IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

August 26, 2008

Complaint #17741

Victoria Huffman, Administrator
Emerson Point Assisted Living
1555 Shannon Drive
Iowa City, IA 52246-4192

RE: Complaint Investigation Report, Emerson Point Assisted Living, Iowa City, IA

Dear Ms. Huffman:

The Department of Inspections and Appeals (DIA) has reviewed the Plan of Correction (POC) and the Request for Reconsideration in response to the Complaint Investigation Report dated June 25, 2008. Based on the information provided, DIA accepts the Request for Reconsideration in regard to Evaluation of Tenant. DIA denies the Request for Reconsideration in regard to Service Plans due to the need for a service plan that comprehensively identifies the tenant's needs and requests for services. Please note the Regulatory Insufficiencies under Service Plan have been modified. DIA accepts the POC for the remaining Regulatory Insufficiency. The amended Complaint Investigation Report is enclosed.

We appreciate your prompt action in correcting the Regulatory Insufficiencies. If you have questions, please contact me at 515-281-4116.

Sincerely,

Rose Boucher for

Ann Martin, RN
Bureau Chief
Adult Services Bureau

Enclosure

Iowa Department of Inspections and Appeals
Assisted Living Program
Final Complaint Investigation Report

Assisted Living Program: **Complaint Intake #:** 17741

Victoria Huffman, Administrator
Emerson Point Assisted Living
1555 Shannon Drive
Iowa City, IA 52246-4192

Date of Investigation:

June 25, 2008

Monitor(s):

Hal L. Chase, RN BSN MPH

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 revisit 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 visit was conducted at Emerson Point Assisted Living on June 25, 2008. In preparing this report, the following information was considered:

Current Program Census:

General Population Program (GPP)* – A program that is not a Dementia Specific program, but may have tenants with cognitive disorder.

Current number of tenants without cognitive disorder:	53
Current number of tenants with cognitive disorder:	0
Total Population:	53

Dementia Specific Program (DSP)* – Not applicable.

***These are the census numbers represented by the program to be applicable at the time of the on-site.**

Accreditation Status – Not applicable.

Program History – There were no substantiated Regulatory Insufficiencies during this certification period.

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]

Complaint Allegation: It was alleged Tenant #1 had fallen multiple times over the past 10 months and was inappropriate to reside in an assisted living program.

Monitoring Observation: Tenant #1 sustained a fracture of the right humerus on 9-15-07, with the program completing functional and health evaluations on 9-17-07. A left upper arm fracture occurred on 9-28-07, with the program completing functional and health evaluations when the tenant returned from the hospital on 11-13-07. Both evaluations determined the program could provide the care needed. The tenant did not exceed occupancy and transfer criteria. On 4-28-08, the tenant sustained a fractured femur and has not returned to the program.

- Regulatory Insufficiency: None noted.

B. Service Plan – Program has an individualized service plan developed and updated for each tenant as required. [321 IAC 25.28]

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

Monitoring Observation: Tenant #1's functional and health evaluations of 9-17-07 and 11-13-07 indicated a change in health status, including, the tenant needing assistance with Activities of Daily Living (ADLs), bathing, dressing and medication administration. A cognitive evaluation was not completed either time. Service plans of 9-17-07 and 11-13-07 did not include all of the services the tenant received during both periods. The RN stated the program only identifies services added or discontinued from the service plan and does not include all services provided on one service plan. The RN stated the tenant has a copy of each preceding service plan. The program did not develop an individualized service plan which identified needs, requests for assistance and expected outcomes.

Tenant #2's functional and health evaluation of 4-23-08 indicated a change in health status as the tenant required additional assistance with ADLs, including assistance with toileting, ambulation, bathing and medication administration. A cognitive evaluation was not completed. The RN stated the program only identifies services added or discontinued from the service plan and does not include all services provided on one service plan. The RN stated the tenant has a copy of each preceding service plan. The program did not develop an individualized service plan which identified needs, requests for assistance and expected outcomes.

Tenant #3's flow sheet of 4-11-08 indicated disorientation, high fall risk, and moderate cognitive impairment, incontinence and an inability to take medications on own. Functional and health evaluations were completed on 4-11-08 and indicated the tenant needed assistance with ADLs, including assistance with meals, dressing, bathing, use of an assistive device with transfers. The tenant was independent with ambulation but had a memory deficit, impaired decision-making and was incontinent of bowel and bladder. A

cognitive evaluation was not completed. The program did not update the service plan with a change in health status. The service plan of 5-30-08 indicated assistance was needed with Instrumental Activities of Daily Living (IADLs) but no other services were identified. The RN stated the program only identifies services added or discontinued from the service plan and does not include all services provided on one service plan. The RN stated the tenant has a copy of each preceding service plan. The program did not update the service plan with a change in health status and did not develop an individualized service plan which identified needs, requests for assistance and expected outcomes.

Tenant #4's client safety flow sheet of 5-2-08 indicated the tenant was a high fall risk, had an unsteady gait and moderate cognitive impairment. Functional and health evaluations of 5-2-08 indicated a change in health status, as the tenant needed additional assistance with ADL's. A cognitive evaluation was not completed and a service plan was not updated with a change in health status. A service plan dated 6-4-08 was updated and indicated a need for assistance with transfers when the tenant was using a bedpan but this was not based on functional, cognitive and health evaluations and no other services were indentified. Nursing service visit notes of 6-10-08 indicated the RN was setting up medications in a medication box for a two week period and the tenant was also started on antibiotic therapy for a bladder infection. The service plan of 6-10-08 was updated and indicated a need for assistance with medications, medication set up, bathing, assisting off and on the toilet as needed, transfers out of bed, assistance with a bed pan on request and tray assistance in the dining room but did not identify the services established on 6-4-08, and was not based on functional, cognitive and health evaluations. Case communication notes of 6-20-08 indicated the tenant had difficulty transferring at times and required two staff to assist with transfers. Nursing service visit notes of 6-24-08 indicated the tenant refused to ambulate to the bathroom due to pain in the legs. The program did not update the service plan with a change in health status. The RN stated the program only identifies services added or discontinued from the service plan and does not include all services provided, on one service plan. The RN stated the tenant has a copy of each preceding service plan. The program did not update the service plan with a change in status and did not develop an individualized service plan which identified needs, requests for assistance and expected outcomes.

- Regulatory Insufficiency: The program did not develop a service plan that was individualized and identified the tenant's needs, requests for assistance and expected outcomes. (25.28(4))

C. Staffing - The provisions of this section address the program's staffing and training practices and associated documentation in responding to the identified needs of the tenant. [321 IAC 25.33]

Complaint Allegation: Tenant #1 fell and sustained a fracture, was put to bed and didn't go to the hospital until the next day.

Monitoring Observation: Tenant #1 sustained a fracture of the right humerus on 9-15-07. A Discharge/Transfer summary indicated the tenant was seen by a local emergency room on 9-17-07. Functional and health evaluations of 9-17-07 indicated the tenant sustained a fractured upper right humerus and an immobilizer was placed. The tenant sustained a left upper arm fracture on 9-28-07, declined a medical assessment in the emergency room and

was later seen back in the emergency room on 10-1-07. The tenant was hospitalized and returned to the program on 11-13-07. On 4-28-08, the tenant sustained a fractured femur and has not returned to the program.

- Regulatory Insufficiency: None noted.

Dated this 26th day of August, 2008