IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

February 18, 2009

Complaint #20400-C

Ms. Kristi Steinlage, Housing Manager
Arlington Place Assisted Living of Oelwein
1101 3rd Street SW
Oelwein, IA 50062-2001

RE: Final Complaint Investigation Report, Arlington Place of Oelwein, Oelwein, IA

Dear Ms. Steinlage:

The Department of Inspections and Appeals (DIA) has reviewed the Plan of Correction (POC) in response to the Complaint Investigation Report dated December 15, 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 515-281-4116.

Sincerely,

Chris Nothaft
Certification Coordinator – Eastern Iowa
Adult Services Bureau

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

Assisted Living Program: **Complaint Intake #: 20400-C**

Ms.Kristi Steinlage, Housing Manager
Arlington Place Assisted Living of Oelwein
1101 3rd street SW
Oelwein, IA 50062-2001

Date of Investigation:

December 15, 2008

Monitor(s):

Hal L. Chase, RN BSN MPH

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 recertification revisit and complaint investigation on-site were conducted at Arlington Place Assisted Living of Oelwein on December 15, 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.**

Program History – There were substantiated regulatory insufficiencies this certification period in the areas of: Evaluation of Tenants, Service Plans, Nurse Review, Staffing and Other.

On-Site Monitoring Evaluation – The monitor(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 recertification onsite of 9-18-08, the program received a regulatory insufficiency related to not consistently completing a functional, cognitive and health evaluation as needed and annually to determine any modifications to the services needed for Tenant #1.

Monitoring Observation: Tenant #1, a 77 year old, was admitted on 1-6-07 and has diagnoses of: Diabetes and Legal Blindness. Health and functional evaluations had still not been updated annually and when a managed risk was initiated on 7-10-08 as cited in the previous report of 9-18-08.

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

Tenant #2, a 91 year old, was admitted on 10-17-05 and diagnosis of a Right Hip Arthoplasty. The tenant was hospitalized for a hip compression fracture and surgery and returned to the program. Functional and health evaluations were completed on 8-1-08 but a cognitive evaluation was not completed.

Tenant #4, a 93 year old, was admitted on 11-4-08 and has diagnoses of: Cerebrovascular Accident (CVA), History of Fractured Left Ribs Hypertension (HTN), Osteoarthritis and Osteopenia. Functional and health evaluations were completed within 30 days of admission but a cognitive evaluation was not completed.

- Regulatory Insufficiency: The program did not consistently evaluate each tenant's functional, cognitive and health status, within 30 days of admission, as needed and annually to determine the tenant's continued eligibility for the program and to determine any needed modifications to services. (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 recertification onsite of 9-18-08, the program received a regulatory insufficiency related to completing an annual service plan update for Tenant #1 without completing a functional and health evaluation to support the annual service plan. The program also received a regulatory insufficiency related to not completing a service plan update for Tenant #2 with a change in health status.

Monitoring Observation: Tenant #1's service plan of 9-23-08 was signed by the Registered Nurse (RN), the tenant and two additional staff but the service plan was not supported by functional, cognitive and health evaluations.

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

Monitoring Observation: Tenant #2's service plan of 8-5-08 was not supported by a cognitive evaluation.

Tenant #4's service plan was not updated within 30 days of admission.

- 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))

- Regulatory Insufficiency: The program did not consistently update the service plan within 30 days occupancy. (25.28(3))

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]

During the recertification onsite of 9-18-08, the program received a regulatory insufficiency related to not consistently ensuring Tenant #2's physician orders were current.

Monitoring Observation: Tenant #2 did not have any new orders to review from the previous visit of 9-18-08.

- 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]

During the recertification onsite of 9-18-08, the program received a regulatory insufficiency related to not consistently providing sufficiently trained staff at all times to fully meet tenants' identified needs due to Staff #2, #3 and #4 not having documented training on Activities of Daily Living (ADL).

Monitoring Observation: A review of staff files indicated Staff #2, #3 and #4 had documented training on Activities of Daily Living (ADLs).

- Regulatory Insufficiency: None noted.

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

During the recertification onsite of 9-18-08, the program received a regulatory insufficiency related to preventing or interfering with or attempting to impede a duly authorized representative of the Department of Inspections and Appeals in the lawful enforcement of rules adopted pursuant to chapter 231C.14.

Monitoring Observation: During this onsite, the program did not prevent or interfere with or attempt to impede the investigation.

- Regulatory Insufficiency: None noted.

Monitoring Observation: The program did not consistently follow the written Plan of Correction (POC) that was submitted on October 23, 3008, regarding the recertification visit conducted on 9-18-08.

- Regulatory Insufficiency: The program did not fully implement the POC submitted in response to the recertification visit. (26.2(6)(a))

Complaint Allegation: It is alleged the program administrator has told residents not to talk to former staff.

Monitoring Observation: A community meeting was held with 21 tenants in attendance. Tenants were asked if anyone had told them not to talk to former staff. Tenants denied being told not to talk to former staff. Two tenants were interviewed privately and denied being told not to talk to former staff. Staff #6, #2 and #7 stated they had not heard of anyone telling tenants not to talk to former staff.

Complaint Allegation: It is alleged the program administrator told staff not to talk to former staff.

Monitoring Observation: Iowa Administrative Code, chapter 25 for assisted living programs, does not have regulations related to the prohibition of staff talking to former staff.

- Regulatory Insufficiency: None noted.

Dated this 18th day of February, 2009.