IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

February 17, 2010

Complaint #25747-C
#24026-C

Jackie Scott, Director of Housing
Oak Park Place Assisted Living
1381 Oak Park Place
Dubuque, IA 52002-2286

RE: Complaint Investigation and Recertification Report, Oak Park Place, Dubuque, IA

Dear Ms. Scott:

The Department of Inspections and Appeals (DIA) has reviewed the Plan of Correction (POC) in response to the Complaint Investigation and Recertification Report dated November 9 and 10, 2009. Based on the information provided, DIA accepts the POC. No further action on the part of the program is necessary.

The review of the recertification documents you submitted has been completed and the documents 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 **#S0218** with effective dates of **November 1, 2009 through October 31, 2011**. If you have any questions in regard to this certification, please contact me at 515/281-4116.

Sincerely,

Chris Nothaft

Chris Nothaft
Certification Coordinator – Eastern Iowa
Adult Services Bureau

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

Assisted Living Program:

Complaint Intake #: #25747-C
#24026-C

Jackie Scott, Director of Housing
Oak Park Place
1381 Oak Park Place
Dubuque, IA 52002-2286

Date of Investigation:

November 9 & 10, 2009

Monitor(s):

Stephanie Cummins, MA
Joyce Kix, 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 or Recertification 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 complaint investigation and recertification visit was conducted at Oak Park Place on November 9 & 10, 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:	37
Current number of tenants with cognitive disorder:	4
Total Population of GPP:	41

Dementia Specific Program (DSP)* – A program that is dementia specific and provides specialized care in a dedicated setting.

Total Population of DSP:	12
Total Census of ALP:	53

***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 was held with seven tenants in attendance. The tenants stated the program was a nice place to live and the staff were pleasant. Requests for assistance were answered quickly and the nurse was approachable. Tenants stated there were plenty of activities and the food was good with a pleasant atmosphere in the dining room. All tenants stated they felt safe, were satisfied with the program and would recommend it to friends.

Program History – There have been no substantiated Regulatory Insufficiencies this certification period.

Complaint Investigation and Recertification – The complaint investigators 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.

Complaint Allegation # 24026-C: It is alleged that tenants are not assessed appropriately by nursing staff.

Monitoring Observation: Tenant #1, 87 years old, was admitted on 10-7-09 and diagnoses include: Osteoporosis, Hypertension (HTN), Depression, Fibromyalgia, Spinal Stenosis, and Anxiety. Progress notes were reviewed from 10-10-09 through 11-9-09 and indicated the tenant was appropriately assessed before and after a hospitalization, with comprehensive assessments completed 10-27-09, 11-5-09 and 11-9-09.

Tenant #2, 85 years old, was admitted on 12-28-06 and diagnoses include: Congestive Heart Failure (CHF), Pulmonary HTN, Chronic Obstructive Pulmonary Disease (COPD), Diabetes, Ischemic Cardiomyopathy, Hyperlipidemia, Chronic Renal Insufficiency, Osteoarthritis and Depression. Progress notes were reviewed from 5-17-09 through 10-29-09 and indicated the tenant was appropriately assessed with changes. Progress notes dated 6-19-09 documented a physician's order from an appointment on 6-18-09. The orders indicated to increase the tenant's morning Lasix to 80 mg and continue 40 mg at noon and to weigh the tenant daily for one week and notify the physician if the tenant's weight decreases by greater than three pounds. According to the June 2009 Medication Administration Record (MAR) the tenant was weighed daily starting 6-19-09. According to notes dated 6-22-09, the tenant appeared short of breath, complained of a headache and stated he/she felt like he/she could fall. This was the only documented entry of shortness of breath for June 2009. According to the notes, a family member was notified and the program attempted to notify the tenant's physician; however the physician was off. The on-call physician recommended the tenant be transported to the emergency room (ER). The tenant admitted overnight to the hospital and returned from the hospital on 6-23-09 with orders for an inhaler as needed. Evaluations were completed appropriately.

Tenant #3, 85 years old, was admitted on 6-20-09 with diagnoses of COPD, Anemia, CHF, Depression, Hyperlipidemia, Coronary Artery Disease (CAD), HTN Peripheral Vascular Disease (PVD) and a History of Cerebral Vascular Accident (CVA). The service plan dated 8-26-09 documented the tenant was to have an evaluation for Physical Therapy (PT); however, the tenant reported that the therapist had completed three visits and then discontinued service. A final PT report was not available in the file. The program did not complete cognitive, functional and health evaluations as needed.

