IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

December 12, 2008

Complaint Intake: #19524-C
#18205-C
#19334-C

Tim Hendricks, Director of Housing Operations
Oak Park Place
1381 Oak Park Place
Dubuque, IA 52002-2286

RE: I. Final Complaint Investigation Report – #19524-C, #18205-C & #19334-C – Dubuque, IA
II. Immediate Sanction - Conditional Operation
III. Civil Penalty
IV. Hearings and Appeals
V. Conclusion

Dear Mr. Hendricks:

I. Final Complaint Investigation Report – Oak Park Place, Dubuque, IA

Enclosed is the **Final 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. The Final Report notes the **Regulatory Insufficiencies** in the areas of: Evaluation of Tenants, Service Plans, Medications, Staffing, Dementia-Specific Education and Other.

DIA is accepting the Plan of Correction (POC) that you submitted.

II. Immediate Sanction - Conditional Operation

As reflected in this Report, the program failed to comprehensively follow the regulations in 321 IAC Chapter 25. Due to the program's noncompliance, current Regulatory Insufficiencies and the findings of the on-site monitoring visit of September 25 & 29, 2008, Oak Park Place's Conditional Certificate, effective August 26, 2008, remains in effect. The Conditional Certificate

is to continue until such time as the program is in compliance, but in no case longer than August 25, 2009. The Conditional Certificate is issued as an alternative to denial, suspension or revocation pursuant to Iowa Code section 231C.10(12).

The previous sanction of completing Dependent Adult Abuse (DAA) training of all remaining staff and the submission of documentation to DIA will continue.

Amended conditions are as follows: the program will be restricted from admitting any new tenants until such time as the restriction and/or Conditional Certificate is lifted by the Department; the program is required to submit monthly updates to DIA of medication reviews (MARs) and submit nurse delegation training forms, life safety training forms and dependant adult abuse training on all staff. These restrictions are effective immediately.

While effective immediately, the program may appeal these sanctions by filing an appeal within 30 days of issuance of this letter.

III. Civil Penalty

If no appeal is requested within 30 days of receipt of this Final Report the civil penalty obligation, in the amount of ten thousand ($10,000.00) dollars, is required.

IV. Hearings/Appeals

The Program may appeal the DIA decision as related to the sanctions in accordance with 321 IAC 26.4, within 30 days of notice, by submitting a request for hearing to the DIA. Hearings will be held pursuant to 481 IAC Chapter 10. If the program appeals, the civil penalty will be suspended, pending appeal. If the program does not appeal, the fine is due within 30 days of notice.

V. Conclusion

The Plan of Correction submitted, is accepted. The Conditional Certificate and above sanctions are in effect. DIA may revisit the program to confirm compliance in fulfilling the POC's corrective measures. If the program wishes to appeal or request a hearing on the final findings, the program may do so within 30 days of this letter.

Oak Park Place is being assessed a $10,000.00 civil money penalty.

If you have any questions in regard to these matters, please contact me at (515) 281-5077.

Sincerely,

Ann Martin

Ann Martin, Bureau Chief
Adult Services Bureau

Enclosure

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

Assisted Living Program:

Complaint Intake #: 19524-C
18205-C
19334-C

Tim Hendricks, Director of Housing
Oak Park Place
1381 Oak Park Place
Dubuque, IA 52002-2286

Date of Investigation:

September 25 & 29, 2008

Monitor(s):

Hal Chase, RN BSN, MPH
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 Oak Park Place on September 25 & 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:	38
Current number of tenants with cognitive disorder:	4
Total Population:	42

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 holds itself out as providing specialized care in a dedicated setting:	10
Current number of tenants without cognitive disorder:	4
Total Population:	14

***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 substantiated Regulatory Insufficiencies this certification period in the areas of: Evaluation of Tenants, Criteria for Exclusion of Tenants, Service Plans, Medications, Nurse Review, Food Service, Staffing and Other.

The March 31, 2008 recertification revisit resulted in a fine of $2,500.00 with Regulatory Insufficiencies in the areas of: Evaluation of Tenants, Service Plans, Medications, Nurse Review and Other.

