IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

November 4, 2008

Kristi Steinlage, Housing Manager
Arlington Place Assisted Living of Oelwein
1101 3rd St SW
Oelwein, IA 50662-2001

RE: Recertification Monitoring Evaluation Report, Arlington Place, Oelwein, IA

Dear Ms. Steinlage:

The Department of Inspections and Appeals (DIA) has completed the review of your Plan of Correction (POC) in response to the **Recertification Monitoring Evaluation Report.** Based upon a complete review of the Report and your actions to correct the identified Regulatory Insufficiencies, DIA accepts your POC.

The recertification process entails other requirements that are not yet completed. Upon receipt of the State Fire Marshall's final approval I will send you your standard certificate.

If you have any questions regarding this certification, please contact me at 515-281-4116.

Sincerely,

Chris Nothaft

Chris Nothaft
Certification Coordinator – Eastern Iowa
Adult Services Bureau

Enclosure

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

Assisted Living Program:

Complaint Intake #: 18818

Kristi Steinlage, Housing Manager
Arlington Place Assisted Living of Oelwein
1101 3rd St SW
Oelwein, IA 50662-2001

Date of Investigation:

September 18, 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:

An on-site monitoring evaluation and complaint investigation visit was conducted at Arlington Place Assisted Living of Oelwein on September 18, 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:	22
Current number of tenants with cognitive disorder:	0
Total Population:	22

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.

Tenant/Family Satisfaction Results – A community meeting with eight tenants and three tenant interviews were held. The tenants report their apartments are cleaned one time per week and the common areas, including the dining room area, are kept clean. One tenant requested soft water. Tenants describe staff as friendly and well trained and state staff respond quickly when they are called. Tenants are getting their needs met; however, they request another staff on the evening shift. They state the food is good, well balanced and nutritious and three meals a day are served. The tenants indicate they receive a sufficient amount of food, they can ask for additional servings and the temperature and quality of the food is appropriate. The Activity Director does a great job and they receive a monthly calendar and daily reminders of activities. The tenants enjoy Bingo, music and outside entertainment. Tenants state they have plenty of activities and keep busy. They have fire drills and the alarms are loud. Tenants report they feel safe and secure and they are satisfied with the program and would recommend it to others.

Program History – There were substantiated Regulatory Insufficiencies this certification period in the areas of: Service Plans, Medications, Staffing and Managed Risk.

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)]

Monitoring Observation: Three tenant files were reviewed.

Tenant #1, a 77 year old, was admitted on 1-6-07 and diagnoses include: Diabetes and Legal Blindness. Health and functional evaluations were last completed on 4-4-07; however, they were not completed annually. A managed risk agreement was initiated on 7-10-08 due to falls outside with injuries. Evaluations were not completed at this time and were not completed, as needed.

- Regulatory Insufficiency: The program did not consistently evaluate each tenants' functional, cognitive and health status, as needed, and annually to determine the tenants 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]

Monitoring Observation: Three tenant files were reviewed.

Tenant #1, had a managed risk agreement initiated on 7-10-08 due to falls outside with injuries. The service plan was not updated as needed and did not reflect the managed risk agreement. The tenant's service plan was updated annually; however, health and functional evaluations were not completed annually. The service plan was not based on evaluations.

Tenant #2, a 90 year old, was admitted on 10-17-05 and diagnoses include: Right Hip Arthoplasty, Degenerative Joint Disease (DJD), Hypothyroidism, Gastroesophageal Reflux Disease (GERD) and Osteoporosis. The tenant was hospitalized and went to a nursing facility for rehabilitation after a hip compression fracture and surgery. The tenant returned to the program on 8-1-08 and the service plan was not updated until 8-5-08. The service plan was not updated, as needed.

- Regulatory Insufficiency: The program did not, when the tenant needs 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 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 a service plan for each tenant based on evaluations conducted in accordance with 25.23(1) and 25.23(2). (25.28(1))

C. 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]

Monitoring Observation: Three tenant files were reviewed.

Tenant #2 had a physicians order to separate Fosamax by 30 minutes, one hour from the other in the .a.m. medications and to take Aspirin "around" 0800. The order was dated 8-20-08 and was noted by the nurse on 8-20-08. The tenant's August 2008 medication sheet indicated Fosamax, 70 mg, one tablet every Thursday at 0700. The tenant had other medications ordered at 0700. The tenant's medication sheet indicated Aspirin, 325 mg, one tablet every day by mouth, was administered at 0700 from 8-1-08 to 8-21-08. On 8-22-08 the time was changed from 0700 to 1200. The physician orders were not reflected on the medication sheet.

