IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

Complaint Intake #: 33087R-C
Incident Intake #: 33130R-I

August 3, 2011

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

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

Dear Ms. Harris:

Enclosed is the **Final Complaint Investigation Revisit & Incident Investigation Revisit 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

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

Assisted Living Program:

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

Complaint Intake #: 33087R-C
Incident Intake #: 33130R-I

Date of Investigation Revisits:

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 revisit and incident investigation on-site revisit 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 #33087R-C & Incident Allegation #33130R-I: The Program received a regulatory insufficiency regarding Tenant #1 at the time of the March 15, 2011 visit related to not knowingly admitting or retaining a tenant who, despite intervention chronically eloped.

- Monitoring Observation: Tenant #1 was discharged on 3-3-11.

  Incident reports for the past three months were reviewed and did not identify any elopements. Review of six tenant files indicated none of the tenants exceeded the appropriate level of care.

Staff #4, #6, #7, #8 and #9 did not identify any current tenants that had eloped. Staff #4, #6, #7, #8 and #9 did not identify any tenants that received scheduled welfare checks that were documented. Staff #4, #6, #7, #8 and #9 did not identify any current tenants that exceeded the appropriate level of care.

The RN Manager stated none of the current tenants had eloped. The RN Manager stated none of the current tenants received scheduled welfare checks that were documented. The RN Manager stated none of the current tenants exceeded the appropriate level of care.

Staff #4, #6, #7, #8 and #9 stated none of the current tenants utilized the electronic monitoring wander system. Staff #4, #6, #7, #8 and #9 knew how the system functioned and how to use the system. An Inservice Attendance Sheet dated 1-21-11, indicated the staff received training on the basics of the electronic monitoring wander system.

The RN Manager stated none of the current tenants utilized the electronic monitoring wander system. The electronic monitoring wander system was tested and functioned appropriately at the time of the revisit. The RN Manager indicated there had been no updates for the computer since the last time (early February 2011) which caused the errors.

Staff #6, #7, #8 and #9 stated there was enough staff to meet the needs of the tenants.

- Regulatory Insufficiency: None noted.

B. Staffing

Complaint Allegation #33087R-C: The Program received a regulatory insufficiency at the time of the March 15, 2011 visit related to not having a sufficient number of trained staff available at all times to fully meet tenants' identified needs.

- Monitoring Observation: Tenant #1 was discharged on 3-3-11.

A review of off-hook calls in independent living was completed by the Program for the period of 5-1-11 to 5-31-11. In that time period assisted living staff responded to 13 calls, in June they responded to 14 and through 7-19-11 they responded to 7 calls in July. The census dropped from the time of the last time study in March, staffing levels remained the same, three heavier level of care tenants moved to the nursing facility and one tenant moved to the dementia unit. The emergency response system calls were reviewed from 7-11-11 to 7-20-11. The staff responded to four calls for assistance from independent living tenants in that time period and the average response time was less than three minutes.

Staff #6, #7, #8 and #9 stated there was enough staff to meet the needs of the tenants. Staff #4, #6, #7, #8 and #9 stated medications were administered on time, one hour before or after the prescribed time. Staff #4, #6, #7, #8 and #9 stated baths were completed as required. Staff #6 and #9 stated the assisted living tenants were not affected by the assistance provided to independent living tenants.

Two medication passes were observed and medications were administered in the appropriate timeframe.

Staff #4, #6, #7, #8 and #9 did not identify any current tenants that had eloped. Staff #4, #6, #7, #8 and #9 did not identify any tenants that received scheduled welfare checks that were documented.

The RN Manager stated none of the current tenants had eloped. The RN Manager stated none of the current tenants received scheduled welfare checks that were documented.

Staff #4, #6, #7, #8 and #9 stated none of the current tenants utilized the electronic monitoring wander system. Staff #4, #6, #7, #8 and #9 knew how the system functioned and how to use the system. An Inservice Attendance Sheet dated 1-21-11, indicated the staff received training on the basics of the electronic monitoring wander system.

The RN Manager stated none of the current tenants utilized the electronic monitoring wander system. The electronic monitoring wander system was tested and functioned appropriately at the time of the revisit. The RN Manager indicated there had been no updates for the computer since the last time (early February 2011) which caused the errors.

A community meeting was held with seven tenants. The tenants responded positively to care needs being met. They described the care received as very good and stated the staff were friendly and helpful. The staff knew what services to provide and was trained to provide the services needed. The tenants made their own decisions and provided no recommendations on any improvement areas.

Tenant council meeting minutes were reviewed for the past three months and did not indicate any concerns with staffing or tenant rights.

- Regulatory Insufficiency: None noted.

Dated this 26th day of July, 2011.