AL Survey Trends Report

August 2024

A LeadingAge Iowa Publication to help Assisted Living Programs track insufficiency data from the Iowa Department of Inspections and Appeals and utilize the information for performance improvement.

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August ALP Survey Update & Rule Review

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Survey activity:

- 30 recertification visits were available for review. 11 of these were insufficiency free. 18 resulted in insufficiencies that averaged 4.1 per program. 3 of these resulted in a fine (or 17%).
- 15 complaint and incident visits were available for review. 6 of these were unsubstantiated with 9 resulting in insufficiencies. The programs with insufficiencies averaged 2.9 with 1 fine (or 11%).

I continue to post monthly AL Rule reviews in the Communique as well as on our AL Resources website. Since I didn't complete a report for the month of July due to lack of surveys available, the last two are linked below.

- 67.6 Another Business or Activity Located in a Program
- 67.7 Waiver of Tenant Retention Criteria

A reminder that LeadingAge Iowa is holding the Assisted Living Program Manager Certification and Nurse Delegation training program in October. You can register by clicking on the associated links.

Insufficiencies Resulting in Fines for the Month of August

67.2(3); $1,000. On 6/24/24 Tenant #1 woke up around 4:45 a.m. and asked staff about taking a walk. The staff instructed the tenant they could not go out the doors as they were emergency exits and assisted the tenant to sit in the common area. Staff left the area to check on other tenants. A short time later the alarm sounded, and a staff member responded and assisted Tenant #1 back to their room. The staff continued to check on other tenants when the alarm sounded again. Staff A continued to check other tenants and when returned to the common area, the garden door alarm was sounding. The staff member turned the alarm off, looked outside but did not see anyone and did not check that all tenants were present in the building. Staff A then heard Tenant #1 knocking on the garden door trying to get back in from the courtyard. The program did not follow their policies by ensuring the tenants were all present when the alarm sounded.

67.3(2); $2,500. Tenant C1 was primarily independent with cares and tested positive for COVID-19 on 2/17/24. There were no vital signs obtained, including oxygen saturation, documented throughout the infectious period. The program completed evaluations based on the positive test result, but did not include information on symptoms or changes in services during isolation. On 2/28/24, the tenant paged for assistance and was found on the floor with injuries to their left eyebrow and lower lip, garbled speech, pain, and low oxygen saturation. Staff called 911 and the tenant was transported to the hospital where they began resuscitation efforts. The tenant passed away at the hospital. In addition, Tenant C1's code status information indicated they were a full code, however, the tenant's IPOST indicated limited treatment and DNR.

67.19(3); $500. Background checks for two employees were not completed prior to hire. One background check for an employee did not include the source of the background check or what was checked.

69.27(1)c; $3,500 Tenant C2 was noted by staff in their apartment and their plant had been knocked over twice when staff were in there. The staff member reported to the nurse that the tenant may need a urinalysis in which the nurse responded ok. The following day the tenant's daughter came to the apartment as they could not reach the tenant via phone and found the tenant slumped over in their apartment, incontinent of both bladder and bowel. The daughter called 911 and the tenant was taken to the hospital with diagnoses of acute metabolic encephalopathy, acute cystitis with hematuria, sepsis, and hypertensive emergency. The program did not complete a nurse review when the tenant had a change in health status and lacked documentation of a UA or request to the provider to obtain a UA.

Insufficiencies Without Fining

Program Policies and Procedures (481-67.2)

There were no incident reports available for Tenants #1, #2, or #3. The staff reported that incidents were documented in the progress notes. The surveyor asked for the policy on incident reports and was given the policy on falls, which lacked any information on completing incident reports.

The incident policy and procedure did not include obtaining statements from individuals witnessing the incident.

Incident reports were not completed according to policy and procedure when Tenant #2 had incidents of being sexually inappropriate and grabbing another tenant in a rough manner.

A staff member attempted to give a tenant four tablets of acetaminophen at the same time as they forgot to administer an earlier dose.

During an interview, Tenant #3 reported that staff attempted to administer Warfarin to them when their INR was too high, and the physician wanted it held.

Staff did not follow the program policy on falls without injuries as they were calling 911 for each fall that occurred, and tenants were being billed even if they did not go to the hospital. The policy stated that staff should assist tenants off the floor if there were no injuries present and if they felt that 911 needed notified, they were to call the program nurse who would determine if a call to 911 was necessary.

Tenant #1's family expressed concerns regarding a relationship between the tenant and Staff A, indicating that the staff member was spending a significant amount of time with the tenant in the middle of the night and the tenant told their family that the staff member made them feel good and reported "fooling around" with the staff person.

Tenant #1 fell and sustained a left leg wound for which they were hospitalized. The tenant returned with orders for wound care that was not placed on the MAR.

