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

Assisted Living Program: **Complaint Intake #: 7983**

Beehive Home AL
Randy Van Rockel RN Administrator
1126 Oak Hill Drive
Hawarden, Iowa 51023

Date of Investigation:

September 20, 2004

Monitor(s):

Hal L. Chase RN BSN MPH
Charlotte Kemp RN MS

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 visit was conducted at BeeHive Homes AL on September 20, 2004. 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:	4
Current number of tenants with cognitive disorder:	1
Total General Population:	5

Dementia Specific Program (DSP) **–** Not applicable.

Accreditation Status – Not applicable.

Complaint History – There were no substantiated complaints this certification period.

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

A. Evaluation of Tenant - The program evaluates each tenant's functional and cognitive abilities and health status and the determination of needed services as required. [321 IAC 25.23(1) and/or (2)]

Complaint Allegation: During the course of this investigation, it was found the program did not complete evaluations as required.

- Monitoring Observation: Two of three tenant files were reviewed and indicated tenants were not assessed for a possible change in condition upon return from a hospitalization. Tenant #1 was hospitalized on 9/16/04 and Tenant #3 was hospitalized on 9/1/04 and were not reassessed upon returning to the program.

- Regulatory Insufficiency: The program did not evaluate tenant's health status and functional ability as needed to determine if any modifications to services were needed or requested.

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

Complaint Allegation: It is alleged the program did not provide personal cares and assistance with activities of daily living (ADLs).

- Monitoring Observation: Three of three tenant files reviewed indicated service plans were not updated to address tenants' specific needs and expected outcomes upon change in condition and at least annually. Service plans were not signed in agreement by tenant and or family representative.

- Regulatory Insufficiency: Program did not update service plans to address tenants' specific needs and expected outcomes upon change in condition and at least annually.

- Regulatory Insufficiency: Program did not have tenants sign in agreement to a service plan developed.

C. Medications – Program has a comprehensive written medication policy that allows tenant self-administration, but accommodates the need for tenant medication assistance via nurse delegation. The medication assistance is appropriately supervised and administered. Medications are appropriately stored. [321 IAC 25.29(1) and/or (2)]

Complaint Allegation: It is alleged the program had medication errors.

- Monitoring Observation: Medication administration record for Tenant #3 indicated errors in administration with no documented explanation noted. During the course of the investigation, it was found the program did not properly administer medications to tenants.

- Regulatory Insufficiency: Program did not administer medications in accordance with 655 – subrule 6.2 (5) – subrule 6.3 (1), and Iowa Code chapter 155A.

D. Activities – The program provides appropriate programming for tenants based on individual interests. Programming shall support the service plans, be consistent with the program statement and occupancy policies, and available in writing as required. [321 IAC 25.39]

Complaint Allegation: It is alleged that the program did not provide appropriate programming for each tenant. Program did not offer a written schedule of activities to tenants or their legal representatives.

- Monitoring Observation: Program administrator stated the program does not have a written schedule of activities for tenants.

- Regulatory Insufficiency: Program did not provide tenants with a planned schedule of activities to support the needs of tenants as identified in tenant's service plans.

E. Assisted Living Definition – Program encourages family involvement, tenant self-direction, and tenant participation in decisions that emphasize choice, dignity, privacy, individuality, shared risk, and independence. [Iowa Code section 231C.2]

Complaint Allegation: It is alleged the program staff did not provide personal cares and assistance with activities of daily living (ADL's) to certain tenants.

- Monitoring Observation: Interviews with program administrator and staff supports the allegation that manager is rude and has refused to help Tenant #3 with ADLs. Staff interviews also reported tenants are not given choice when ADLs are offered as ADLs are given at the convenience of staff.

- Regulatory Insufficiency: Program is not ensuring tenants' rights to dignity, independence and individuality.

- Regulatory Insufficiency: Program did not encourage tenant participation in decisions that emphasize choice, individuality, and independence.

Dated this 6th day of October, 2004.