The July 24, 2008 complaint, complaint revisit and 2nd recertifcation revisit resulted in a fine of $4,000.00, the issuance of a Conditional Certificate effective August 26, 2008 and a sanction that the program will train all staff on Dependent Adult Abuse and present documentation of the training to the Iowa Department of Inspections and Appeals (DIA). Regulatory Insufficiencies were noted in the following areas: Evaluation of Tenants, Criteria for Exclusion of Tenants, Staffing and Other.

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

A. Evaluation of Tenant - The program evaluates each tenant's functional and cognitive abilities and health status and the determination of needed services as required. [321 IAC 25.23(1) and/or (2)]

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

Monitoring Observation: Four tenant files were reviewed.

Tenant #2, an 89 year old, was admitted on 8-12-08 and diagnoses include: History of Breast Cancer, Diverticulitis, Hypertension (HTN) and Osteoarthritis. The tenant was staged at a four on the Global Deterioration Scale (GDS) dated 9-5-08, which indicated moderate cognitive impairment. According to Interdisciplinary Progress Notes, the tenant had been found outside on numerous occasions. On 8-17-08 the tenant was found outside at 10:50 p.m. in the parking lot; at 1:00 a.m. the tenant was sitting outside on a bench; at 2:38 a.m. the tenant went downstairs attempting to go outside; at 5:20 a.m. and 5:40 a.m. the tenant was going down the stairs again; on 9-5-08 the tenant was found sitting outside the front doors at 6:00 a.m. and on 9-11-08 the night shift reported the tenant walking around the front of the building. Notes dated 9-26-08 indicated the tenant was up and wandering on 9-15-08 and 9-18-08 in the parking lot and was redirected four times, but continued to wander. Notes dated 9-26-08 indicated the tenant was going to move to the memory unit as the room they wanted was available. Evaluations were completed on 8-12-08 and 9-5-08. The Mini-Mental Status Questionnaire was completed on 9-5-08 by Staff #6, who was not a health or human service professional. A Global Deterioration Scale (GDS) was completed on 9-5-08; however, it was not signed by the evaluator. Evaluations were not completed, as needed.

Tenant #3, an 89 year old, was admitted on 11-5-05 and diagnoses include: Diabetes Mellitus (DM), Urinary Incontinence, Urinary Tract Infection (UTI), HTN, Degenerative Joint Disease (DJD), Status/Post Cerebrovascular Accident (CVA), Osteoporosis and Hyperlipidemia. According to Interdisciplinary Progress Notes dated 8-27-08, the tenant was visibly shaking and complained of being cold. An ambulance was called and the tenant was admitted to the hospital for a UTI. The tenant returned 9-9-08; however, evaluations were not completed until 9-15-08. Evaluations were not completed, as needed.

- Regulatory Insufficiency: The program did not consistently evaluate each tenant's functional, cognitive and health status, as needed, to determine the tenant's continued eligibility for the program and to determine any modifications to the services needed. (25.23(2))

B. 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: Four tenant files were reviewed.

Tenant #2 had been found outside and wandering on numerous occasions, according to Interdisciplinary Progress Notes. On 8-17-08 the tenant was found outside at 10:50 p.m. in the parking lot, at 1:00 a.m. the tenant was sitting outside on a bench; at 2:38 a.m. the

tenant went downstairs attempting to go outside; at 5:20 a.m. and 5:40 a.m. the tenant was going down the stairs again; on 9-5-08 the tenant was found sitting outside the front doors at 6:00 a.m. and on 9-11-08 the night shift reported the tenant walking around the front of the building. Notes dated 9-26-08 indicated the tenant was up and wandering in the parking lot on 9-15-08 and 9-18-08 and was redirected four times, but continued to wander. Notes dated 9-26-08 indicated the tenant was going to move to the memory unit. The service plan was updated on 8-12-08 and 9-5-08; however, the service plan was not updated, as needed.

