IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

Incident Intake #: 32557-I

March 8, 2011

Bert Vigen, Administrator
Oakwood Place
4126 NW Blvd.
Davenport, IA 52806

RE: Final Incident Investigation Report, Oakwood Place, Davenport, Iowa

Dear Mr. Vigen:

Enclosed is the **Final Incident Investigation Report** 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.

DIA has reviewed the Plan of Correction (POC) submitted in response to the **Preliminary Incident Investigation Report**. Based upon a complete review of the Report and the Program's proposed actions to correct the identified Regulatory Insufficiency, DIA accepts the POC.

If you have any questions in regard to the enclosed Report, please contact me at 515/281-4116.

Sincerely,

Jim Berkley

Jim Berkley
Program Coordinator
Adult Services Bureau

Enclosure

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

Assisted Living Program: **Incident Intake #: 32557-I**

Bert Vigen, Administrator
Oakwood Place
4126 NW Blvd.
Davenport, IA 52806

Date of Incident Investigation:

February 15, 2011

Monitor(s):

Joyce Kix, RN
Maribeth Freland, 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. 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 an Incident 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:

An on-site visit was conducted at Oakwood Place on February 15, 2011. 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:	38
Current number of tenants with cognitive disorder:	3
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:	14
Total Census of ALP:	55

*These are the census numbers represented by the program to be applicable at the time of the on-site.

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

On-Site Monitoring Evaluation – The monitors made the observations detailed in the following areas.

A. Other

Incident Allegation: The program reported a tenant with dementia left the program without staff knowledge.

- Monitoring Observation: Tenant #1, an 87 year old, was admitted 5-1-06 with diagnoses of: Alzheimer's Dementia, Edema, Atrial Fibulation, Hypertension and Anxiety. The tenant resided in the general population and on 1-21-11 was staged at 5 on the Global Deterioration Scale which indicated moderately severe cognitive decline. The tenant had a history of leaving the program without an escort and according to the registered nurse (RN), the program had implemented welfare checks of the tenant every 30 minutes. Review of the documentation from 12-1-10 to 2-13-11, completed by staff to verify the welfare checks, revealed approximately 100 lapses in documentation on the tenant's whereabouts. According to an incident report completed 1-14-11, the tenant left the program without an escort on 1-14-11 at about 2:30 p.m. and was recovered outside near the parking lot. There was no adverse outcome noted. The program reported the incident to the department appropriately. The program failed to ensure the safety of a tenant with cognitive impairment according to the planned service plan.

- Regulatory Insufficiency: All tenants have the right to receive care, treatment and services which are adequate and appropriate. (IAC r. 481-67.3(2))

Dated this 8th day of March 2011