AL Survey Trends Report

January 2025

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.

Website:

www.LeadingAgeIowa.org

Tel: (515) 440-4630

11001 Aurora Avenue

Urbandale IA, 50322

January ALP Survey Update & Rule Review

by Kellie Van Ree, Director of Clinical Services

Survey activity:

- 22 recertification visits were available for review. 7 of the 22 recertifications resulted in insufficiencies averaging 3.9 per program. 2 of the recertification survey's resulted in a fine (or 29%). 15 assisted living providers had insufficiency free surveys (or 68%).
- 6 complaint and incident visits were available for review. 2 of these were unsubstantiated with 4 resulting in insufficiencies. The programs with insufficiencies averaged 3.5 with 2 fines (or 33%).
- 130 AL Providers are currently more than 24 months from their last recertification visit.

The most recent rule review includes 481-67.20, emergency removal of tenants.

You can access previous rule review articles as well as additional assisted living specific resources on our Assisted Living Resource page.

Congratulations to Perry Lutheran Home's Spring Valley campus on an insufficiency free survey!

Insufficiencies Resulting in Fines for the Month of January

67.2(3); $2,000. On 6.5.24, the staff reported that tenants had multiple personal conflicts and the environment was unsettled. During this time, the staff member noted Tenant #1 wandering in the hallway and then heard a door alarm sound. The staff member went to the door, but did not check to see if any tenants were outside. A short time later, the tenant was brought back to the program by a gentleman as they were at the daycare center approximately 40-50 yards from the program's parking lot. In addition, staff did not properly discard medications that were not administered to the tenant.

67.2(3); $2,500. On 12.7.24 at approximately 6:15 a.m. a staff member on their way to work found Tenant #1 approximately 0.3 miles away from the program. During investigation it was determined that the staff turned the door alarm off to allow daytime staff to arrive at the building. The tenant was last observed in the building at 5:15 a.m.

67.3(2); $10,000. Tenant C1's service plan directed staff to serve food cut up and in small bite sized pieces. On 3.29.24, the tenant was observed by staff at the dining room table and the color of the tenant's face was purple. Staff were not CPR certified but had been trained in performing the Heimlich maneuver. Staff assisted the tenant with the Heimlich, until they went unresponsive. Staff believed the tenant was in hospice services and was a DNR but were unable to find the code status records. The 911 operator instructed the staff to complete CPR, which they did. The ambulance personnel assumed CPR duties upon arrival and were eventually able to remove a Brussel sprout from the tenant's air way. The tenant was noted with a pulse and was transported to the ER. The tenant passed away on 3.30.24 with a cause of death identified as asphyxiation. During interviews dietary staff stated they did not cut the Brussel sprouts up. In addition, the program did not complete tasks according to the tenant's service plan and task logs.

67.19(5); $500. Staff A, D, X, and Z had criminal backgrounds identified on their criminal background report that was not evaluated by DHS to determine if they could work or not.

Insufficiencies Without Fining

Program Policies and Procedures (481-67.2)

The program did not have a required policy on sexual relationships between tenants and staff and tenants with a GDS 5 or greater.

Staff did not follow the policy and procedures for completing incident reports as incident reports were not completed when four tenants had falls.

The program policy directed staff to complete a fall risk evaluation form after each fall, which was not completed for one tenant.

The program did not follow the medication error policy when medications were not administered within the scheduled time frame.

The program did not replace tenant emergency pendants when it was not working appropriately and did not respond to pendant alarms within 15 minutes according to the policy.

Tenant Rights (481-67.3)

The program did not provide the tenant assistance with toileting needs as identified in the service plan.

Staff did not provide care for a tenant consistent with their service plans and task logs.

Medications (481-67.5)

Medication administration was not documented for several tenant's medications and treatments in the MAR and TAR as ordered by their physicians.

Weights were not completed for one tenant as ordered by the physician.

The staff did not document medications and treatments as administered in the MAR and TARs according to physician orders.

Staff did not administer the correct dose of Vitamin D3 and gave a Fiber Well gummy without an order.

Criminal, Dependent Adult and Child Abuse Register Checks, (481-67.19)

Staff X did not have a background check completed until the day after their hire date.

The program did not complete background checks for one staff member prior to hire.

The program did not complete a SING report on Staff A until 6 months after employment.

Staff B's background check was completed approximately a month and a half prior to beginning employment and not within 30 days as required.

Staff Y was identified as having a criminal conviction after hire and a new criminal background check was not completed.

Evaluation of Tenant (481-69.22)

Evaluations were not completed prior to occupancy for three tenants and a cognitive tool was not used to assess the tenant's cognitive status.

The program did not complete evaluations prior to having the tenant sign the occupancy agreement.

Health evaluations were not completed with the functional and cognitive evaluations within 30 days of occupancy.

Evaluations were not completed with changes in condition including chest pain, exit seeking, behaviors, urinating in places other than bathrooms, increased assistance with ADLs, skin integrity concerns, frequent incontinence, initiation of treatments, fluctuations in blood glucose levels, refusal to get out of bed, changes in diet textures, suicidal ideations, UTI, pain, loose stools, and eye infection. Health evaluations were also not completed with significant change evaluations when functional and cognitive evaluations were.

The program did not complete cognitive evaluations when change in condition evaluations were completed for two tenants.

Significant change evaluations were not completed when changes in condition occurred including when a tenant required more assistance with transfers, began refusing their medication as they wanted to die, developed wounds with wound clinic referrals and difficulties with swallowing.

Did not complete evaluations with significant changes of condition including when tenants had multiple falls and behaviors.

Criteria for Admission and Retention of Tenants (481-69.23)

The program retained a tenant that routinely required at least two staff and sometimes three to transfer.

Tenant Documents (481-69.25)

Staff did not document the completion of tasks for tenants identified on their service plans on the task flow sheet.

The program did not retain documents on tenants for at least three years following discharge as staff were unable to locate task forms for one tenant.

Service Plans (481-69.26)

Tenants' service plans were not updated with changes in condition including chest pain, behaviors, PT and OT services, increased assistance with transfers, skin integrity concerns, elopement, incontinence, fluctuations in blood glucose levels, insulin, change in diet and medication textures due to coughing, suicidal ideations, UTI, increased lethargy, and end of life care.

The program failed to complete cognitive evaluations with change of conditions, the service plans were updated but were not based on evaluations as they were not completed.

Program staff did not update service plans including identifying where Narcan was stored, required additional assistance with transfers, refused medications, had difficulty swallowing, developed wounds, infections, and refusal of cares.

Service plans were not updated appropriately including multiple falls and interventions, behaviors for multiple tenants, and refusal of care.

The program did not complete the service plan and have it signed prior to signing the occupancy agreements for three tenants.

Tenant #10's service plan only included demographic information and did not include that they preferred to be independent with all care and services.

Nurse Review (481-69.27)

Nurse reviews were not completed at least every 90 days for six tenants reviewed.

Food Service (481-69.28)

The program did not have a licensed dietitian review menus when tenants received therapeutic diets.

Staffing (481-69.29)

Service plans for several tenants lacked information on when or how often to complete safety checks on the tenants or address and respond to emergency needs.

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

Staff were not able to hear a door alarm sounding in the building and it did not alert the staff phones as it should have. Through investigation it was determined the tenant's Wanderguard bracelet was not functioning appropriately and needed replacement. In addition, courtyard doors did not have an alarm installed.

Door alarms were not audible when the doors were opened in the memory care unit. The staff indicated the alarms were sent to a phone which staff carried, however, when asked none of the staff had a phone with them. In addition, the patio door did not have an alarm installed.

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

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