Tenant #3 was visibly shaking and complained of being cold, according to notes dated 8-27-08. An ambulance was called and the tenant was admitted to the hospital for a UTI. The tenant returned on 9-9-08 and the service plan was updated; however, evaluations were not completed until 9-15-08. Changes were indicated on the service plan in the areas of elimination and personal cares. The service plan dated 9-9-08 was not based on evaluations.

- Regulatory Insufficiency: The program did not, when the tenant needed personal care or health-related care, update the service plan, as needed, by a multidisciplinary team that consists of no fewer than three individuals, including a health care professional and other staff appropriate to meet the needs of the tenant, in consultation with the tenant and, at the tenant's request, with other individuals identified by the tenant, and, if applicable, with the tenant's legal representative. (25.28(3))

- Regulatory Insufficiency: The program did not consistently develop service plans for each tenant based on evaluations conducted in accordance with 25.23(1) and 25.32(2). (25.28(1))

C. Medications – Program has a comprehensive written medication policy that allows tenant self-administration, but accommodates the need for tenant medication assistance via nurse delegation. The medication assistance is appropriately supervised and administered. Medications are appropriately stored. [231C.16A]

Complaint Allegation #19334-C: It was alleged family brought to the attention of Staff #6, that their family member, Tenant #2, was not getting his/her Ambien. It was alleged Staff #6 told the family member that he/she was getting it but lied to the family as Tenant #2 had not received the medication for three to four days in the month of August. Initials were put down, as given; however, the medications were not given.

Monitoring Observation: A review of Tenant #2's Medication Administration Record (MAR) indicated Ambien, 10 mg tablet, one tablet by mouth at bedtime, as needed, was ordered on 6-18-08. The as needed (PRN) medication was administered 11 times from 8-12-08 to 8-24-08. Staff did not consistently sign the back of the MAR when the PRN medication was administered. For example, on the front of the MAR, Ambien, 10 mg, was signed out on 8-17-08. There was no notation on the back of the MAR when the PRN was administered. A new order for Ambien was received 8-25-08, according to notes. The new order stated Ambien, 10 mg tablet once at bedtime (HS).

Complaint Allegation #19524-C: It was alleged a Registered Nurse (RN) was not on staff and the medication aides were in charge of all medications.

Monitoring Observation: According to program records the former nurse resigned on 7-24-08 and her last day was 8-23-08. The current nurse was hired on 9-4-08. According to interviews with Staff #1, #2, #3, #4 stated Staff #13, an RN, was available between the former and the current nurse. Staff #2 indicated Staff #13 would leave early, which left one medication person in the dementia unit. Staff #2 also indicated staff would have to come out to the general population to pass medications, which left only one staff in the dementia unit for approximately one hour when this occurred. Staff #2 stated Staff #13's hours have changed recently.

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

Monitoring Observation: Tenant #1, an 84 year old, was admitted on 12-28-06 and diagnoses included: Diabetes Type II, HTN, Coronary Artery Disease (CAD), Iron Deficiency Anemia, Major Depressive Disorder with Dysthymia and Osteopenia. A physician's order dated 9-1-08 indicated the program was to call the physician if the tenant's blood sugar was less than 60mg/dl or greater than 450mg/dl. September 2008 MARs indicated from 9-5-08 through 9-23-08, blood sugar values were greater than 450mg/dl at least eight times. The program notified the tenant's physician on some of the occasions; however, there is no documentation that the physician was notified on every occasion. The program did not follow the physician's order.

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

Monitoring Observation: Staff #1 stated some of the staff administered medications quickly and she had seen them leave medications out for tenants to take, both in the general population and the dementia unit, in the past couple of months. Staff #1 stated medication was signed off when it was put in the cup and if a tenant refused, she would go back and sign it as a refusal.

