegation: To ensure health care professionals' orders are current for tenants who receive health care professional-directed care from the program. (IAC r. 481-69.27(2))

C. Criteria for Admission and Retention

Complaint/Incident Allegation: It was alleged a tenant routinely needed two to three staff to assist with transfers and ambulation. It was alleged a tenant required skilled care. It was alleged the Program did not have gait belts.

- Monitoring Observation: Five tenant files were reviewed.

Tenant #1's file was reviewed. The service plan indicated Tenant #1 utilized a walker and might need assistance at times but could maneuver the walker independently. The service plan indicated Tenant #1 transferred independently and at times might need assistance. Review of Tenant #1's file indicated he/she did not require a routine assistance of two to three staff to transfer or ambulate.

Tenant #2's file was reviewed. The service plan indicated staff would assist Tenant #2 with mobility, including escorts and stand by assistance. Tenant #2 would need assistance to propel his/her wheelchair long distances and would need assistance to ambulate with a walker and assist of one. Review of Tenant #2's file indicated he/she did not require a routine assistance of two to three staff to transfer or ambulate.

Tenant #3, a 91 year old, was admitted on 3-11-10 and diagnoses include: Arteriosclerotic Cardiovascular Disease, Atherosclerosis of the Extremities with Intermittent Claudication, Hypertension with Congestive Heart Failure,

Hypothyroidism, Hyperlipoproteinemia, Thoracic Disc Degeneration and Allergic Rhinitis. The service plan indicated Tenant #3 utilized a walker to aide in mobility and safe transfers. Tenant #3 was reminded to utilize the personal help button when he/she needed assistance with mobility. The service plan indicated Tenant #3 had four falls since February. Tenant #3 was a high risk for falls and was seen by physical therapy (PT) for strength and gait training, according to the service plan. Review of Tenant #3's file indicated he/she did not require a routine assistance of two to three staff to transfer or ambulate.

Tenant #4, an 86 year old, was admitted on 10-22-10 and diagnoses include: Malnutrition, Dehydration and Anorexia. The service plan indicated Tenant #4 utilized a walker for ambulation needs and might use a cane or walker in the apartment. Tenant #4 was provided reminders to utilize the personal help button when he/she needed assistance with ambulation or transfers. The service plan indicated Tenant #4 was able to transfer him/her self with minimal assistance with use of ambulatory devices. According to the service plan, Tenant #4 had two falls in two months and PT was initiated for gait stability and strengthening. Review of Tenant #4's file indicated he/she did not require a routine assistance of two to three staff to transfer or ambulate.

Tenant #5, a 72 year old, was admitted on 4-19-12 and diagnoses include: Acute Urinary Tract Infection, Hypokalemia and Hypomagnesium. The service plan indicated for Tenant #5 staff was to report any falls to the nurse immediately. Tenant #5 was a high risk for falls due to frequent falls in a long term care facility. Following a fall vital signs were to be taken three times a day for three days. Staff would assess range of motion and vital signs after every fall. Tenant #5 was provided reminders to utilize a personal help button when needing assistance with mobility. According to the service plan on 4-23-12, Tenant #5 would be receiving PT and nursing services. The Resident Assessment indicated on 4-23-12, Tenant #5 would receive PT for gait and transfer training. Review of Tenant #5's file indicated he/she did not require a routine assistance of two to three staff to transfer or ambulate.

Staff #1, Staff #2 and the AL Director did not identify any tenants that exceeded level of care. Staff #1 and Staff #2 said they did not use gait belts. The AL Director said they could use gait belts; however, no one in the building needed to use a gait belt. The AL Director and the Assistant Directors of Nursing had gait belts.

Per review of Tenant #1, #2, #3, #4 and #5's files and interviews with Staff #1, #2 and the AL Director, none of the tenants identified received more than part-time or intermittent care.

None of the tenants reviewed required a routine two to three assist with transfers or required more than part-time or intermittent care. The AL Director said currently none of the tenants required the use of a gait belt.

- Regulatory Insufficiency: None noted.