IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

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Complaint/Incident Intake #:
44694-I

September 20, 2013

Mr. Paul Crane, Administrator
Primrose Retirement Community
1801 East Kanesville Blvd.
Council Bluffs, IA 51503

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

Dear Mr. Crane:

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 #:** 44694-I

Paul Crane, Administrator
Primrose Retirement Community
1801 East Kanesville Blvd.
Council Bluffs, IA 51503

Date of Complaint/Incident Investigation:

August 20, 2013

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.

	General Population Program
Number of tenants without cognitive disorder:	31
Number of tenants with cognitive disorder:	3
Total Population of Program at time of on-site	34
TOTAL census of Assisted Living Program	34

Program History – There were substantiated Regulatory Insufficiencies in the areas of Medication found during this certification period.

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

A. Evaluation

Complaint/Incident Allegation # 44694-I: The Program reported Tenant #1 had fallen when staff assisted him/her to the toilet. Staff had assisted Tenant #1 with transfer from a wheelchair to the toilet. Tenant #1 was holding onto the handrail and Tenant #1's left leg gave out. Staff assisted Tenant #1 to the floor. Tenant #1 was transferred to a hospital emergency room for evaluation and was admitted with a Left Femur Fracture.

- Monitoring Observation: Tenant #1, a 78 year old, was admitted on 2-17-10 and had diagnoses of: Hypertension (HTN), Hypothyroidism, Hyperlipidemia, Osteoporosis, Degenerative Joint Disease (DJD) Mild Left Sided Weakness, History of Stroke, Dependent Personality Disorder, History of Uterine Cancer and Bipolar Disorder. A Global Deterioration Scale (GDS) was completed on 6-5-13 and staged Tenant #1 at three, which indicated mild cognitive impairment.

  Tenant #1's file indicated two previous falls on 3-18-13 and 6-3-13. Both falls occurred when Tenant #1 was assisted to the toilet. No injuries were reported.

  Tenant #1's family requested a physical therapy evaluation and treatment. A physical therapy evaluation was completed on 6-6-13 and was later admitted. Physical therapy clinical notes of 6-28-13 indicated Tenant #1 was not experiencing pain, was anxious about toileting and did not transfer or pivot well. Tenant #1 was unsafe to walk and a wheelchair was to be used.

  Functional, cognitive and health evaluations of 6-5-13 indicated Tenant #1 needed assistance with transfer and ambulation and received physical therapy to improve transfer ability.

An incident report of 7-9-13 indicated Tenant #1 was transferred from the toilet when his/her left knee gave out. Interdisciplinary progress notes of 7-9-13 indicated Tenant #1 was transferring off the toilet to the wheelchair with the assistance of staff when Tenant #1's left knee gave out. Staff assisted Tenant #1 to the floor and called for additional assistance. A licensed practical nurse (LPN) came and assessed Tenant #1. Full range of motion was completed and Tenant reported pain in his/her left leg. Staff called emergency medical personnel and Tenant #1 was taken to a hospital emergency room for evaluation and was later admitted with a diagnosis of a Left Femur Fracture.

The Program completed evaluations after Tenant has sustained the fall on 6-5-13. The evaluations reflected Tenant #1's change of condition related to ambulation and transfer status and admission to physical therapy.

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

- Monitoring Observation: Three tenant files were reviewed. No issues were found with Tenant #2's file related to evaluations.

  Tenant #3, an 81 year old, was admitted on 2-9-10 and had diagnoses of: Parkinson's disease, Alzheimer's type Dementia, HTN, Benign Prostatic Hypertrophy and a history of Bilateral Inguinal Hernia. A GDS was completed on 2-19-13 and staged Tenant #3 at two, which indicated mild cognitive impairment.

  Nurse's notes of 9-22-12 through 7-18-12, indicated at least three incidents of verbal sexual comments toward staff. Tenant #3 had asked staff to hold him/her and asked to touch his/her genitals. Notes of 8-17-13 indicated Tenant #3's physician was contacted regarding Tenant #3's behavior changes.

  Staff #1and #2 reported Tenant #3 was sexually inappropriate. Tenant #3 would make verbal comments of a sexual nature. Tenant #3 would ask staff to touch his/her genitals and would ask staff to hug him/her.

  Functional, cognitive and health evaluations of 2-19-13 did not address the issues noted related to Tenant #3's sexually inappropriateness. Evaluations were not reflective of Tenant #3's current status.

