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

Assisted Living Program: **Complaint Intake #: 12248**

Kathy Beal, Director
Park Lane Village
908 South Park Lane
Knoxville, IA 50138

Date of Investigation:

June 27, 2007

Monitor(s):

Stephanie Cummins, SW MA

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 revisit 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 Park Lane Village on June 27, 2007. 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:	54
Current number of tenants with cognitive disorder:	0
Total Population:	54

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

***These are the census numbers represented by the program to be applicable at the time of the on-site.**

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 was alleged Tenant #1 asked staff to take him/her to another tenant's room to return a newspaper. The staff took the tenant to return the paper and the Director reprimanded the staff and told the staff not to accommodate the tenant in this way again.

It was alleged Tenant #1 had asked another staff for assist to the dining and the staff did not take the tenant. The tenant currently received assistance getting to and from the dining room.

- Monitoring Observation: Two direct care staff were interviewed. These two staff identified three tenants that used wheelchairs and required staff assistance with their wheelchairs. Two of the three identified tenants were selected for interviews and file reviews. The tenants that were selected were Tenant #1 and Tenant #2. Staff stated these tenants required staff assistance to and from the dining room for meals. According to staff, these tenants were able to get around their rooms independently. Staff stated they had never refused or declined when a tenant requested assistance to a requested destination. Staff indicated they had not been told by the Director not to take a tenant to a requested destination.

  Tenant #1, an 80 year old, was admitted on 10-5-02 and diagnoses include: Back Injury and Depression. The tenant was taken to the hospital on 5-2-07 and was diagnosed with Arthritis of Hip worsening, according to nurse's notes. The tenant returned on 5-4-07. The tenant had an order dated 5-18-07 for a wheelchair to be used outside the apartment. The tenant's service plan, which was updated after the 5-2-07 hospital visit, stated under mobility, to bring the tenant to the dining room in a wheelchair.

  Tenant #2, an 81 year old, was admitted on 12-3-01 and diagnoses include: Diabetes and Arthritis. The tenant's most recent service plan was dated 6-4-07 and stated under mobility: the tenant was to be taken around the program by wheelchair and could use a walker in the apartment.

  Tenant #1 and Tenant #2 were interviewed. Tenant #1 stated he/she used a walker within his/her apartment and used a wheelchair outside of the apartment. The tenant indicated staff assisted him/her to the dining room. The tenant stated he/she had been able to get staff assistance with his/her wheelchair with the exception of one occurrence. The tenant indicated one staff did not understand the tenant could not maneuver on his/her own to meals. The tenant stated there have been no other occurrences since that time. The tenant indicated staff were good about coming to get him/her for meals.

  Tenant #2 stated he/she used a walker in his/her apartment and used a wheelchair to and from the dining room or to the car. The tenant indicated he/she had

no problems getting assistance to and from the dining room. The tenant stated staff had never told him/her no in regards to taking the tenant to a requested destination.

According to a written statement, prior to 5-31-07, Staff #1 approached the Director with the complaint that Tenant #1 had used her personal emergency response pendant to have Staff #1 take him/her to another tenant's room to return a newspaper. The Director told Tenant #1 she wished the tenant would not push the pendant for things of that nature and if the staff were busy they would have had no idea if the tenant had an emergency or what the tenant's need was. Tenant #1 told the Director, Staff #1 told the tenant if the staff pushed the tenant to another tenant's room again she would be fired on the spot. (Staff #1 was terminated for refusal to complete a medication error report, according to the Director.) The Director explained to the tenant she had not said that to the staff. The Director and the tenant then discussed the tenant's use of the wheelchair and how the Director did not want to see anyone become dependent on a wheelchair, according to a written statement.

- Regulatory Insufficiency: None noted.

B. Other – The provisions of this section address the program's noncompliance with other applicable statutory and administrative rule requirements.

Complaint Allegation: It was alleged Tenant #1 ate at the same spot in the dining room for five years and when the tenant began to use a wheelchair he/she had been moved all over the dining room. The tenant was told his/her wheelchair gets in the way.

- Monitoring Observation: Two direct care staff were interviewed. Staff indicated there were no assigned seats in the dining room. According to staff, tenants in wheelchairs were not restricted in regards to where they sat for meals.

  Two tenants were interviewed. Both tenants currently sat in the new dining room and indicated they liked to sit there for meals. Tenant #1 described the new dining room as peaceful, nice and cozy. According to Tenant #1 he/she was not told he/she could not sit in certain places. Tenant #1 wanted another tenant, a former tablemate, to join him/her in the new area; however, this tenant had elected to stay in the other dining area. Both tenants indicated they moved into the new dining area because they had wanted to move and Tenant #2 stated he/she moved because there were friends over in the dining area. Nurse's notes for Tenant #1 dated 5-31-07 indicated the Director, tenant and a family member discussed issues related to the dining room. The notes indicated the tenant was upset not to sit with another tenant at mealtimes and the family inquired regarding assigned seats. The Director explained there were not assigned seats. According to the notes, the tenant was tearful and felt "in the way" since using a wheelchair for meals. The Director indicated a table had been removed and the dining room had more room. The nurse's notes indicated the tenant stated he/she enjoyed eating in the new dining room.

  According to written statement by the Director, a new dining area was opened and was open to all tenants. On 5-9-07 when the new addition was opened "new faces"

were added to the dining area. Several of the existing tenants were upset with new tenants sitting in their places. It was explained there were no assigned seats and everyone was asked to make room for the new tenants. According to the Director's statement the dining area was overcrowded and no one wanted to move to the new dining area. To reduce crowding a round folding table was removed that was in the center of the room and it was replaced with a traditional dining room table. At the same time the program suggested a few tenants in wheelchairs move to a table on the edge of the dining area to make it easier to get around as one tenant had said he/she was in the in the way with the wheelchair at the middle table. This tenant voiced his/her frustration that a tenant he/she had eaten with was not in the new area. The Director indicated to this tenant that he/she was free to move; however, the tenant indicated he/she wanted to stay. The Director indicated there were several occasions were a tenant blocked new tenants from sitting at the table, removed silverware/chairs, and told new tenants someone was sitting at the table.

- Regulatory Insufficiency: None noted.

Dated this 12th day of July, 2007.