IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

May 12, 2008

Complaint #16802

Ms. Jill Maxwell, Resident Director
Eiler House Assisted Living
920 West Garfield
Clarinda, IA 51632

RE: Complaint Investigation Report, Eiler House Assisted Living, Clarinda, IA

Dear Ms. Maxwell:

The Department of Inspections and Appeals (DIA) has reviewed the Plan of Correction (POC) in response to the Complaint Investigation Report dated May 2, 2008. Based on the information provided, DIA accepts the POC. No further action on the part of the program is necessary.

We appreciate your prompt action in correcting the Regulatory Insufficiencies. If you have questions, please contact me at 515-281-5721.

Sincerely,

Tamara Halvorson
Lead Certification Coordinator – Western Iowa
Adult Services Bureau

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

Assisted Living Program: **Complaint Intake #: 16802**

Jill Maxwell, Administrator
Eiler House
920 West Garfield
Clarinda, IA 51632

Date of Investigation:

April 1, 2008

Monitor(s):

Michael Streepy, 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 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 Eiler House on April 1, 2008. In preparing this report, the following information was considered:

Current Program Census:

General Population Program (GSP) – Not applicable.

Dementia Specific Program (DSP)* – A program that is a Dementia Specific Program by definition or holds itself out as providing specialized care in a dedicated setting but may have tenants without cognitive disorder.

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):	6
Current number of tenants without cognitive disorder:	29
Total Population:	35

***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 complaints this certification period.

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

A. Service Plan – Program has an individualized service plan developed and updated for each tenant as required. [321 IAC 25.28]

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

Monitoring Observation: Tenant #1 an 82 year old admitted 06-03-04 with diagnoses including: Diabetes, Emphysema, Glaucoma, Benign Prostatic Hypertrophy and Dementia. The tenant had a Global Deterioration Score (GDS) of 3-4 indicating moderate cognitive decline dated 11-8-07. Review of the service plan, dated 05-09-07, reveals the plan is not specific to assessed interests established on the Activities Interest Assessment. The service plan dated 5-9-07 is not based on health and functional evaluations, which were completed on 5-10-07, the day after development of the service plan.

Tenant #2 an 85 year old admitted 10-13-07 with diagnosis of Dementia. The tenant had a GDS of 5 indicating moderately severe cognitive decline dated 2-13-07. The service plan, dated 10-19-07, reveals the plan is not based on health and functional evaluations, which was completed on 11-13-07 and cognitive evaluation, which was completed on 2-13-08.

Tenant #3 a 92 year old admitted 06-25-07 with diagnoses including: Dementia, Depression, Osteoarthritis, Hypertension, Vertigo and Renal Failure. The tenant had a GDS of 5 indicating moderately severe cognitive decline dated 1-22-08. Review of the service plan, dated 07-26-07, reveals the plan is not specific to assessed interests established on the Activities Interest Assessment.

- Regulatory Insufficiency: The program did not consistently ensure service plans would be developed for each tenant based on the evaluations conducted in accordance with 25.23(1) and 25.23(2), and designed to meet the specific service needs of the individual tenant. (25.28(1))

- Regulatory Insufficiency: The program did not consistently ensure that the service plan would be individualized and include, at a minimum, planned and spontaneous activities based on the tenant's abilities and interests for tenants who are unable to plan their own activities, including tenants with dementia. (25.28(4)d)

B. 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 have enough staff to conduct activities.

- Monitoring Observation: Observation reveals staff organizing and conducting activities with several of the tenants, including those named in the complaint. Interviews with staff and tenants, including tenants with dementing illness, and family members indicated satisfaction with the activities. Review of the activities calendar reveals planned and scheduled activities. Interview with staff reveals 1:1 activities on a spontaneous basis with those tenants with dementing illnesses.

- Regulatory Insufficiency: None noted.

C. Activities – The program provides appropriate programming for tenants based on individual interests. Programming shall support the service plans, be consistent with the program statement and occupancy policies, and available in writing as required. [321 IAC 25.39]

Complaint Allegation: It is alleged there are not enough activities for tenants with dementia and those activities offered are not appropriate.

- Monitoring Observation: Observation reveals staff organizing and conducting activities with several of the tenants, including those named in the complaint. Interviews with staff and tenants, including tenants with dementing illness, and family members indicated satisfaction with the activities. Review of the activities calendar reveals planned and scheduled activities. Interview with staff reveals 1:1 activities on a spontaneous basis with those tenants with dementing illnesses.

- Regulatory Insufficiency: None noted.

Dated this 9th day of April 2008.