IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

June 3, 2009

Complaint #23341-C

Sharon Brown, Administrator
Martina Place Assisted Living
5815 Winwood Drive
Johnston, IA 50131-1666

RE: Recertification and Complaint Investigation Report, Martina Place Assisted Living, Des Moines, IA

Dear Ms. Brown.

Enclosed is the **Complaint Investigation Report** completed by the Department of Inspections and Appeals (DIA) in accordance with the Code of Iowa, section 231C.7, Iowa Administrative Code, chapter 25, pertaining to assisted living programs and, chapter 26, pertaining to monitoring, civil penalties and complaints regarding assisted living programs. **No Regulatory Insufficiencies were identified.**

The review of the recertification documents you submitted has been completed and are accepted. In addition, the State Fire Marshal's (SFM) inspection report has been received as well as the Facility Engineer's approval of the Evacuation Plans for your program.

Enclosed you will find the Assisted Living Program Certificate **#S0002** with effective dates of **June 1, 2009** through **May 31, 2011.** This certificate must be posted in the building for public viewing.

If you have any questions regarding this Report, please contact me at 515-281-5003.

Sincerely,

Connie Schaffer

Connie Schaffer
Certification Coordinator – Central Iowa
Health Facilities Division
Adult Services Bureau

Enclosures

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

Assisted Living Program: **Complaint Intake #: 23341-C**

Sharon Brown, Administrator
Martina Place Assisted Living
5815 Winwood Drive
Johnston, IA. 50131

Date of Monitoring Visit:

May 27, 2009

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 25.8(3)]. 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 Recertification Monitoring Evaluation 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 this chapter 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 specialized care for persons with cognitive disorder or dementia, such as Alzheimer's disease, in a dedicated setting.

Overview:

An on-site monitoring evaluation was conducted at Martina Place Assisted Living on May 27, 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 without 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):	6
Current number of tenants without cognitive disorder	54
Total Population:	60

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

Tenant/Family Satisfaction Results – A community meeting was held with 23 tenants in attendance. Two tenants were interviewed privately. Tenants stated housekeeping cleans weekly and they haven't noticed any malodors in the building. Tenants stated staff were polite, courteous and ask tenants if they can assist them with cares before providing the cares. Staff are trained well and answer call lights quickly when called. Tenants stated they were "very pleased" with the activities offered, felt safe in their home and are receiving the cares they needed. Tenants stated they make their own decisions and staff will call the Registered Nurse (RN) when needed. Tenants stated they are satisfied with the program and would recommend the program to a friend.

Program History – There have not been any substantiated Regulatory Insufficiencies during this certification period.

On-Site Monitoring Evaluation – The monitor(s) made the observations detailed in the following areas.

A. Service Plan – Program has an individualized service plan developed and updated for each tenant as required. [321 IAC 25.28]

Complaint Allegation: It is alleged several tenants had body odor It is alleged Tenant #1 had a very strong urine odor It is alleged a strong urine odor was present on the second floor hallway.

- Monitoring Observation: Five tenant files were reviewed. Staff #1, #2 and #3 stated Tenant #1, #2 and #3 had occasional body odor and Tenants #1 and #2 had occasional incontinence.

  Tenant #1, an 89 year old, was admitted on 12-14-04 and has diagnoses of: Mild Dementia, Hypertension (HTN), Cerebral Vascular Accident (CVA), Mild Anxiety and a History of Hernia. A cognitive evaluation of 2-18-09 indicated normal cognition. Service plan of 2-18-09 indicated the tenant was independent with toileting, needed reminders to shower twice weekly and to use deodorant. Staff #1, #2 and #3 stated the tenant will become anxious and will perspire or sweat and have body odor. Staff #3 stated the tenant had some incontinence but is independent with toileting.

  Tenant #2, an 82 year old, was admitted on 2-6-07 and has diagnoses of: Mental Disease, Rheumatism, Diabetes, Arthritis, High Blood Pressure, Heart Trouble, Alzheimer's Disease, Dementia and History of a Pacemaker. The tenant was staged at five on the GDS which indicated moderately severe cognitive impairment. An annual service plan update of 2-5-09 indicated the tenant needed assistance with toileting, including reminders to change undergarments four times daily and assistance with grooming and bathing. Staff #1, #2 and #3 stated the tenant is incontinent and has occasional body odor due to not wanting to change clothes often.

  Tenant #3, a 92 year old, was admitted on 6-17-05 and has diagnoses of: Dementia, HTN, History of Bilateral Hip Replacement and Pain. The tenant has normal cognition. Notes and Concerns of 2-9-09 through 3-3-09 indicated numerous entries by staff of the tenant not wanting to change clothes. Notes of 5-20-09 indicated the program spoke to the tenant's family about assisting the tenant with showering. Family indicated they have tried to assist the tenant with showering but the tenant has stated he/she had already showered. Service plan of 7-1-08 indicated the tenant was independent with personal cares. A 90-nurse review by the RN noted staff concern related to showering. Staff #1, #2 and #3 stated the tenant won't change clothes as often as he/she should. Staff #2 stated the tenant did not shower as often as he/she should.

  Staff #1, #2 and #3 stated there were no malodors present on any of the floors, with Staff #2 stating there are occasional odors but they go away Staff #3 stated, Tenant #6's bathroom will have malodors and the tenant will refuse to have his/her bathroom cleaned. Tenants #7 and #8 stated they hadn't noticed any "bad odors" in the building.

- Regulatory Insufficiency: None noted.

Dated this 28th day of May 2009.