The program did not follow their policy and procedure related to therapeutic diets as the communication book indicated staff were to assist Tenant #1 with making thickened liquids, not to use a straw, and medications administered one at a time in applesauce or pudding. The policy indicated the ALP did not accommodate therapeutic diets, there was no dietitian involvement, or documented staff training to review preparation of the beverages. The program did not follow their policy on falls with head injuries as the policy indicated the tenant would be encouraged to go to the ER and if they refused, two-hour checks would be implemented to observe for changes in condition. Tenant #4 had multiple falls in which they hit their head. The program did not document the tenant's refusal to go to the ER every time and that two-hour checks were implemented when they declined. The program also did not complete incident reports according to the policy for Tenant #2 who reported missing items and Tenant C1 who fell twice.

The program did not follow the door alarm response policy as they could not hear the alarm that was on the door unless they were near it when it went off.

Staff did not report allegations of abuse immediately to the community director according to the policy. Tenant C1 had a fall, and staff did not assess the tenant according to the policy prior to assisting the tenant off the floor.

Tenant Rights (481-67.3)

It was reported that Tenant #2's apartment was locked to keep the tenant from entering to allow for staff supervision.

Staff did not treat tenants with dignity and respect as a staff member was taking and posting videos of tenants in an agitated state on social media platforms and was antagonizing behaviors from the tenants. Tenant #5 had a court order to restrict two visitors at the discretion of the guardian, however, the tenant was only allowed to have a couple visitors which expanded outside the scope of the guardianship. Staff took Tenant #3's pendant away from them as punishment for using it too much.

Tenant #2 was served an evening meal while sitting next to Tenant #4. When staff delivered the tenant’s meal, Tenant #4 took Tenant #2's plate and ate their food. According to the tenant's record they lost more than 10% of their weight since November 2023.

Tenant #1 had diabetes with orders to monitor blood sugars three times per day. There were several instances when the tenant's blood sugar was over 300 including levels above 500. Neither the order nor the service plan had instructions for staff related to high or low blood sugar. Tenant #3 moved into the program after being discharged from a nursing home. The orders from the nursing home included mechanical soft diet and nutritional supplement to maintain weight. The program was unaware of the orders and did not provide either.

Tenant C1's physician's office reported that an order for Silver Sulfadiazine cream was ordered for a pressure ulcer, the service plan did not include information on this. The program believed the tenant's daughter was continuing to apply the cream for the tenant. There was no documentation from the program RN that the pressure ulcer was monitored.

Program Notification to the Department (481-67.4)

The program did not report an elopement to DIAL.

Medications (481-67.5)

Tenant #5's medications were not delivered from the pharmacy yet, so staff were unable to administer them. The tenant moved into the building the previous week. Staff did not document a treatment to a skin tear for Tenant #3. Tenant #2 had orders for a treatment to a skin tear. Staff documented they refused the treatment, however, a nurse review completed indicated the area was healed. Tenant #1 had an order to obtain weekly weights, however, staff did not complete as ordered.

Staff did not complete wound orders as indicated by the physician for Tenant #1. Tenant #3's MARS lacked orders for alcohol in January, February, March and April 2024.

Did not administer medications according to physician's orders for several medications prescribed for Tenants #1, #2, #3 and C1.

Review of MARs for Tenant #1 revealed several holes in the MAR indicating treatments and medications were not completed.

Tenant C1 had an order for Fentanyl patches. During two incidents staff failed to remove the previous Fentanyl patch before applying the new patch.

Staffing (481-67.9)

According to the AL Monitoring entrance form, the staffing pattern included one staff member in the general population and one in the memory care unit with one float staff. During review of the schedules provided, there were not three staff scheduled on multiple days in April. Several tenants required two assist for transfers. During staff interviews they reported that at times they're not able to complete all required tasks due to tenant needs.

Nurse delegation training on wandering/elopement included providing 1:1 supervision when tenants displayed exit-seeking behaviors. Staff did not follow training when Tenant #1 was displaying exit seeking behaviors which resulted in an elopement.

A new delegating nurse did not review competencies within the first 60 days of their employment.

Did not complete nurse delegation training within 30 days of hire for Staff J. Other staff members received nurse delegation training but did not include training on anti-coagulant and hypo/hyperglycemia.

Tenant #1 was found in the ditch by a lawn maintenance staff. They were assisted out of the ditch by staff and transported to the ER via ambulance without injury. Based on investigation it was determined that the courtyard gate was unlocked as the grass was recently mowed in the area. It was also noted that a staff member did not complete safety checks appropriately as they did not notice that Tenant #1 was not in the building.

Staff B did not have current dependent adult abuse training.

Criminal Background Checks (481-67.19)

Staff C was hired on 6/13/23 and did not have a criminal background check or abuse registry checks in their file.

Did not complete a criminal background check prior to hire for Staff G. Staff G's hire date was 10/6/23 and the background check did not get completed until 10/11/23.

Staff C's SING report identified potential child abuse and indicated staff needed to complete a request from DHS on the history. The program did not complete the request.