Tenant #4, 83 years old, was admitted on 2-13-09 with diagnoses of: Alzheimer's Disease, Hemorrhoids, and Spinal Stenosis. Progress notes dated 8-10-09 through 8-13-09 document the tenant was having tearful/crying episodes and would become upset if individual attention was not given. A fax to the physician dated 10-30-09 documented a request for occupational therapy (OT) because the tenant was not eating independently. The program did not complete health, cognitive and functional evaluations as needed.

Tenant #6, 90 years old, was admitted on 6-16-07 and diagnoses include: Cancer and Dementia with Behaviors. The tenant was staged at a five on the Global Deterioration Scale (GDS), which indicated moderately severe cognitive impairment. The tenant resided in the dementia unit. According to progress notes the tenant was hospitalized related to inappropriate behaviors on 10-8-09 and returned on 10-19-09. Evaluations were completed on 10-8-09, 10-16-09 and 10-19-09. Evaluations were completed appropriately.

- Regulatory Insufficiency: The program did not evaluate each tenant's functional, cognitive and health status, as needed, to determine the tenant's continued eligibility for the program and to determine any modifications to services needed. (IAC r. 25.23(2)).

B. 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.

Complaint Allegation #25747-C: It is alleged that the program has tenants that are two-person transfers.

Monitoring Observation: Tenant #5, 79 years old, was admitted on 12-15-06 with diagnoses of Alzheimer's Disease and passed away on 11-8-09 in the care of hospice. The program had received a waiver of administrative rule, which allowed the program to retain the tenant while exceeding occupancy and retention criteria. The program applied for the waiver on 9-18-09 and the waiver was approved from 10-13-09 through 12-13-09. Six staff were interviewed and all reported there were currently no tenants who exceeded level of care. The Director of Nursing was interviewed and also stated that no tenants currently exceeded level of care.

- Regulatory Insufficiency: None noted.

C. Service Plan – Program has an individualized service plan developed and updated for each tenant as required.

Monitoring Observation: Tenant #3's file was reviewed. A service plan dated 8-26-09 documented the tenant received physical therapy; however, the tenant reported that the therapist had completed three visits and then discontinued service. The service plan was not updated with the addition of services.

Tenant #4's file was reviewed. Progress notes dated 8-10-09 through 8-13-09 documented the tenant was having tearful/crying episodes and would become upset if individual attention was not given. The service plan dated 11-9-09 did not reflect interventions for staff to implement in regard to the behaviors.

- Regulatory Insufficiency: The program did not update the service plan as needed with changes in health status. (IAC r. 25.28(3)).

- Regulatory Insufficiency: The program did not individualize the tenant's service plan to include the tenant's identified needs and requests for assistance and expected outcomes and service providers other than the program. (IAC r. 25.28(4) a,c).

D. 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.

Monitoring Observation: Tenant #3's file was reviewed. The service plan dated 8-26-09 documented the tenant received physical therapy; however, the tenant reported that the therapist had completed four visits and then discontinued service. The program did not complete a nurse review at the time PT was discontinued.

Tenant #4's file was reviewed. Progress notes dated 8-10-09 through 8-13-09 documented the tenant was having tearful/crying episodes and would become upset if individual attention was not given. A fax to the physician dated 10-30-09 documented a request for OT because the tenant was not eating independently. The clinical record did not contain a nurse review as needed.

Tenant #5's progress notes dated 11-6-09 indicated the tenant had not had a bowel movement for six days. The tenant died on 11-8-09. The clinical record did not contain a nurse review as needed.

The clinical record for Tenant #5 contained a physician's order dated 11-6-09 at 12 noon for Dulcolax suppositories, as needed, for constipation. According to the MAR, the tenant had an order for Bisacodyl, as needed, for constipation dated 11-30-06 and another order dated 11-7-09 at 8:45 a.m. for a Tylenol suppository, 650 mg, every four hours as needed. The order for Tylenol was not transcribed to the MAR and subsequently was not administered. An interdisciplinary note dated 11-6-09 documented the tenant had not had a bowel movement for six days; however, the MAR lacked documentation that the Dulcolax suppository was administered. The tenant died 11-8-09. Physician orders were not transcribed appropriately to the MAR.

