Iowa Department of Inspections and Appeals
Assisted Living Program
Complaint Investigation Report (Revisit)

Assisted Living Program: **Complaint Intake #: 7991**

Robbie Hinz, RN, Executive Director
Legacy Gardens
15 Silvercrest Place
Iowa City, IA 52240

Date of Investigation:

December 28, 2004

Monitor(s):

Stephanie Cummins, SW

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 [321 IAC 26.2(5)(a)]. 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 re-visit 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 321 IAC - chapter 25 that either serves five or more tenants with dementia or cognitive disorder staged between 4 and 7 on the Global Deterioration Scale or holds itself out as providing special care for persons with cognitive disorder or dementia, such as Alzheimer's disease, in a dedicated setting.

Overview:

A complaint investigation on-site revisit was conducted at Legacy Gardens on December 28, 2004. In preparing this report, the following information was considered:

Current Program Census:

General Population Program (GPP) –Not applicable.

Dementia Specific Program (DSP) **–** A program that is a Dementia Specific Program by definition or holds itself out as providing specialized care in a dedicated setting but may have tenants without cognitive disorder.

Current number of tenants in a DSP that holds itself out as providing specialized care in a dedicated setting:	32
Total Population:	32

Accreditation Status –Not applicable.

Complaint History – During this certification period, there were substantiated complaints in the areas of exclusion of tenant, staff training, and service plans.

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

A. Criteria for exclusion of tenants - Program does not admit or retain tenants that require a higher level of care, unless a written exception has been applied for and approved. [321 IAC 25.23(3); 25.24]

- Monitoring Observation: It is alleged that the program retained tenants that required a higher level of care. Tenant #1 had diagnoses of a left hip fracture s/p reduction, Alzheimer's, Anemia, Hypothyroidism, Osteoarthritis, and DAT. Tenant #1 was evaluated as a six on the Global Deterioration Scale (GDS). Tenant #1 had recently been moved to the west wing of the building, which provided a higher level of care with 3 staff members on duty. According to staff interviews the tenant had adjusted well to this move. Tenant #1 required one person to transfer the majority of the time but occasionally required a two-person assist. Staff interviews indicated the tenant would assist with dressing, would wash tenant's own face while being bathed, would void when put on the toilet and at times would tell staff when tenant needed to use the bathroom. Staff interviews also indicate the tenant did require assistance with eating which included prompting and cueing. The monitor, however, observed the tenant eating on the day of the on-site investigation and noted staff prompted the tenant but then the tenant ate the meal without physical assistance. Tenant #1 received program administered medications. The LPN stated Tenant #1 recently had several medications discontinued, which resulted in fewer refusals to take the medications. According to staff interviews and nurse's notes the tenant's ambulation and mood had improved and the tenant was much more cooperative with cares.

  Tenant #2 had diagnoses of Alzheimer's, Hypothyroidism, Urinary Retention, Hematuria, and Diverticulosis. The tenant was evaluated as a six on the Global Deterioration Scale (GDS) on 10-24-04 and on 11-6-04. Tenant #2 was admitted to the program on 11-6-03 and according to program files and staff interviews was independent with eating, transfers and ambulation. Tenant #2 required assistance with dressing, grooming, bathing and toileting. According to staff interviews the tenant was incontinent at times but the incontinence was manageable. The tenant received program administered medications. All staff members indicated the tenant's combative behaviors had decreased over the last few months. According to nurse's notes the tenant had three documented incidents of aggressive behavior between 8-31-04 and 12-22-04. Staff members stated they were aware of how to approach this tenant, which helped with managing the tenant's behaviors. Staff also stated if the tenant did become agitated, an offer of chewing gum or food would calm the tenant.

During the course of this investigation it was found that the program retained a tenant who needed a higher level of care. Tenant #3 had diagnoses of Alzheimer's Dementia, Osteoporosis, Arthritis, HTN, Depression and Psychosis. The tenant was admitted on 9-20-04 and was evaluated as a five on the Global Deterioration Scale (GDS) conducted on 9-17-04. According to program files the tenant was independent with eating and transfers but required assistance with dressing, grooming, bathing, and toileting. The tenant ambulated with a walker and received program administered medications. The tenant was hospitalized at the time of the on-site investigation for a suspected heart attack. In August of 2004, prior to coming to this program, the tenant had been admitted from another care facility to the University of Iowa Hospitals and Clinics for a one-week stay due to increased physical aggression. The hospital record stated the tenant had intermittent anger with aggression towards staff and was verbally aggressive to other residents at the care facility. The tenant had acted aggressively towards a roommate scaring the roommate. The tenant was transferred from the other care facility to this program on 9-20-04 and was uncooperative with the move. On 11-1-04 the tenant was combative with staff during cares in the morning and threw a glass while at the breakfast table that broke as another tenant walked by. The tenant also attempted to hit another tenant with a walker. On 11-29-04 nurse's notes stated the tenant continued to be combative with staff and other tenants. The tenant had been having increased urinary incontinence and the physician ordered a urinary analysis, which according to the LPN, revealed no issues. On 12-15-04 nurse's notes stated the tenant was removing the pad from the tenant's underpants and urinating in the underpants. The program requested the tenant's spouse supply briefs to the tenant rather than pads. According to nurse's notes, on 12-18-04, the tenant was found face down on the floor in the bathroom. The tenant was coherent and aware but was hospitalized on this date. Staff members stated the tenant had been in the military and the tenant's aggressive behavior is the result of that background. Staff stated the tenant's aggression was something that occurred regularly, both verbally and physically. Staff members stated the tenant was aggressive toward other tenants and staff. The tenant would bite, scratch, or punch. Other staff members described the tenant as always angry and having verbal behaviors. The LPN stated in an interview that other staff reported that Tenant #3's behaviors had improved; however, there is no documentation to support this.

- Regulatory Insufficiency: The program did not transfer Tenant #3 when the tenant required a higher level of care.

Dated this 4th day of January 2005.