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

Assisted Living Program: **Complaint Intake #: 7963**

Bert Vigen, Executive Director
Oakwood Place Assisted Living
4130 Northwest Blvd.
Davenport, IA 52806

Date of Investigation:

September 13, 2004

Monitor(s):

Beverly A. Johnson, RN

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 Oakwood Place Assisted Living on September 13, 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:	52
Current number of tenants with cognitive disorder:	11
Total General Population:	52

Dementia Specific Program (DSP) **–**

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

Current number of tenants in a DSP that serves 5 or more tenants with dementia or cognitive disorder staged between 4 and 7 on the Global Deterioration Scale (GDS): 11

Accreditation Status – Not applicable.

Complaint History – The program has had one substantiated complaint in the past twelve months relating to staff training.

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 five tenants were total care, incontinent and non-weight bearing and require a higher level of care.

- Monitoring Observation: Of the five tenants reported as needing a higher level of care; tenant #1 has been transferred to the Health Center; tenants #'s 2,3 and 4 were observed and interviewed by the monitor and three employees were interviewed. It was determined none of the tenants were totally incontinent. Tenant's #'s 3 and 4 use electric wheel chairs but help transfer themselves and are not two-person lifts. Tenant #2 is ambulatory. Only tenant #5 is totally incontinent and is a very heavy individual who does not bear any of the tenant's weight. The tenant uses an electric wheel chair but has run into doorways, walls, other tenants and the tenant's own TV stand, knocking the TV off. The tenant is definitely a 2- to 3-person transfer.

- Regulatory Insufficiency: The program has retained a tenant who requires a higher level of care. The Director of Nursing stated she has begun transfer arrangements but no documentation of this was found in the tenant's record.

B. 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 has unqualified aides passing medications and the narcotic counting is inaccurate.

- Monitoring Observation: The medication system was inspected. Medications are locked, stored and dispensed from a central medication room. Certified medication aides set up and administer the medications. The medications are put into small brown envelopes that have the name, room number and the time the medications are to be taken on them. The aides sign the medication administration record after administering the medications. Narcotics are double locked in a cupboard of the medication room. Each pill is signed out on a separate sheet. The policy is to count narcotics with the oncoming shift and verify by signing a sheet that the count is correct. The Director of Nursing stated the aides would call her if the narcotic count was not correct and she would come and straighten it out for them. There was only one narcotic on hand at the time of the visit. It was to be picked up by the pharmacist since the tenant was now in the Health Center. Records of the four on-duty aides were checked. Three give medications. The three who are assigned to administer medications all have certificates that show completion of the medication aide course in their file. All four of the aides were interviewed and all were very comfortable with the medication system and their own capabilities.

- Regulatory Insufficiency: None noted.

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: It is alleged the program does not provide adequate supervision of tenants to prevent their falls and incident reports are not used to report accidents that occur.

- Monitoring Observation: The shift notebooks were read for the last two months. Tenants #'s 6 and 7 have been transferred to a higher level of care due to their falling. According to the notes, the policy and procedure for tenant falls was followed. Interventions for trying to prevent these falls were found in the notes as well. None of the four aides interviewed thought they were short of help and could not provide adequate care for the tenants. Incident reports are not required of an assisted living program.

- Regulatory Insufficiency: None noted.

Dated this 27th day of September 2004.