IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

DEAN A. LERNER, DIRECTOR

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

March 31, 2010

Complaint #25355-C
 # 26329-C

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

RE: Complaint Investigation Report, Oakwood Place Assisted Living, Davenport, IA

Dear Mr. Vigen:

The Department of Inspections and Appeals (DIA) has reviewed the Plan of Correction (POC) in response to the Complaint Investigation Report dated December 7, 8, 9 and 10, 2009. 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 Complaint Investigation Report

Assisted Living Program:

Complaint Intake #: 25355-C
26329-C

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

Date of Investigation:

December 7, 8, 9 and 10, 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 Oakwood Place Assisted Living on December 7, 8, 9 and 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:	36
Current number of tenants with cognitive disorder:	1
Total Population of GPP:	37

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

Total Population of DSP:	11
Total Census of ALP:	48

***These are the census numbers represented by the program to be applicable at the time of the monitoring visit:**

Accreditation Status – Not applicable.

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

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

A. 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.

Complaint Allegation: Complaint #26329-C alleges a tenant received a 5/500 Vicodin from another tenants supply instead of the ordered 7.5/500. This also created a problem with the narcotic count. The allegation continues that the narcotic count sheet was fixed to match the count and the tenant who had received the wrong dose was not notified and the physician was not notified.

Monitoring Observation: An interview with the Nursing Supervisor revealed the same Staff, #7, had made the medication errors involving the same tenant in administering a Vicodin 5/500 to Tenant #3 instead of the ordered Vicodin 7.5/500 on 11-07-09 and 11-23-09. The Nursing Supervisor provided the Narcotic count sheet with the corrections made and documentation of the physician notification and tenant monitoring. Program documentation indicates the staff person was counseled and disciplined and no longer is allowed to pass medications at the program until the completion of retraining in the area.

- Regulatory Insufficiency: None noted.

Complaint Allegation: Complaint #26329-C alleges Staff #2 had taken an Endocet from the program, neither the tenant nor the tenant's physician was notified and no disciplinary action was taken.

Monitoring Observation: An interview with the Nursing Supervisor revealed that Staff #2 signed the medication out to give to the tenant and the tenant refused the medication. The medication had then been placed in an envelope, per program routine, then put into her pocket and Staff #2 continued with her duties. Upon arriving home, Staff #2 found the medication had inadvertently been removed from the program and notified the nurse. The medication was returned to the program.

- Regulatory Insufficiency: None noted.

B. Food Service – Program shall provide or coordinate with other community providers to provide hot or other appropriate meal(s) at least once a day or make arrangements for the availability of meals. Menus shall be appropriately planned. If applicable, therapeutic diets shall meet all requirements. Food preparation personnel shall meet all requirements.

Complaint Allegation: Complaint #25355-C alleges the program dining room table and chairs are dirty, tacky and need to be refinished. A light bulb above a table where a particular tenant, who is visually impaired, sits is burned out making it hard for the tenant to see.

Monitoring Observation: During a tour of the program on 12-08-09, the dining area was observed to be set for the next meal. Five of the dining room tables were observed to have dried spills and food debris present and two of the tables had small plates which were soiled with food debris. The light fixtures in the dining areas were observed to be in good repair with all the bulbs in working condition.

- Regulatory Insufficiency: The program did not always ensure the building and grounds would be well maintained, clean, safe and sanitary. (25.40(1)b))

Complaint Allegation: Complaint #26329-C alleges a tenant was refused a meal on 11-17-09. When a family member requested the tenant's lunch, staff told the family member the kitchen was closed. The allegation also states tenants with dementia forget meal times and when they come late, the kitchen is closed.

Monitoring Observation: Observation in the dining room on 12-08-09 revealed a tenant had arrived late, at 9:30 a.m., to be served breakfast. The tenant stated that if tenants arrive late, staff will get meals if you ask them.

An interview with Staff #10 on 12-08-09 at 10:20 a.m. revealed the incident mentioned in the complaint had been resolved when she intervened and got the tenant involved a meal. The staff person stated this had been a one time incident.

Interviews with Staff #6, #7, #8, #9 and #10 revealed all the tenants are provided with meals if they show up late and are given something to eat whenever they are hungry.

- 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: During the course of the investigation of Complaint #26329-C, the following information was obtained.

Monitoring Observation: There was no signed or dated documentation of nurse delegated tasks.

- Regulatory Insufficiency: The program owner or Management Corporation did not ensure that personnel employed by or contracting with the program received training appropriate to assigned tasks and target population. (25.33(5))

D. Structural requirements – The structure of the program shall be designed and operated to meet the needs of the tenants. The buildings and grounds shall be well-maintained, clean, safe and sanitary.

Complaint Allegation: Complaint #25355-C alleges the elevators, carpeting and second floor laundry room are dirty and Tenant #4's toilet overflows.

Monitoring Observation: Observations on 12-08-09 revealed the elevators, carpeting and laundry rooms on both floors were clean and well maintained. An interview with Tenant #4 revealed the program maintenance man had made repairs to the toilet and at the time of the observation, the toilet was in working order.

- Regulatory Insufficiency: None noted.

Dated this 31st day of March, 2010.