IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

August 6, 2008

Complaint #18710

Bert Vigen, Administrator
Oakwood Place Assisted Living
4130 Northwest Blvd.
Davenport, IA 52806-4243

RE: Complaint Investigation Report, Oakwood Place Assisted Living, Davenport, IA

Dear Mr. Vigen:

Enclosed is the **Complaint Investigation Report** completed by the Department of Inspections and Appeals (DIA) in accordance with Iowa Code section 231C.7 (2007) and Iowa Administrative Code, chapters 321—25, pertaining to assisted living programs and 321—26, pertaining to monitoring, civil penalties and complaints regarding assisted living programs. **No Regulatory Insufficiencies were identified.**

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
Final Complaint Investigation Report

Assisted Living Program: **Complaint Intake #:** 18710

Bert Vigen, Administrator
Oakwood Place Assisted Living
4130 Northwest Blvd.
Davenport, IA 52806-4243

Date of Investigation:

July 22, 2008

Monitor(s):

Lincoln Newsom, 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 Oakwood Place on July 22, 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:	36
Current number of tenants with cognitive disorder:	8

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. ***(Delete the DSP statement that is not applicable.)***

Current number of tenants in a DSP that holds itself out as providing specialized care in a dedicated setting:	13
Current number of tenants without cognitive disorder:	2
Total Population:	59

***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 have been no Regulatory Insufficiencies, this certification period.

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

A. 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: The program does not have an activity program to meet the needs of tenants.

Monitoring Observation: The programs activity calendar was reviewed and showed a variety of scheduled activities, during the course of a month. Two staff were interviewed. Staff #1 stated it was the duty of direct care staff to remind tenants of activities. She has heard complaints from tenants related to activities and has heard there are enough activities being offered. She stated there are times the Activity Director "just cancels" activities, or puts in an exercise tape for the tenants then leaves and does not interact with the tenants.

Staff #2 stated the Activities Director puts in exercise tapes and leaves and she has never seen any type of crafts being offered. The Activity Director often cancels activitities and if the Activities Director wasn't on site, there would not be enough time or help for direct care staff to provide the activities that are scheduled.

Three tenant files were reviewed in the area of service plans. All three files, under activities/socialization, addressed spontaneous and planned activities, as well as, specific likes of the individual tenant.

Four tenants were interviewed. Three of the four do not believe there are enough varieties in activities. One tenant feels the Activity Director picks higher cost eating establishments for outings and not all tenants can afford to spend that much money; tenants would like to see that changed. One tenant stated if there was a different Activity Director there might be more people doing things.

- Regulatory Insufficiency: None noted

Dated this 6th day of August, 2008.