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

Monitoring Observation: Tenant #3 was hospitalized from 7-28-08 to 8-13-08, with a UTI. Prior to the tenant's hospitalization the tenant had blood sugar checks four times daily. Post hospitalization the August 2008 MARs stated blood sugars should be checked before meals and at bedtime. On 8-14-08 and 8-15-08 the tenant's blood sugars were taken twice daily. On 8-16-08 a new entry on the MAR stated blood sugars were to be checked before meals and at bedtime and to call the doctor if they are less than 50mg/dl or greater than 450mg/dl. The blood sugars were taken four times daily. A fax to the tenant's doctor, dated 8-16-08, indicated the same parameters for blood sugars (less than 50mg/dl or greater than 450mg/dl) were maintained. The August 2008 MARs indicated, on 8-22-08, Lantus, 100 u/1ml vial to be injected, SUB-Q 50 U at bedtime, was not documented as ordered. According to a fax to the tenant's physician on 7-17-08 the tenant missed the morning insulin, Novolog, 20 units. The tenant's blood sugar at 11:00 a.m. that day was 478.

- Regulatory Insufficiency: The administration of medications shall be provided by an Iowa-licensed registered nurse or advanced registered nurse practitioner registered in Iowa or the authorized agent in accordance with 655—subrule 6.2(5) and 655—subrule 6.3(1) and Iowa Code chapter 155A and in executing the medical regimen as prescribed by the physician, the registered nurse shall exercise professional judgment

in accordance with minimum standards of nursing practice as defined in these rules: 25.29(2)a, 655-6.2(5)e(152).

Complaint Allegation #19524-C: It is alleged Tenant #1, did not receive all of his/her medications, as an over the counter medication was not given; however, the complainant had concerns that it could have been one of several cardiac medications.

Monitoring Observation: A review of Tenant #1's MARs from June 1, 2008 through September 28, 2008, indicated prescribed medications were administered to the tenant as ordered by the physician.

- Regulatory Insufficiency: None noted.

D. 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 #18205-C: It was alleged there were concerns about adequate staffing and staff had expressed frustration and concern about the lack of help.

Monitoring Observation: Staff #1, #3, #4 indicated staffing was sufficient to meet the needs of the tenants. Staff #2 and #5 stated staffing was not sufficient to meet the needs of the tenants. Staff #2 and Staff #3 indicated tenants had complained regarding the lack of help. A community meeting with 26 tenants and 1 family member was held. The tenants reported there was not enough staff.

Complaint Allegation #18205-C: It is alleged there is not adequate staff in case of an emergency and staff do not respond quickly when tenants use their call pendant for assistance.

Monitoring Observation: Program staff schedules for June 2008 through September 28, 2008 indicated there were at least two direct care staff available during each of three shifts scheduled each day.

Staff #1, #3, #4 indicated staffing was sufficient to meet the needs of the tenants. Staff #2 and #5 stated staffing was not sufficient to meet the needs of the tenants. Staff #2 and Staff #3 indicated tenants had complained regarding a lack of help. A community meeting with 26 tenants and 1 family member was held. The tenants reported there was not enough staff. One tenant reported he/she had a heart problem and could have a seizure and die. He/she stated he/she pushed the pendant and waited and no one responded; this has happened four to five times in the last month. The tenants report it takes 10, 15 or 20 minutes for staff to respond if they use their pendants; however, if they call 419 on their telephone, then staff respond more quickly. One tenant stated he/she takes the telephone to bed to make sure someone can be reached, if needed. A tenant reported he/she fell a couple of times within the last six months and no one came to attend to him/her. Staff #1, #2, #3, #4 and #5 reported they respond to the personal emergency response system (PERS) and they are usually there from right way to no longer than ten minutes.

Complaint Allegation #18205-C: It is alleged Tenant #1 returned to the program on 6-10-08 at 12:30 a.m., the tenant's daughter requested a blood sugar be taken and a pain pill be given for arm pain, but there was not trained staff available to provide medical care to the tenant.

Monitoring Observation: A review of the program's staff schedule for 6-10-08 indicated Staff #5 and #8 worked from 11:00 p.m. until 7:00 a.m., with no other staff working.

Nurse's notes of 6-9-08 indicated Tenant #1 was sent to a local emergency room at 9:45 p.m., related to increased left wrist pain. The tenant was discharged at 11:50 p.m. on 6-9-08. Discharge instructions indicated to apply intermittent ice to the left wrist, to administer Darvocet for pain and to wear a sling when the tenant was up. MARs for June 2008 indicated there was an order for Darvocet –N50-325 mg tablet, one to two tablets every four hours, PRN.

