IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

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GOVERNOR

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RODNEY A. ROBERTS, DIRECTOR

Incident Intake: 32182-C
33088-I

March 15, 2011

Cheryl Rogan, Director
Oak Park Place
1381 Oak Park Place
Dubuque, IA 52002

RE: Final Incident & Complaint Investigation Report – Oak Park Place, Dubuque, IA

Dear Ms. Rogan:

Enclosed is the **Final Incident & Complaint Investigation Report** from the on-site monitoring visit of March 2, 2011, 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 515/281-4116.

Sincerely,

Jim Berkley

Jim Berkley
Program Coordinator
Adult Services Bureau

Enclosure

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

Assisted Living Program:

Incident Intake #: 32182-C
33088-I

Cheryl Rogan, Director of Housing
Oak Park Place
1381 Oak Park Place
Dubuque, IA 52002

Date of Incident/Complaint Investigation:

March 2, 2011

Monitor(s):

Stephanie Cummins, MA
Margaret Kaltefleiter, 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 Oak Park Place on March 2, 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:	40
Current number of tenants with cognitive disorder:	3
Total Population of GPP:	43

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

Total Population of DSP:	17
Total Census of ALP:	60

***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 monitor(s) made the observations detailed in the following areas.

A. Staffing

Complaint Allegation # 32182-C: It was alleged there was not appropriate nurse follow up regarding a tenant who had pain, was hospitalized and had surgery. It was alleged staff were told to make the determination on sending the tenant out to the hospital. It was alleged there were concerns about nursing services.

- Monitoring Observation: Three tenants who had been hospitalized and had surgical procedures were reviewed. Tenants #1, #2 and #3 had been hospitalized and had surgical procedures. The tenant files reflected appropriately documented nurse follow up and response.

  The Director of Nursing (DON) had an active registered nurse (RN) license. Staff #5, a licensed practical nurse (LPN) and had an active license.

  Staff #1, #2 and #3 stated they could reach a nurse as needed or if an emergency. Staff #1, #2 and #3 stated the nurse responded and followed up to information provided. They reported the tenants received good care. Staff #1, #2 and #3 stated there were no tenants that had pain that was unmanaged. They stated there were adequate nursing services and nursing oversight in the building. They stated the tenant, family or nurse made the determination on if a tenant was sent out to the emergency room (ER) or hospital, unless it was an obvious emergency and then the tenant would be sent out.

  The DON stated there had been no reports from staff about not reaching a nurse as needed or if an emergency. She stated the nurses followed up on the information provided. The tenants received good care and none of the tenants had unmanageable pain. There were adequate nursing services and nursing oversight provided. The DON stated ultimately it was the tenant's decision to be sent out to the ER or hospital and if the tenant was not able to make that decision the tenant's family would be involved. She stated direct care staff did not make the determination on if a tenant was sent out and a nurse made the determination.

  The Director of Housing (DOH) stated there had been no concerns about staff reaching a nurse as needed or if an emergency. She stated there were no concerns with nurse follow up to information provided. She stated the tenants received good care. The DOH stated there were no tenants who had unmanaged pain. There were adequate nursing services and nursing oversight in the building. She stated the tenant, family or the nurse made the call on if a tenant was sent out to the ER or hospital.

  The program had a Change of Condition Notification Protocol that was posted in the medication book, on the 24 hour report board and in the staff room. The table indicated when and in what circumstances to notify staff.

  The February 2011 and March 2011 On-Call Schedules were reviewed. The schedules reflected nursing coverage seven days per week.

Three tenants were interviewed. They stated the staff were always respectful. Nurses had always been available and follow through was consistently demonstrated. Nurses had always provided whatever was requested. When pendants were used, especially during the night, response time was quick, never waited more than eight to ten minutes. They stated that needs have been well met. Staff behaviors had been appropriate and good care was provided.

- Regulatory Insufficiency: None noted.

Complaint Allegation # 32182-C: It was alleged a staff might be under the influence.