Evaluation of Tenant (481-69.22)

Health evaluations were not completed prior to occupancy (Cited x 2).

Evaluations were not completed within 30 days of occupancy (Cited x 5).

Significant change evaluations were not completed on tenants when necessary (Cited x 9. Examples of significant changes included:

- Moving to dementia unit.

- Behaviors.
- Changes in diet texture.
- Increase ADL needs.
- Hospitalization; return to program.
- Wounds & special treatments.
- PT, OT or ST implemented.
- Changes to cognition.
- Refusal of medication or delegated services.
- Itching
- New medications ordered.
- Changes to services delegated to the program.
- Changes in weight.
- Incidents, falls.
- Change in mobility.
- Admission/discharge from hospice care.
- Placement of catheter.
- UTIs.
- Increased presence of pain/acute pain.
- Evaluations were not accurate according to progress notes, including accurately reflecting the current condition of the tenant.
- LPN completed evaluations outside of their scope or practice and rules.

Evaluations did not accurately reflect the tenant's current condition.

Evaluations were not completed prior to the service plan being developed.

Criteria for Admission and Retention (481-69.23)

Tenants were not discharged from the program when they exceeded criteria for retention as they were routinely using two assist with transfers (cited x 2).

Tenant #4 exceeded criteria for retention based on using two staff for toileting and ADLs, required assistance with mobility, and was mostly bed bound.

Tenant #3 exceeded criteria for retention based on unmanageable aggressive behaviors towards staff.

Tenant Documents (481-69.25)

Nurse's notes were not completed by exception (cited x 2) for examples including:

- Diagnosed with COVID-19, isolation precautions, and met criteria to be discharged from isolation.
- Open skin areas.
- Falls
- Hospitalizations and return to program or discharged to skilled care.
- Removal of indwelling foley catheter.

Tenant #5's record did not include court appointed power of attorney/guardianship under temporary order.

Tenant's task sheets did not include all tasks identified in the service plan (cited x 2).

Did not complete incident reports when Tenant #3 had physical and verbal behaviors towards staff, they urinated in the garbage can, found feces in their apartment, and a bruise of unknown origin. Did not complete incident reports for Tenant #4's behaviors.

Service Plans (481-69.26)

Service plans were not based on evaluations, as evaluations were not completed. (Cited 3 times)

Service plans were not signed prior to the occupancy agreement being signed.

Service plans were not updated annually with required evaluations.

Service plans were not updated within 30 days of occupancy. (Cited 2 times)

Service plan was not completed based on areas not filled in on the template.

Service plans were not signed by the program, tenant, and/or their representative. (Cited 3 times)

Service plans were not updated to include: (Cited 9 time)

- Hospitalizations
- Wound vac
- PT/OT/ST
- Dietary supplements
- Outside agency completing wound care
- Alcohol consumption including intoxication at times, amounts allowed to consume according to physician's order, drinking alcohol with other tenants.
- Delegation of medication administration.
- Sexual relationships with other tenants.
- History of seizures.
- Antibiotics
- Weight loss
- Falls
- Diet changes
- Mobility aides
- Hospice
- Assistance with transfers
- Behaviors
- Catheter
- UTIs
- Refusal of services/cares.
- Psychotropic medications
- TENS unit
- Anticoagulant use
- Pain
- Oxygen use
- Change in mental status
- Diabetes

- Safety checks/frequency of safety checks.

Tenants #1 and #2 did not sign occupancy agreements prior to taking occupancy.

Nurse Review (481-69.27)

Did not include that the program administered medications in Tenant #1's nurse review note.

Nurse reviews were not completed for significant changes in condition. (Cited 5 times)

A 90-day nurse review was missed for Tenant #2.

Food Service (481-69.28)

Did not complete training with staff when a tenant required a modified diet including cut up meats with extra sauces.

Staff A, C, and K did not have annual food safety and sanitation required.

No dietary staff had completed a food protection course.

During meal service milk was left on the counter and following service was temped at 53-54 degrees.

Dementia-Specific Education (481-69.30)

Did not complete 8 hours of dementia specific education within 30 days of hire. (Cited 2 times)

Staff did not complete 8 hours of dementia training annually. (Cited 2 times)

Life Safety – Emergency Policies and Procedures and Structural Safety Requirements (481-69.32)

Three exit doors did not have functioning alarms present during surveyor observation.

The memory care courtyard door did not have a working alarm on it.

Structural Requirements (481-69.35)

During observations the surveyor noted carpet stains and frayed carpet in tenant apartments and common areas.

Respite Care Services (481-69.39)

Tenant #3 moved to the program on 4/5/24 with the intention of staying for one to two months. The tenant was in the program for more than 60 days and remained in respite services.

For comments or questions related to the AL Survey Trends Report, please contact Kellie Van Ree, LAI's Director of Clinical Services.

LeadingAge Iowa

Visit our Assisted Living website for additional tools and Resources!