The RN provided a list of staff that were trained to administer medications and Staff #5 and Staff #8 were not trained by the RN to administer medications. Staff training files also indicated Staff #5 and Staff #8 did not have nurse delegated training to provide health related cares, as ordered.

Program staff schedules for 6-23-08 and 7-21-08 indicated Staff #5, #8 and #9 worked 11:00 p.m. until 7:00 a.m. and were not trained to administer medications. The program did not have trained staff to administer medications to tenants during this time.

- Regulatory Insufficiency: The program did not consistently provide sufficient trained staff at all times to fully meet tenants identified needs. (25.33(1))

Complaint Allegation #18205-C: It was alleged an emergency would not be handled well due to lack of staff training.

Monitoring Observation: Staff records indicated Staff #1, #2, #4, #5, #7, #8, #10 and #11 received orientation, which included a review of emergency plans. Staff #2 indicated in an interview she did not have training on the emergency plans but she had first hand experience. Staff #2 estimated it would take 15-20 minutes to get tenants to a point of safety. Staff #3 stated she had training on the sprinklers; however, did not have training on the fire drill procedure, she was not sure where the emergency plans were located and she estimated it would take 15 minutes to get tenants to a point of safety. Staff #5 stated he did not know what to do and was not sure of the time it would take to get tenants to a point of safety. He did not know the emergency plans and did not know where the plans were located. A review of the Fire Emergency Incident Drill Reports indicated the program had drills monthly; however, the amount of time it took to get all tenants to a point of safety was not recorded on any of the drill documents.

- Regulatory Insufficiency: The program did not consistently ensure all staff of a program is able to implement the program's accident, fire safety and emergency procedures. (25.33(8))

Complaint Allegation #18205-C: It was alleged there were several incidents when Tenant #1's blood sugars were low and staff did not know what to do when this happens.

Monitoring Observation: A review of June 1, 2008 through September 28, 2008 MARs indicated Tenant #1's blood sugars were not less than 60mg/dl. Staff file reviews indicated the staff, who administer medications, were trained by the RN in blood glucose monitoring.

- Regulatory Insufficiency: None noted.

Complaint Allegation #19524-C: It was alleged there did not seem to be enough staff to take care of tenants on weekends and they were in the process of adding more apartments.

Monitoring Observation: A community meeting with 26 tenants and 1 family member was held. They stated there were enough staff on the weekends. They stated usually tenants left for family gatherings so there were less tenants on the weekends. The tenants stated they were getting their needs met on the weekends.

- Regulatory Insufficiency: None noted.

Complaint Allegation #18205-C: It was alleged that some nights there have been only two people to serve the tenants their meals.

Monitoring Observation: A community meeting with 26 tenants and one family member was held. The tenants reported there were enough staff at meals and there were no concerns with temperature of the food.

- Regulatory Insufficiency: None noted.

Complaint Allegation #18205-C: It was alleged incidents were not reported to the Director because it was felt complaints would be heard but not attended too. It was alleged staffing concerns were reported to the Director and he stated the staff always feels under staffed and overworked.

Monitoring Observation: A community meeting with 26 tenants and 1 family member was held. The tenants reported staff do not ignore the tenants when concerns are presented. Other tenants reported "sometimes" staff listen to concerns presented.

- Regulatory Insufficiency: None noted.

E. Dementia-specific education for program personnel – A dementia-specific program shall employ or contract with personnel who have received appropriate dementia-specific education and training. [321 IAC 25.34]

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

Monitoring Observation: Staff file reviews indicated the following: Staff #2 was hired 5-23-08, but has only received two hours of dementia training on 9-11-08 and not within 90-days, as required. Staff #4, #7, #8, #10 and #11provide direct care to tenants, but do not have six hours of dementia training within the last twelve months of their previous dementia training.

