IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

June 25, 2008

Complaint #17310

Tom Knoepke, Administrator
Kathleen Jacobsen, Resident Services Director
Cottage Grove Place
2115 1st Ave SE
Cedar Rapids, IA 52402-6358

RE: Complaint Investigation Report, Cottage Grove Place, Cedar Rapids, IA

Dear Mr. Knoepke and Ms. Jacobsen:

The Department of Inspections and Appeals (DIA) has reviewed the Plan of Correction (POC) and the Request for Reconsideration in response to the Complaint Investigation Report dated April 29, 2008. Based on the information provided, DIA accepts the Request for Reconsideration regarding Medications as it was shown that the Tenant returned to the program with orders to continue with the same medications as at the Nursing Facility, which did not include the medication in question. DIA also accepts the POC for the remaining Regulatory Insufficiency. The amended Complaint Investigation Report is enclosed.

We appreciate your prompt action in correcting the Regulatory Insufficiency. If you have questions, please contact me at 515-281-4116.

Sincerely,

Chris Nothaft
Certification Coordinator - Eastern Iowa
Adult Services Bureau

Enclosure

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

Assisted Living Program: **Complaint Intake #: 17310**

Tom Knoepke, Administrator
Kathleen Jacobsen, Resident Services Director
Cottage Grove Place
2115 1st Ave SE
Cedar Rapids, IA 52402-6358

Date of Investigation:

April 29, 2008

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 Cottage Grove Place on April 29, 2008. 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:	14
Current number of tenants with cognitive disorder:	0
Total Population:	14

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.

Program History – There were no substantiated Regulatory Insufficiencies this certification period.

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

A. Nurse Review - Program provides a registered nurse to ensure the appropriate administration and documentation of medications, ensure that physician orders are current, and assess and document the tenants' health related activities. [321 IAC 25.30]

During the course of the investigation, the following information was obtained.

Monitoring Observation: According to notes dated 4-7-08 at 0900, the nurse was called to Tenant #1's apartment by staff, regarding changes in the tenant's behavior. According to Staff #1, the tenant acted different …was talking to him/herself and didn't act like the same person. Nurse review was not completed, as needed.

- Regulatory Insufficiency: The program did not consistently assess and document the health status of each tenant, make recommendations and referrals as appropriate, and monitor progress on previous recommendations, if there are changes (25.30(3)).

Dated this 25th day of June, 2008.