IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

Complaint Intake #: 30569-C

October 27, 2010

Ms. Mary Harris, RN Manager
Oakwood Place Assisted Living
4130 Northwest Blvd.
Davenport, IA 52806

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

Dear Ms. Harris:

Enclosed is the **Final Complaint Investigation Report** from the on-site monitoring visit of October 6, 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 Certification Coordinator
Adult Services Bureau

Enclosure

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

Assisted Living Program:

Mary K. Harris, RN Manager
Oakwood Place Assisted Living
4130 Northwest Blvd
Davenport, IA 52806

Complaint Intake #: 30569-C

Date of Investigation:

October 6, 2010

Monitor(s):

Stephanie Cummins, MA

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 Oakwood Place Assisted Living on October 6, 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:	37
Current number of tenants with cognitive disorder:	3
Total Population of GPP:	40

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

Total Population of DSP:	13
Total Census of ALP:	53

***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 this certification period in the areas of: Tenant Documents, Service Plans, Food Service, Staffing, Dementia-Specific Education, Record Checks and Other (tenant rights, lack of notification to DIA, lack of following the programs policies and procedures).

The on-site complaint and incident investigation on March 9, 10 and 11, 2010 resulted in a civil penalty of $1,500.00. There were Regulatory Insufficiencies in the following areas: Tenant Documents, Service Plans, Food Service, Staffing, Dementia-Specific Education, Record Checks and Other (tenant rights, lack of notification to DIA, lack of following the programs policies and procedures).

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

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

A. Program Initiated Involuntary Transfer

Complaint Allegation: It was alleged appropriate involuntary transfer protocol was not followed.

- Monitoring Observation: Three discharged tenant files were reviewed. Two of the tenants were transferred involuntarily.

  Tenant #2, a 76 year old, was admitted on 9-17-09 and diagnoses include Dementia, Hypertension (HTN), Anxiety, Congestion and Constipation. The tenant was staged at six on the GDS, which indicated severe cognitive impairment. The tenant resided in the dementia unit. The tenant was discharged on 6-1-10. Resident Notes dated 3-17-10 indicated the RN discussed the tenant's level of care and the need to start thinking about the next step with the tenant's spouse. Notes dated 3-28-10 indicated the RN attempted to explain the regulations and criteria to the tenant's spouse. On 3-31-10 an order was received for Hospice. The RN discussed the tenant's level of care, criteria for assisted living and the waiver. The waiver was granted on 5-5-10 for 60 days and was valid until 7-5-10 because the tenant exceeded level of care... Notes on 5-22-10 indicated the tenant's spouse indicated the tenant would transfer to a higher level of care on 6-1-10. The tenant was transferred on 6-1-10 and emotional reassurance was given to the tenant's spouse, according to notes. The RN stated the tenant's spouse did not want to move the tenant out of his/her home but acknowledged the tenant required more cares. The tenant was on the waiver and the tenant's spouse found placement before the waiver was expired.

  Tenant #3, a 92 year old, was admitted on 6-23-08 and diagnoses include HTN, Edema, Venous stasis, Chronic Obstructive Pulmonary Disease (COPD), Gastroesophageal Reflux Disease (GERD), Hyperlipidemia, Constipation, Vertigo, Pain and Urinary Frequency. The tenant was discharged on 7-21-10, according to Resident Notes. Resident Notes dated 5-27-10 indicated the RN spoke with the tenant's family member regarding increased assistance, the regulations and level of care. The family member requested the opportunity to talk to a chiropractor, massage therapist and podiatrist to see they could do anything to help. On 6-4-10 an order was received an order for a Physical Therapy (PT) evaluation. On 6-8-10 the RN met with the tenant and family and discussed level of care and criteria to remain in assisted living. The tenant indicated he/she would continue to do strengthening exercise program as laid out by a therapist. On 6-22-10 the RN met with the tenant and discussed with tenant's family member by phone and explained that due to safety for the tenant and weakness of legs with falls, different placement was needed to meet the needs of the tenant. Notes indicated normal sadness noted. Notes dated 6-23-10 indicated the tenant voiced much sadness over leaving the program and told staff it was because staff did not want to hurt their backs. The tenant refused therapy because the tenant stated he/she did not need to walk anymore. The tenant's physician was notified. Notes dated 7-19-10 indicated the family member left a message and indicated the tenant would be transferring. On 7-21-10 the tenant was transferred. The RN stated the tenant's family did not want the tenant to move and

worked with the RN to determine what else could be done. The family member got the Ombudsman involved asked for a 30 day letter and then moved the tenant in 48 hours.

Regulatory Insufficiency: None noted.

Dated this 25th day of October.