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

Assisted Living Program: **Complaint Intake #: 12654**

Sharon Quail, Administrator
Maple Manor Village
345 Parriott
Aplington, IA 50604

Date of Investigation:

January 26, 2006

Monitor(s):

Mary Oliver, LISW

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 Maple Manor Village on January 26, 2006. In preparing this report, the following information was considered:

Current Program Census:

General Population Program (GPP)

Current number of tenants without cognitive disorder:	17
Current number of tenants with cognitive disorder:	0
Total General Population:	17

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

***These are the census numbers represented by the program to be applicable.**

Accreditation Status – Not applicable.

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

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

A. 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 staffing in the front lobby area, tenants answer the door, and the program's telephone goes unanswered.

- Monitoring Observation: Three administrative staff members, a housekeeper, and four tenants were interviewed. Administrative staff explained all tenants are alert, well oriented, and primarily self-care with the exception of one tenant, who has physical care needs but is completely cared for by the spouse. Staff further explained, there are staff on the assisted living unit from 7:00 a.m. until 5:30 p.m. After 5:30 p.m., the tenants use call lights to obtain help from the nursing staff in the attached long-term care unit. Four of four tenants explained this staffing pattern and stated they felt safe. Tenants further stated when staff members were called, they arrived in one to two minutes. Visitors had access to the building by following directions posted at the front door.

  The Service Plan Agreement and Fee Schedule signed by each tenant was reviewed. It stated, "Tenants must be capable of summoning emergency assistance if needed, and not be at risk for "eloping" or leaving the site unintentionally without the ability to return safely."

- Regulatory Insufficiency: None noted.

Dated this 7th day of February, 2006