- Regulatory Insufficiency: The program's personnel, who have direct-contact with tenants, have not received a minimum of six hours of continuing education annually. (25.34 (3))

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

Complaint Allegation #19334-C: It was alleged that at the last inspection the monitor in the building was given signed training forms but in actuality, staff did not sign them. It was alleged the Administrator and Staff #6 forged the staff's names on the forms. It was also alleged the forms were signed in the Administrator's office and one staff member went into the office and indicated different pens needed to be used if the monitor was going to believe the training had taken place. It was alleged Staff #12, a corporate level staff, was notified of what took place by Staff #6 and Staff #12 stated she did not want to know what had taken place.

Monitoring Observation: A monitor was in the building on 7-24-08 and collected data, including the staff's dependent adult abuse post tests. At the time of the visit Staff #6 stated that staff attending the staff meeting on 2-14-08, were given an outline and completed a post test. Staff who did not attend the in-service reviewed the outline and took the post test. The former nurse (the nurse at the time of the 7-24-08 investigation) stated not all staff attended the in-service and staff attending did not have the outline that was given to the monitor. The monitors collected the Staff Meeting 2-14-08 sign in sheet and all post tests from that investigation. The monitors asked staff if the signature at the top of the form and the writing in the post test was their handwriting.

Staff #1 stated the signature on the post test was not her writing and indicated her name was misspelled. She also indicated the handwriting on the post test was not her handwriting. For example, on question #4 and #8 staff must list or fill in a blank on the test. Staff #1 indicated the handwriting on the test was not her handwriting.

Staff #3 stated she did not have dependent adult abuse training at the program. She stated the signature at the top of the post test was not her writing and the writing on the test was not her writing.

Staff #4 stated she had dependent adult abuse training when she first started in 2007. She did not think the signature on the post test was her writing and stated the writing on the post test was not her writing.

Staff #5 stated he did not have dependent adult abuse training. He was shown the signature and stated he was not sure and could not remember if it was his. He stated the name looks like he "scribbles"; however, the words on the test did not look like his writing.

The Housing Director was shown post test forms for dependent adult abuse. He stated staff completed and signed the forms "as far as I know." The Housing Director stated the forms were not falsified to his knowledge and in regard to dependent adult abuse, he was not really part of it. The Housing Director stated he knew of no reason the records would be falsified.

Staff #6 indicated when in-services occur and people do not attend, a copy of the data presented, and anything else, is put into the staff mailboxes by either her or another staff. Staff #6 stated she did write names on the post tests before putting them into their mailboxes and she was not sure of how many she wrote the names on. Staff #6 stated "But I did not do the test for anyone." Staff #6 stated she had no knowledge of any records being falsified in the building.

Staff #12, the corporate staff, stated she did not have any knowledge of falsification of records. She stated the trainers for dependent adult abuse training included: Staff #6 and the Housing Director. The majority of the time, Staff #6 completed the training. Staff #12 indicated there had been an internal investigation and there were no concerns regarding the falsification of records after the investigation was complete.

- Regulatory Insufficiency: DIA may deny, suspend, or revoke a certificate for an Assisted Living Program if the Program is permitting, aiding or abetting the commission of any illegal act. (231C.10(d))

Complaint Allegation #18205-C: It is alleged there has been many "budget cuts" and the program no longer provides "nicety items" such as linen table clothes and napkins.

Monitoring Observation: A community meeting with 26 tenants and 1 family member was held. Tenants reported some of the tenants blew their noses into the cloth napkins and, therefore, they were replaced with paper. They reported no issues or concerns with the paper items.

- Regulatory Insufficiency: None noted.

During the complaint, complaint revisit and second recertification revisit of 7-24-08, the program received a regulatory insufficiency in regard to not fully implementing the Plan of Correction (POC).

Monitoring Observation: The program's final POC, received on 9-19-08, related to Complaint #15920R, #17394 & #18814 and the second recertifcation visit indicated the program planned to make corrections in the areas of: Evaluation of Tenants, Service Plans, Staffing and Other. These corrections were not fully implemented.

- Regulatory Insufficiency: The program did not fully implement the Plan of Correction submitted. (26.2(6)a))

Dated this 12th day of December, 2008.