- Regulatory Insufficiency: The program did not consistently ensure that health care professionals' orders for tenants receiving health care and/or professional-directed care from the program are current. (25.30(2))

D. Food Service – Program shall provide or coordinate with other community providers to provide hot or other appropriate meal(s) at least once a day or make arrangements for the availability of meals. Menus shall be appropriately planned. If applicable, therapeutic diets shall meet all requirements. Food preparation personnel shall meet all requirements. [321 IAC 25.32]

Complaint Allegation: It was alleged the kitchen and dining room areas of the program were "filthy." It was alleged pans were being left overnight to soak in the kitchen. It was alleged the tenants were not getting enough food to eat and what was served was not a balanced, nutritious meal. It was alleged ice cream was being served on a daily basis for dessert.

Monitoring Observation: A community meeting with eight tenants and three tenant interviews were held. Tenants indicate the dining room area is clean and there are no issues or concerns. They report only staff are allowed in the kitchen area. Interviews with Staff #1 and Staff #2 indicate they do not have any concerns with cleanliness of the kitchen or dining room area. Staff #5, the Dietary Manager, was interviewed and he did not have concerns with the cleanliness of the kitchen or dining area. The monitor observed the kitchen and dining room area and the areas were clean. Tenants state they received sufficient amounts of food and they can request additional portions. They are not aware of any pans soaking overnight in the kitchen and stated if it occurred it would not bother them. Staff #2 indicated pans do not soak overnight in the kitchen. Staff #5, the Dietary Manager, indicated approximately one time per month a pan would soak overnight in the back sink of the kitchen. The monitor observed the kitchen and did not observe any pans soaking in the kitchen. The tenants' report the meals are nutritious and well balanced. They state pie, cake, cookies and ice cream are some of the desserts served. Tenants' state ice cream is served for desserts approximately two to three times per week; however, it is served in different forms. Tenants state they liked ice cream. Staff interviews with Staff #1 and Staff #2 indicate the tenants are getting sufficient amounts of food and if they request additional food their request is accommodated. Staff #1 and Staff #2 state the food is nutritious and well balanced. They indicate a variety of desserts are served including: pie, cake, cookies and ice cream. Staff #1 and Staff #2

indicate the tenants like ice cream. Staff #5, the Dietary Manager, states the tenants receive a sufficient amount of food and the meals are balanced and nutritious. Staff #5 states ice cream, pie and cake are served for desserts. He heard some tenants want less ice cream and some tenants want more ice cream; however, tenants can have cookies or other desserts if they do not want ice cream. The program's menus are approved by a Registered Dietitian (RD, the program has a current food license, Staff #5 has a Servsafe certificate and direct staff have documented food safety training.

- Regulatory Insufficiency: None noted.

E. 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]

Monitoring Observation: Review of staff files indicated Staff #2, #3 and #4 did not have documented training on Activities of Daily Living (ADLs).

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

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

Monitoring Observation: Tenant #1's file was reviewed and the monitor requested copies of selected documents. When the file was reviewed the monitor discovered issues with evaluations including, the lack of an annual health and functional evaluation. The health and functional evaluations were last completed on 4-4-07, according to the monitor's review of the file and prior to when copies were made. The Housing Manager made copies of the requested documents and gave the photocopied information to the monitor. The original chart was given back to the nurse, according to the Housing Manager. The monitor received two different copies, Copy A and Copy B of Tenant #1's health and functional assessment. Copy A showed the tenant's functional and health evaluations were last completed on 4-4-07 and was documented with the nurse's signature, date and time. Copy B showed the 4-4-07 entry and also had an entry dated 4-4-08 and was documented with the nurse's signature, date and time. Copy A and Copy B of Tenant #1's health and functional evaluation were evaluated side by side. Several differences were noted between Copy A and Copy B. For example on page 4 of 4 of the assessment, on Copy A, there were three entries, 12-4-06, 2-6-07 and 4-4-07. All entries were noted with the nurse's signature, date and time. On Copy B on page 4 of 4, on the assessment there were four entries, 12-4-06, 4-7-08, 2-6-07 and 4-4-08. All entries were noted with the nurse's signature, date and time. On page 3 of 4 on the assessment on Copy A, there were three entries, 12-4-06, 2-6-07 and 4-4-07. All entries were noted with the nurse's signature, date and time. On page 3 of 4, on the assessment on Copy B, there were three entries, on 12-4-06, 2-6-07 and 4-4-08. All entries were noted with the nurse's signature, date and time. On the functional evaluation for Copy A, on page 4, there were two entries on 12-4-06 and 4-4-07. All entries were noted with the nurse's signature, date and time. On Copy B, on page 4, of the functional evaluation there were four entries, 12-4-06, 2-6-07, 4-4-07 and 4-4-08. All entries were noted with the nurse's signature, date and time.

- Regulatory Insufficiency: The program prevented or interfered with or attempted to impede a duly authorized representative of the department of inspections and appeals in the lawful enforcement of the rules adopted pursuant to this chapter. (231C.14)

Dated this 4th day of November, 2008.