IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

Complaint Intake: 28637-C

May 10, 2010

Ms. Shawn Lahr, Interim Administrator
Eiler House Assisted Living
920 West Garfield
Clarinda, IA 51632

RE: Final Complaint Investigation Report – Eiler House Assisted Living, Clarinda, IA

Dear Ms. Lahr:

Enclosed is the **Final Complaint Investigation Report** from the on-site monitoring visit of April 29, 2010, completed by the Department of Inspections and Appeals ("DIA") in accordance with Iowa Code chapter 231C and Iowa Administrative Code ("IAC") chapters 481—67 and 481—69. **No Regulatory Insufficiencies were identified.**

If you have any questions regarding the enclosed Report, 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 #: 28637-C**

Ms. Shawn Lahr, Interim Administrator
Eiler House Assisted Living
920 West Garfield
Clarinda, IA 51632

Date of Investigation:

April 29, 2010

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. IAC r. 481-67.10(5). 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 481 IAC chapter 69 that: serves fewer than fifty-five (55) tenants and has five (5) or more tenants who have dementia between Stages 4 and 7 on the Global Deterioration Scale or serves 55 or more tenants and 10 percent or more of the tenants have dementia between Stages 4 and 7 on the Global Deterioration Scale or holds itself out as providing specialized care for persons with dementia, such as Alzheimer's disease, in a dedicated setting.

Overview:

A complaint investigation on-site visit was conducted at Eiler House Assisted Living on April 29, 2010. In preparing this report, the following information was considered:

Current Program Census

General Population Program (GPP)* – A program that does is not include a Dementia Specific unit, but may include have tenants with cognitive disorder.

Current number of tenants without cognitive disorder:	15
Current number of tenants with cognitive disorder:	3
Total Population:	18

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.**

Program History – There were substantiated Regulatory Insufficiencies found in the areas of Evaluation of Tenant, Service Plans, Medications, Nurse Review, Food Service, Staffing, Record Checks, Managed Risk and Other during this certification period during this certification period.

The January 6 & 7, 2009 recertification visit resulted in a fine of $1,000 with Regulatory Insufficiencies found in the areas of: Evaluation of Tenant, Service Plans, Nurse Review, Food Service, Staffing, Managed Risk and Record Checks.

The September 8, 9, & 10, 2009 recertification revisit, complaint, and incident resulted in a fine of $5,000 and a Conditional Certificate was issued, effective October 20, 2009. Regulatory Insufficiencies were found in the areas of: Service Plans, Medications, Nurse Review, Food Service, Staffing, Record Checks and Other (lack of notification and not following their Plan of Correction). Sanctions include timely completion and submission of background checks on all new employees, 30-day nurse reviews to DIA, and submission of documentation of management training for the Director and RN.

The April 6, 2010 complaint and incident revisit resulted in no Regulatory Insufficiencies and the program was returned to standard certification.

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

A. Food Service

Complaint Allegation: It is alleged the food was bad.

- Monitoring Observation: Sixteen tenants were present during the evening meal on 4-28-10. Tenants were asked if they enjoyed the meals offered by the program and tenants stated they were happy with the meals provided. One tenant stated the monitor should ask tenants individually. The monitor asked tenants to see him privately in the conference room or the monitor could interview them privately in their apartments. Two tenants met with the monitor in the conference room privately and one tenant was interviewed privately in their apartment. Tenant #1 stated he/she didn't like the food. A variety of food is offered but the food is not always served hot; sometimes it is cold. Juices aren't cold and some of the food, tacos and pizza are too spicy. The cook recently resigned for unknown reasons and the tenant liked the cook. The tenant stated if the food isn't good, life isn't good. We don't know what we are getting. Tenant #2 stated he/she is not sure what we are eating at times. There have been cutbacks in the food offered. We used to get juices mid morning and afternoon, but it isn't offered anymore. Tacos are spicy and he/she doesn't like hot dogs for supper. The tenant stated the food is repetitious. Tenant #3 stated the food was okay and a variety of food is offered. Hot foods are not always served hot. The food is bland and doesn't look very appealing.

  A review of the program's menu indicated three meals are offered daily. A menu is posted weekly and the program has a four week menu rotation schedule. A monitor observed the kitchen to be clean and organized. Food was served individually to each tenant. The dining room tables and floor were clean.

- Regulatory Insufficiency: None noted.

B. Staffing

Complaint Allegation: It is alleged staff were not available at night.

- Monitoring Observation: Tenants #1, #2 and #3 stated staff work 12-hour shifts and are here 24-hours a day, seven days a week. Tenants stated staff were polite and courteous and were trained to provide the services needed. Staff schedules and staff time sheets were reviewed for each shift for the months of February, March and April 2010 and indicated one direct care staff was present for each 12 hour shift, for each 24 hour period, seven days a week. The program RN, Staff #1 and #2 stated one direct care staff is present from 6:00 a.m. – 6:00 p.m. and from 6:00 p.m. – 6:00 a.m., 24-hours a day, seven days a week.

- Regulatory Insufficiency: None noted.

C. Structural requirements

Complaint Allegation: It is alleged the living conditions at the program are deplorable.

- Monitoring Observation: Tenant #1, #2 and #3 were interviewed and stated they each had weekly housekeeping services. Staff cleaned their apartments and bathrooms to their satisfaction. Other tenants haven't complained to them about the lack of housekeeping or conditions of the building, common areas or grounds. Tenant #1 stated he/she has been "very" happy with the services offered. The tenant stated the building and grounds were clean and well kept. Tenant #2 stated the building and grounds were clean and neat. Tenant #3 stated the building and grounds are clean and well kept. A monitor toured the program and noted the building was clean and sanitary. No malodors were present in the hallway or common areas. The kitchen area appeared to be organized and clean.

  The program Registered Nurse (RN) stated a family meeting was recently held and questions were asked by family and tenants as to who was doing the housekeeping. A staff person who was doing housekeeping recently quit and there was concern that housekeeping had deteriorated. Staff #1 stated direct care staff does housekeeping and apartments are cleaned weekly. Tenants have not complained to her about housekeeping services. Staff #2 stated direct care staff does the housekeeping. Tenants haven't complained to her about housekeeping services.

- Regulatory Insufficiency: None noted.

Dated this 10th day of May, 2010