IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

DEAN A. LERNER, DIRECTOR

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

November 19, 2008

Complaint #20406-C

Wanda McAllister
Arbor Place
1140 K Ave NW
Cedar Rapids, IA 52405-2430

RE: Complaint Investigation Report, Arbor Place, Cedar Rapids, IA

Dear Ms. McAllister:

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 #: 20406-C**

Wanda McAllister
Arbor Place
1140 K Ave NW
Cedar Rapids, IA 52405-2430

Date of Investigation:

October 16, 2008 & November 6, 2008

Monitor(s):

Stephanie Cummins, SW MA
Doran Pruisner, Facility Engineer

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 Arbor Place on October 16, 2008 & November 6, 2008. In preparing this report, the following information was considered:

Current Program Census:

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:	21
Current number of tenants without cognitive disorder:	0
Total Population:	21

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

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. Facility Standards – The provisions in this section address the home's compliance with construction, furnishings, safety and sanitation. [321 IAC 25.40]

Complaint Allegation: It was alleged the program was full of black mold and both tenants and staff were getting ill. It was also alleged a group of tenants were moved to another area due to the mold.

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

Facility Engineer's Observations: Staff #1 stated that in December of 2007 and January of 2008 the program had a problem with ice dams forming on the roof. The roof developed approximately 77 leaks. The roof was replaced between May and June of 2008 with new roofing material that will eliminate the ice dam issues. A cleaning service was then brought in to clean the program. The program had an Industrial Hygienist inspect it and no mold was discovered. The 77 roof leaks were the cause of the mold in the two areas of the building which affected four dwelling units.

On October 9, 2008 an employee was cleaning a tenant bathroom and discovered a black material at the bottom of the wall. The bathroom wall was a common wall located in-between two dwelling units so it affected units, #705 and #707. After further investigation, staff discovered the same black material in a separate dwelling unit that then affected units #713 and #715. Once the black material was discovered the program chose to move all affected tenants to other vacant dwelling units within the program. Before moving the tenants the program called the family of each tenant to inform them of the problem. The tenants were moved on October 10, 2008. The program brought in a Contracting Company which started working on October 15, 2008. They first isolated the mechanical systems to prevent the transfer of contaminated material during the removal process. They then removed the contaminated material, secured it and removed it from the project site. New insulation and drywall were reinstalled. The project will take approximately two weeks and will be completed by October 24, 2008.

The Facility Engineer observed the new, unfinished drywall that was installed in the four bathrooms and I inspected the attic above the area that was being worked on. No water leakage or contaminated material was found.

Staff #2 stated that no tenants showed signs of health problems that might have been related to this problem.

- Regulatory Insufficiency: None noted

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 was alleged staff were told to tell anyone who asks that they were moved due a remodeling project. It was alleged staff were informed not to tell anyone about the problem and when discussing it among themselves they are not to use the term "mold" instead they were to use "substance."

Monitoring Observation: Staff #3, #4 and #5 stated there had been an issue with mold at the program but indicated they had not been informed not to tell anyone about the mold problem. Staff #3 stated she was not at the program when the tenants moved. Staff #4 stated she was told to tell tenants that they were remodeling because the tenants would not understand and the rooms were being remodeled. At the time of the meeting the black substance was not identified as mold and she discussed it as a substance because it was not identified. Staff #5 stated she was told to tell the tenants they were remodeling because the cabinets and baseboards were removed and were being replaced and she stated staff was told a black substance was found. Staff #2, the Supervisor, stated staff were not told to not tell anyone about the mold problem and that tenants were told there were problems and the rooms were being renovated. Tenants were not told about the mold because it may have been upsetting to them and the program is a dedicated dementia program. Staff were told there was a black substance in the rooms and the areas were being fixed as, at the time, the black substance was not confirmed as mold. Staff #2 stated they went under the assumption it was mold, but it was not discussed as mold. She did not instruct staff to not use the word mold it was just something everyone did.

- Regulatory Insufficiency: None noted.

Dated this 19th day of November, 2008.