

INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

DEAN A. LERNER, DIRECTOR

PATTY JUDGE
LT. GOVERNOR

March 6, 2009

**Complaint Intake: #21331-C
#21328-A**

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

**RE: I. Final Complaint Investigation #21331-C & #21328-A - Oakwood Place Assisted Living – Davenport, IA
II. Civil Penalty
III. Hearings and Appeals
IV. Conclusion**

Dear Mr. Vigen:

I. Final Complaint Investigation #21331-C & #21328-A – Oakwood Place Assisted Living – Davenport, IA

Enclosed is the **Final Complaint Investigation Report #21331-C & #21328-A**, 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 no **Regulatory Insufficiencies**.

DIA is accepting your Request for Reconsideration in regard to Other.

II. Civil Penalty

The preliminary civil penalty obligation of \$1,000.00 has been removed due to the acceptance of your Request for Reconsideration. There is no civil penalty required.

LUCAS STATE OFFICE BUILDING, 321 EAST 12TH STREET, DES MOINES, IOWA 50319-0083

ADMINISTRATION
(515) 281-5457
FAX: (515) 242-6863

ADMINISTRATIVE HEARINGS
(515) 281-4843
FAX: (515) 281-4477
Telephone Number for the Hearing Impaired: (515) 242-6515

HEALTH FACILITIES
(515) 281-4115
FAX: (515) 242-5022

INVESTIGATIONS
(515) 281-5714
FAX: (515) 242-6507

III. Hearings/Appeals

The Program may appeal the DIA decision in accordance with 321 IAC 26.4, within 30 days of notice, by submitting a request for appeal to the DIA. Hearings will be held pursuant to 481 IAC Chapter 10.

IV. Conclusion

The Request for Reconsideration is accepted and the Final Report reflects no Regulatory Insufficiencies. 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.

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

Sincerely,

A handwritten signature in cursive script that reads "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:

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

Complaint Intake #: 21331-C
21328-A

Date of Investigation:

January 7, 2009

Monitor(s):

Hal Chase, RN BSN MPH
Stephanie Cummins, MA
Ann Martin, 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 Assisted Living on January 7, 2009. In preparing this report, the following information was considered:

Current Program Census:

General Population Program (GPP): - Not Applicable.

Dementia Specific Program (DSP)* – A program that is a Dementia Specific Program by definition, but may have tenants with a cognitive disorder.

Current number of tenants in a DSP that serves 5 or more tenants with dementia or cognitive disorder staged between 4 and 7 on the Global Deterioration Scale (GDS): 14

Current number of tenants without cognitive disorder: 25

Total Population of DSP: 39

A program that is dementia specific and provides specialized care in a dedicated setting.

Total Population of DSP: 15

Total Census of ALP: 54

***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 no substantiated complaints this certification period.

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

A. Criteria for exclusion of tenants - Program does not admit or retain tenants that require a higher level of care, unless a written exception has been applied for and approved. [321 IAC 25.23(3); 25.24]

Complaint Allegation #21331-C: It was alleged some tenants are combative and one tenant came out of his/her apartment without appropriate clothing.

Monitoring Observation: Staff #1, #2 and #3 were interviewed and did not identify any tenants who exceed the appropriate level of care allowed in assisted living. Staff #1, #2 and #3 indicated Tenant #1 had behaviors and agitation.

Tenant #1, an 82 year old was admitted on 3-23-06 and diagnoses include: Degenerative Joint Disease (DJD), Alzheimer's Disease, Dementia, Depression, High Lipids, Osteoporosis, Pain, Anxiety, Chronic Obstructive Pulmonary Disease (COPD), History of Left Hip Fracture, Acute Blood Loss Anemia, Constipation and Urinary Retention. The tenant is staged at a six on the Global Deterioration Scale (GDS) which indicates severe cognitive decline and resides in the dementia unit. A review of Tenant #1's file indicates the tenant does not exceed occupancy and retention criteria.

- Regulatory Insufficiency: None noted.

B. 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 #21331-C: It was alleged an empty prescription bottle belonging to a private duty aide was found in a tenant's apartment.

Monitoring Observation: IAC Chapter 25, for assisted living programs, does not have regulations related to the allegation of an empty prescription bottle belonging to a private duty aide being found in a tenant's apartment.

- Regulatory Insufficiency: None noted.

C. 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 #21331-C: It was alleged the dementia unit in the dedicated setting is short staffed with 15 tenants to 1 staff at times, and some of the tenants require routine toileting, dressing and bathing. It was alleged the assisted living side termed dementia specific by definition is also short staffed and many of the tenants were not getting showers or assistance, as needed.

Monitoring Observation: Staff #1, #2 and #3 were interviewed and state staffing is sufficient to meet the needs of the tenants. Staff #1, #2 and #3 state the tenants and

tenants' families have not complained regarding staffing concerns. Staff #1, #2 and #3 state bathing tasks are completed appropriately.

- Regulatory Insufficiency: None noted.

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

Complaint Allegation #21331-C: It was alleged staff have complained to Administrative staff and have been told the Administration was trying to find the right people to hire; however, it has been going on for five months and current staff are getting burned out.

Monitoring Observation: Staff #1, #2 and #3 were interviewed and indicate they have no issues or concerns with going to Administrative staff with staffing issues. Staff #1 and #3 state if they have issues and go to Administrative staff the issue is addressed.

- Regulatory Insufficiency: None noted.

Complaint Allegation 21328-A: It is alleged a tenant had "grab mark bruises", on both arms, just below the shoulders, and two big bruises on both hands and arms below the elbows.

Monitoring Observation: The Registered Nurse (RN) stated a staff person reported to her when on 12-29-08, Tenant #1 had bruises that looked like someone grabbed the tenant's arms hard and had pulled the tenant. The RN stated she examined the tenant and noted 1.5 centimeters bruises on both biceps, which looked older as they were beginning to turn slightly yellow-green around the edges. She then interviewed staff but stated she did not believe the tenant was physically abused and did not see a reason to notify the Department of Inspections and Appeals (DIA). On 12-31-08, the program received a phone call from DIA stating a complaint of abuse had been filed and she was to separate the alleged perpetrator from the tenant, which the program did.

- Regulatory Insufficiency: None noted.

Dated this 6th day of March, 2009.