IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

January 11, 2010

Complaint #26647-C

Dena Chapman, Administrator
Prairie View Assisted Living
1709 West Prairie
Creston, IA 50801

RE: Final Complaint Investigation Report, Prairie View Assisted Living, Creston, IA

Dear Ms. Chapman:

Enclosed is the **Final 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 any questions, please contact me at 515-281-5721.

Sincerely,

Tamara Halvorson

Tamara Halvorson
ASB Lead Certification Coordinator
Adult Services Bureau

Enclosure

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

Assisted Living Program: **Complaint Intake #: 26647-C**

Dena Chapman, Administrator
Prairie View Assisted Living
1709 West Prairie
Creston, IA 50801

Date of Investigation:

December 21, 2009

Monitor(s):

Michael Streepy, 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 Prairie View Assisted Living on December 21, 2009. 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:	30
Current number of tenants with cognitive disorder:	1
Total Population:	31

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.*

Program History –

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

A. 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: Complaint 26647-C alleges a tenant may have been involved in an incident of inappropriate sexual contact with another tenant resulting in physical or sexual abuse. The allegation indicates the tenant may not be capable of making a determination as to the appropriateness of the relationship.

- Monitoring Observation: Tenant #1, an 89 year old, was admitted to the program on 04-28-08 with diagnoses including: Hypertension and Glucose Intolerance. Review of the tenant's record revealed a score of 2 on the Short Portable Mental Status Questionaire indicating intact mental functioning. An interview with the tenant on 12-21-09 revealed the tenant was comfortable with the relationship with Tenant #2. The tenant stated "we have been at it for a while now and the relationship has never been a problem – it is nobody's business except mine."

  Tenant #2, an 83 year old, was admitted to the program on 04-24-09 with diagnoses including: Dementia, and Arthritis. Review of the tenant's record revealed a score of 1 on the Short Portable Mental Status Questionaire indicating intact mental functioning. Interview with the tenant on 12-21-09 revealed the tenant had no problem with the relationship other than the fact Tenant #1 was unwilling to marry.

  The nature of the relationship according to both tenants is consensual.

- Regulatory Insufficiency: None noted.

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

Complaint Allegation: It is alleged the staff are unable to direct Tenant #1 to bathe at times.

- Monitoring Observation: Review of the record for Tenant #1 indicates the tenant requires assistance with bathing but frequently refuses showers preferring to wash at the sink. The tenant has the right to refuse.

- Regulatory Insufficiency: None noted.

Complaint Allegation: It is alleged the program failed to report the possible physical or sexual assault to the department.

- Monitoring Observation: The program had become aware of the complainant's concerns and after looking into the situation and interview with both tenants, determined the relationship was consensual and no abuse had taken place.

- Regulatory Insufficiency: None noted.

Dated this 28th day of December, 2009.