  Tenant #4, a 91 year old, was admitted on 9-14-10 and had diagnoses of: Congestive Heart Failure, Alzheimer's Dementia, Chronic Obstructive Pulmonary Disease, a history of Breast Cancer and HTN. A GDS completed on 7-25-13 staged Tenant #4 at five, which indicated moderately severe cognitive impairment.

  Functional and health evaluations of 7-25-13 indicated Tenant #4 needed assistance with activities of daily living (ADLs,) including assistance with ambulation, transfer, bathing, grooming, dressing and toileting. Tenant #4 received Program medication administration.

  Nurse's notes of 6-13-13 through 8-20-13 indicated at least seven incidents of physical aggression when staff attempted to get Tenant #4 with ADLs.

Nurse's notes of 6-13-13 indicated Tenant #4's mattress and pads were soaked with urine. Staff attempted to assist Tenant #4 up from bed and Tenant #4 became combative and tried to hit staff.

Notes of 6-17-13 indicated Tenant #4 attempted to hit, kick and bite when staff attempted to assist Tenant #4 to the bathroom.

Notes of 8-8-13 indicated Tenant #4 threatened to hit staff when staff attempted to get Tenant #4 up for breakfast. Staff called for a nurse to assist. When the nurse arrived staff encouraged Tenant #4 to get up from the bed and Tenant #4 slapped staff. Later that day, staff attempted to get Tenant #4 up for lunch and Tenant #4 began hitting staff.

Notes of 8-12-13 indicated staff attempted to get Tenant #4 up for breakfast and Tenant #4 grabbed and dug his/her fingernails in to a staff's wrist. At lunch time staff attempted to get Tenant #4 up for lunch and Tenant #4 kicked staff in the stomach.

Notes of 8-14-13 indicated staff attempted to get Tenant #4 up for breakfast and Tenant #4 kicked, pinched and attempted to bite staff.

Notes of 8-15-13 indicated staff attempted to get Tenant #4 up for lunch and Tenant #4 began kicking staff.

Notes of 8-20-13 indicated staff attempted to get Tenant #4 up for breakfast, as there was feces on the bed. Tenant #4 began kicking at staff.

Staff #1 and #2 reported Tenant #4 was physically combative when staff assisted with ADLs and when getting Tenant #4 up for breakfast and lunch. Tenant #4 would hit, kick, punch, pinch and slap staff when ADLs were attempted.

Functional, cognitive and health evaluations of 7-25-13 did not address the issues noted related to Tenant #4's physical aggression. Evaluations were not reflective of Tenant #4's current status.

- Regulatory Insufficiency: A program shall evaluate each tenant's functional, cognitive and health status within 30 days of occupancy. A program shall also evaluate each tenant's functional, cognitive and health status as needed with significant change, but not less than annually, to determine the tenant's continued eligibility for the program and to determine any changes to services needed. The evaluation shall be conducted by a health care professional or human services professional. A licensed practical nurse may complete the evaluation via nurse delegation when the tenant has not exhibited a significant change. (IAC r. 481-69.22(2))

B. Service Plans

Complaint/Incident Allegation # 44694-I: The Program reported Tenant #1 had fallen when staff assisted him/her to the toilet. Staff had assisted Tenant #1 with transfer from a wheelchair to the toilet. Tenant #1 was holding onto the handrail and Tenant #1's left leg gave out. Staff assisted Tenant #1 to the floor. Tenant #1 was transferred to a hospital emergency room for evaluation and was admitted with a Left Femur Fracture.

- Monitoring Observation: Tenant #1's service plan of 3-6-13 and 6-5-13 established interventions related to left sided weakness and assistance with ADLs, including bathing, toileting and one staff assistance with the use of a wheelchair for ambulation and transfer, but was independent with ambulation in his/her apartment.

  Service plans of 3-6-13 and 6-5-13 reflected Tenant #1's assistance with ADLs, including assistance with ambulation, transfer and the use of a wheelchair.

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

Tenant #3's nurse's notes of 9-22-12 through 7-18-12, indicated at least three incidents of verbal sexual comments toward staff. Tenant #3 had asked staff to hold him/her and asked to touch his/her genitals. Notes of 8-17-13 indicated Tenant #3's physician was contacted regarding Tenant #3's behavior changes.

Staff #1and #2 reported Tenant #3 was sexually inappropriate. Tenant #3 would make verbal comments of a sexual nature. Tenant #3 would ask staff to touch his/her genitals and would ask staff to hug him/her.

The service plan of 2-22-13 established interventions related to assistance with ADLs, including bathing and medication administration. However, the service plan did not establish interventions related to Tenant #3's inappropriate behavior of making sexual remarks toward staff.