- Monitoring Observation: Staff #1, #2, #3 and #4 stated no staff had reported to work under the influence of any substance. The DON and DOH stated no staff had reported to work under the influence of any substance. The program's Employee Handbook included a section which pertained to a drug free workplace policy. The program prohibited the use, possession, sale, solicitation or transfer of illegal or illegally obtained drugs or alcohol while on the premises, while operating equipment or vehicles that belonged to the program. That included reporting for work or engaging in work under the influence of illegal drugs, alcohol, or non-prescription drugs. The policy indicated such conduct could result in suspension or termination of employment. Staff #1, #2, #3 and #4 had signed acknowledgement of receipt of the handbook.

  Three tenants were interviewed. They stated staff were always respectful. Staff behaviors had been appropriate and good care was provided.

- Regulatory Insufficiency: None noted.

B. Tenant Rights

Incident Allegation #33088-I: The program reported a staff had an incident with a tenant where the tenant slapped at the staff and another tenant. The program reported another staff alleged the staff pointed to the tenant and stated "Don't you ever slap me again if you do, you will remember and you won't do it again." It was reported by a tenant a staff told the tenant she was not the tenant's maid and the tenant needed to do things on his/her own.

- Monitoring Observation:

  Tenant #4, a 91 year old, was admitted on 7-3-09 and diagnoses include: Dementia, Chronic Obstructive Pulmonary Disease (COPD) and History of Bursitis. The tenant was staged at a five on the Global Deterioration Scale (GDS), which indicated moderately severe cognitive decline. The tenant resided in the dementia unit. The tenant's service plan addressed the tenant's agitation at times. Interdisciplinary Progress Notes were reviewed and did not indicate a pattern of aggressive behavior.

  Tenant #5, a 90 year old, was admitted on 9-8-06 and diagnoses include: Non-Insulin Dependent Diabetes Mellitus (NIDDM), Alzheimer's Disease, Cerebral Vascular Accident (CVA), Hypertension (HTN) and Anxiety. The tenant was staged at four on

the GDS, which indicated moderate cognitive decline. The tenant resided in the dementia unit.

Tenant #6, was an independent living tenant and was a respite tenant from 2-9-11 to 3-9-10 due to a fractured arm. The tenant was not a tenant of the certified assisted living program and was not studied.

According to an Incident Report on 2-27-11 Staff #6 worked in the memory unit. Tenant #5 sat down on the sofa next to Tenant #4. Tenant #4 commented that Tenant #5 did not need to sit on his/her lap. Staff #6 placed her arm between the tenants and stated they had enough room. Staff #6 put her hand out to assist Tenant #5 and Tenant #4 slapped out at Tenant #5 and Staff #6. Staff #6 told Tenant #5 that he/she did not hit her and the tenant was not going to hit her again, according to the report.

Staff #6 provided a written statement that indicated she was in the memory care unit on 2-27-11. Tenant #5 sat down by Tenant #4 and Tenant #4 yelled at Tenant #5. Staff #6 put her hand out to help Tenant #5 and Tenant #4 slapped Tenant #5 and her twice. She then told Tenant #4 "You don't hit me and you're not going to hit me again."

Staff #1 stated another staff reported to her that Tenant #5 sat down on the sofa next to Tenant #4. Staff #6 put her arm between the tenants and stated they had enough room. Tenant #4 slapped at Staff #6 twice. Staff #6 got into the tenant's face, pointed her finger and told the tenant "you don't or won't slap me again because the next the time will be your last!"

Staff #6 received a final warning and the program found the allegation to be unfounded due to hearsay. Staff #6 had appropriate dementia training and dependent adult abuse training. According to a Disciplinary Action Form, Staff #6 was scheduled to receive an additional two hours of dementia training.

Staff #2 and #3 stated they had not witnessed any staff that had been disrespectful or rude to tenants. They reported none of the families had reported any staff had been rude or disrespectful. The DON stated she had not seen any staff that were rude or disrespectful towards tenants and there had been no tenant or family complaints.

It could not be determined what occurred on 2-27-11 due to the cognitive impairment of the tenants involved and the different staff accounts of the incident.

- Regulatory Insufficiency: None noted.

Dated this 15th day of March, 2011.