IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

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RODNEY A. ROBERTS, DIRECTOR

Complaint Intake #: 35034-C

August 3, 2011

Mary K. Harris, RN Manager
Oakwood Place Assisted Living
4126 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 July 20 & 21, 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 Complaint Investigation Report

Assisted Living Program: **Complaint Intake #: 35034-C**

Mary K. Harris, RN Manager
Oakwood Place Assisted Living
4126 Northwest Blvd
Davenport, IA 52806

Date of Investigation:

July 20 & 21, 2011

Monitor(s):

James Berkley, RN BS
Stephanie Cummins, MA
Margaret Kaltefleiter, RN MS

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 July 20 & 21, 2011. 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:	35
Current number of tenants with cognitive disorder:	1
Total Population of GPP:	36

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:	50

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

Program History – The program had regulatory insufficiencies during this certification period in the areas of Tenant Documents, Service Plan, Food Service, Staffing, Dementia Specific Education, Record Checks, Other (Not reporting Dependent Adult Abuse), Other (Not following policy and procedures), Nurse Review, Tenant Rights, Criteria for Exclusion of Tenants and Medications.

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. Criteria for Exclusion of Tenants

Complaint Allegation: It was alleged that a tenant was hospitalized and upon return exceeded the appropriate level of care.

- Monitoring Observation: Six tenant files were reviewed and none of the current tenants exceeded the level of care. Two tenant files were reviewed that included recent hospitalizations. Tenant #1 and Tenant #2 were recently hospitalized and did not exceed the criteria for level of care.

  Tenant #1 (the Tenant) was admitted on 1-5-10 and diagnoses include: Depression, Hyperlipidemia, Dementia, Coronary Artery Disease, Anemia, Atrial Fibrillation, and Alzheimer's Disease. The Tenant was staged at a six on the Global Deterioration Scale (GDS) which indicated severe cognitive decline. The Tenant resided in the dementia unit.

On 7-8-11, an entry in the Resident Notes indicated the Tenant required two staff to assist for transfer. The Tenant's knees folded and the Tenant was lowered to the floor. A gait belt was used and there was no apparent injury. The RN Manager met with the Tenant's spouse and reviewed level of care and criteria for retention and planned a follow-up meeting two weeks later. On 7-8-11, staff reported blood in the Tenant's urine. The spouse was notified and requested the names of three urologists and would notify the Program if a consult was requested. On 7-9-11, the spouse requested that the Tenant be transferred to the hospital. The Tenant was admitted with a diagnosis of Aspiration Pneumonia. The Tenant was transferred to the health center on 7-20-11 and discharged from the Program.

Tenant #2 (The Tenant) was admitted on 8-27-10 and diagnoses include: Dementia Paranoia, Hypothyroid, Hyperlipidemia, and Arteriosclerotic Heart Disease. The Tenant was staged at a five on the GDS which indicated moderately severe cognitive decline. The Tenant resided in the dementia unit. On 7-8-11, a fax was sent to the physician indicating the Tenant was having some difficulty ambulating. The Tenant was leaning towards the right and having difficulty standing straight up and rested in a recliner. The physician indicated that it was okay to continue to monitor the Tenant. According to the Resident Notes, on 7-9-11, the Tenant continued to lean and had a poor appetite and increased weakness. A family member escorted the Tenant to the hospital where the Tenant was admitted with a diagnosis of Pneumonia. The Tenant returned from the hospital on 7-15-11. Evaluations were completed and the service plan updated post hospitalization on 7-15-11. The service plan indicated the Tenant was not to ambulate alone at that time; a gait belt was to be used at all times, the Tenant fatigued easily and the staff was directed to position the Tenant on the bed between meals as needed for rest. The service plan also stated to place the Tenant in the common area in a recliner with feet elevated for comfort to rest. On 7-16-11, the Tenant had a fall and was transported to the emergency room, returning the same day with no apparent injury. A nurse review was completed after the fall. On 7-17-11, the Tenant was observed on his knees in his apartment with no apparent injury and a nurse review was completed. On 7-21-11, the Tenant was observed by the monitors ambulating without assistive device with stand by assist of one.

The RN Manager and five staff members were interviewed. The RN Manager did not identify any tenants that exceeded level of care. Staff #1, #2, #3, #4 and #5 did not identify any tenants that exceeded level of care.

- Regulatory Insufficiency: None noted.

Dated this 26th day of July, 2011.