Tenant #4's nurse's notes of 6-13-13 through 8-20-13 indicated at least seven incidents of physical aggression when staff attempted to get Tenant #4 up for breakfast and lunch.

Nurse's notes of 6-13-13 indicated Tenant #4's mattress and pads were soaked with urine. Staff attempted to assist Tenant #4 up from bed and Tenant #4 became combative and tried to hit staff.

Notes of 6-17-13 indicated Tenant #4 attempted to hit, kick and bite when staff attempted to assist Tenant #4 to the bathroom.

Notes of 8-8-13 indicated Tenant #4 threatened to hit staff when staff attempted to get Tenant #4 up for breakfast. Staff called for a nurse to assist. When the nurse arrived staff encouraged Tenant #4 to get up from the bed and Tenant #4 slapped staff. Later that day, staff attempted to get Tenant #4 up for lunch and Tenant #4 began hitting staff.

Notes of 8-12-13 indicated staff attempted to get Tenant #4 up for breakfast and Tenant #4 grabbed and dug his/her fingernails in to a staff's wrist. At lunch time staff attempted to get Tenant #4 up for lunch and Tenant #4 kicked staff in the stomach.

Notes of 8-14-13 indicated staff attempted to get Tenant #4 up for breakfast and Tenant #4 kicked and pinched and attempted to bite staff.

Notes of 8-15-13 indicated staff attempted to get Tenant #4 up for lunch and Tenant #4 began kicking staff.

Notes of 8-20-13 indicated staff attempted to get Tenant #4 up for breakfast, as there was feces on the bed. Tenant #4 began kicking at staff.

Staff #1 and #2 reported Tenant #4 was physically combative when staff assisted with ADLs and when getting Tenant #4 up for breakfast and lunch. Tenant #4 would hit, kick, punch, pinch and slap staff when ADLs were attempted.

Tenant #4's service plan established interventions related to assistance with ADLs, but the service plan did not establish interventions related to Tenant #4's physical aggression when staff attempted to assist with ADLs and getting Tenant #4 up for breakfast and lunch.

- Regulatory Insufficiency: The service plan shall be individualized and shall indicate, at a minimum: (a) The tenant's identified needs and preferences for assistance. (IAC r. 481-69.26(4)(a))

C. Criteria for Admission and Retention

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

Monitoring Observation: Tenant #4's nurse's notes of 6-13-13 through 8-20-13 indicated at least seven incidents of physical aggression when staff attempted to get Tenant #4 up for breakfast and lunch.

Nurse's notes of 6-13-13 indicated Tenant #4's mattress and pads were soaked with urine. Staff attempted to assist Tenant #4 up from bed and Tenant #4 became combative and tried to hit staff.

Notes of 6-17-13 indicated Tenant #4 attempted to hit, kick and bite when staff attempted to assist Tenant #4 to the bathroom.

Notes of 8-8-13 indicated Tenant #4 threatened to hit staff when staff attempted to get Tenant #4 up for breakfast. Staff called for a nurse to assist. When the nurse arrived staff encouraged Tenant #4 to get up from the bed and Tenant #4 slapped staff. Later that day, staff attempted to get Tenant #4 up for lunch and Tenant #4 began hitting staff.

Notes of 8-12-13 indicated staff attempted to get Tenant #4 up for breakfast and Tenant #4 grabbed and dug his/her fingernails in to a staff's wrist. At lunch time staff attempted to get Tenant #4 up for lunch and Tenant #4 kicked staff in the stomach.

Notes of 8-14-13 indicated staff attempted to get Tenant #4 up for breakfast and Tenant #4 kicked and pinched and attempted to bite staff.

Notes of 8-15-13 indicated staff attempted to get Tenant #4 up for lunch and Tenant #4 began kicking staff.

Notes of 8-20-13 indicated staff attempted to get Tenant #4 up for breakfast, as there was feces on the bed. Tenant #4 began kicking at staff.

Staff #1 and #2 reported Tenant #4 was physically combative when staff assisted with ADLs and when getting Tenant #4 up for breakfast and lunch. Tenant #4 would hit, kick, punch, pinch and slap staff when ADLs were attempted.

Tenant #4 exhibited chronic physical aggression toward staff when staff assisted with ADLs and getting Tenant #4 up for breakfast and lunch.

- Regulatory Insufficiency: A program shall not knowingly admit or retain a tenant who: c. is dangerous to self or other tenants or staff, including but not limited to a tenant who, despite intervention chronically elopes, is sexually or physically aggressive or abusive, or displays unmanageable verbal abuse or aggression. (IAC r. 481-69.23(1)(c)(1))