- Regulatory Insufficiency: The program did not assess and document the health status of each tenant, make recommendations and referrals as appropriate, and monitor progress on previous recommendations if there are changes in health status. (IAC r. 25.30(3)).

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

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. .

Complaint Allegation # 25747-C: It is alleged that the program is severely understaffed including an aide with a weight restriction.

Monitoring Observation: Staff #4, #5, #7, #8, #12 and #13 and the Director of Nursing were interviewed. They reported no concerns with staffing levels. Staff reported no inconvenience during temporary movement from units to cover if the assigned staff were unable to complete lifting requirements. According to the Nursing Master Schedules for the past three months, the program scheduled four to five staff on each day and evening shift, often with a licensed practical nurse (LPN), and three staff on the night shift. A RN is available on call 24 hours a day seven days a week. During a community meeting, the tenants reported no concerns with receiving adequate and appropriate nursing services.

- Regulatory Insufficiency: None noted.

Complaint Allegation # 25747-C : It is alleged that aides are not properly trained regarding medication administration.

Monitoring Observation: Six staff were reviewed in regards to medication administration. Staff #5, #6, #7, #8, #9 and #10 had appropriate medication administration training. Three staff files that were reviewed for staff hired since 9-1-09 including, Staff #7, #8 and #9. Staff had appropriate training regarding medication administration.

- Regulatory Insufficiency: None noted.

Complaint Allegation #25747-C: It is alleged that staff talk on the phone excessively.

Monitoring Observation: Staff #7, #8, #12 and #13 were interviewed. Staff stated that the program policy directed for no cell phone usage during work hours and they had not observed any staff using the program or cell phones excessively.

- Regulatory Insufficiency: None noted.

Complaint Allegation #24026-C: It is alleged that there is not proper staff on each shift to assess tenants.

Monitoring Observation: Staff #4, #5, #7, #8, #12, #13 and the Director of Nursing were interviewed. They reported no concerns with staffing levels. According to the Nursing Master Schedules for the past three months, the program scheduled four to five staff on each day and evening shift, often with an LPN, and three staff on the night shift. A RN is available on call 24 hours a day seven days a week. During a community meeting, the tenants reported no concerns with receiving adequate and appropriate nursing services.

- Regulatory Insufficiency: None noted.

Complaint Allegation #24026-C: It is alleged that the program did not have a RN on duty.

Monitoring Observation: The Program Director provided documentation of the RN's employment record. The prior RN was on a leave of absence and her duties were covered by the Regional Director, also an RN, between 6-8-09 and 6-19-09. She then left employment on 7-24-09. The Regional Director covered the RN call until the current RN was hired on 6-29-09.

- Regulatory Insufficiency: None noted.

During the course of the recertification visit, the following information was obtained.

Monitoring Observation: Tenant #5's file was reviewed. The clinical record of Tenant #5 contained documentation on the MAR of an order which was obscured by scribbling and changed the timing to PRN (as needed). The documentation did not contain the signature or date and time of the person who changed the order.

Tenant #2's file was reviewed. The progress note dated 6-19-09 directed to weigh the tenant daily for one week and call if the weight decreased more than three pounds. The MAR for 6-19-09 documented an initial weight which had been over written obscuring the prior writing and making the numbers indistinguishable from 127,132 or 137 pounds.

- Regulatory Insufficiency: The program did not maintain documentation in accordance with Iowa Code 152 and 655-Chapter 6. (IAC r. 25.33(6)).

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

Complaint Allegations #24026-C and #25747-C: It is alleged that tenants are not getting the care and safety they pay for.

Monitoring Observation: A community meeting was held with all tenants reporting they were satisfied with the care provided by the program staff and felt they were getting the services they paid for.

- Regulatory Insufficiency: None noted.

Complaint Allegation #24026-C: It is alleged that confidential tenant information has been breached.

Monitoring Observation: Staff #4, #5, #7, #8, #12 and #13 were interviewed. These staff reported awareness of the program's confidentiality policy. The nurse was interviewed and indicated she was aware of tenant confidentiality breached. The personnel records of Staff #1, #2, #3, #4 #5, and #6 contained signed confidentiality statements. During a

community meeting held 11-9-09, the tenants reported they felt their confidentiality was respected and they had no issues with staff.

- Regulatory Insufficiency: None noted.

Dated this 18th day of February, 2010.