IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

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RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake #: 37805-C

March 22, 2012

Ms. Cheryl Rogan, RN Director
Oak Park Place
1381 Oak Park Place
Dubuque, IA 52002

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

Dear Ms. Rogan:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of March 6, 2012, 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/Incident Investigation Report

Assisted Living Program:

Complaint/Incident Intake #: 37805-C

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

Date of Complaint/Incident Investigation:

March 6, 2012

Monitor(s):

Stephanie Cummins, MA
Margaret Kaltefleiter, RN MS

Definitions: ***The following definitions are relevant:***

Assisted Living Program – A program certified under 481 IAC 69 that provides housing with contracted services to three or more tenants in a physical structure that provides a homelike environment. Services may include but are not limited to health-related care, personal care, and assistance with instrumental activities of daily living. A General Population Program is an Assisted Living Program that is not dementia-specific but may have tenants with cognitive disorder.

Dementia-Specific Assisted Living Program - An assisted living program certified under 481 IAC 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 (GDS), or serves 55 or more tenants and 10 percent or more of the tenants have dementia between Stages 4 and 7 on the GDS, or holds itself out as providing specialized care for persons with dementia, such as Alzheimer's disease, in a dedicated setting.

Regulatory Insufficiency - A violation of a statutory or rule provision within the Code of Iowa (2011) or the 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 statutory or rule violations. The plan should identify how and by what date each regulatory insufficiency will be corrected, and what measures will be taken to ensure the problem does not recur. The plan is due to DIA within ten (10) working days of the program's receipt of a Complaint/Incident Investigation Report. Depending on the circumstances, DIA may revisit the assisted living program to confirm progress in fulfilling a plan's corrective measures.

Overview: ***In preparing this report, the following information was considered:***

Current Program Census

Assisted Living Programs are defined by the type of population served. The census numbers below were provided by the Program at the time of the on-site visit.

General Population Program	
Number of tenants without cognitive disorder:	50
Number of tenants with cognitive disorder:	4
Total Population of Program at time of on-site	54

Dementia-Specific Program by Dedication	
Number of tenants without cognitive disorder:	0
Number of tenants with cognitive disorder:	19
Total Population of Program at time of on-site	19
TOTAL census of Assisted Living Program	73

Program History – The program did not receive any regulatory insufficiencies during this certification period.

Complaint/Incident Investigation – The Complaint/Incident investigator(s) made the observations detailed in the following areas:

A. Tenant Rights

Complaint/Incident Allegation: It was alleged there was preferential treatment for certain tenants.

- Monitoring Observation: Three tenants were interviewed. The tenants stated they received all the services requested and staff responded when they requested assistance. All tenants were treated equally, according to the tenants. The tenants did not express any concerns regarding tenant rights.

  Staffs #1, #2, #3, the Director of Housing and the Director of Health Care Services were interviewed. Staff #1, #2, #3, the Director of Housing and the Director of Health Care Services stated tenants did not receive preferential treatment. Staff #1 stated she had not received any complaints from tenants regarding not being treated equally. The Director of Housing stated all tenants were definitely treated equally. If she ever saw any preferential treatment, she would address it. The Director of Health Care Services stated all tenants were treated equally and none of the tenants received preferential treatment.

The Program's policy on Protecting and Ensuring Resident Rights indicated tenant rights were respected and maintained. It further stated all staff would receive training on resident rights prior to assignment.

- Regulatory Insufficiency: None noted.

B. Medications

Complaint/Incident Allegation: It was alleged there were medication errors.

- Monitoring Observation: Three tenants were interviewed. The tenants stated they received all the services requested and staff responded when they requested assistance. The tenants said there were no issues with medications and they received their medications appropriately. The tenants did not express any concerns regarding staffing or medications.

  The Director of Health Care Services stated the Program administered medications to upwards of 50 tenants and there were approximately 1 to 2 medication errors per week. She said there were no medication errors with a significant outcome. She said typically the medication error was a medication not given. She said staff was trained before administering medications. She said Tenants #3 and #4 complained about medication errors. She spent 45 minutes discussing medications with Tenants #3 and #4 who felt they did not receive their medications. She showed them the bubble packs and Medication Administration Records (MARs) and verified they received the medications.

  A medication pass was observed at 10:40 a.m. on 3-6-12 for four tenants. Medications were administered per normal medication pass protocols. All MARs were completed appropriately. The Program's policy on Medications indicated tenants shall self-administer medications unless the prescription stated the tenant was not to self-administer the medication or the tenant or tenant's legal representative delegated administration of the medication to the Program. Medication error reports were reviewed from 12-2-11 through 2-28-12 for a total of 23 medication errors. None of the medication errors resulted in a significant outcome.

  Staff #1, #2, #4 and #5 completed Medication Delegation skills check lists signed by the Director of Health Care Services. Staff #1 and Staff #2 stated they were delegated regarding medication administration.

- Regulatory Insufficiency: None noted.

C. Staffing

Complaint/Incident Allegation: It was alleged call lights were not answered and staff was not present when needed.

- Monitoring Observation: Five tenant files were reviewed.

Tenant #1, a 77 year old, was admitted on 12-8-10 and diagnoses include: Generalized Anxiety Disorder and Somatoform Disorder. The service plan indicated the Program would store and administer Tenant #1's medications as prescribed. Tenant #1 would push his/her pendant for as needed medication for anxiety. Staff was to report to nursing if as needed medications were not effective. Tenant #1 stored and administered an inhaler that he/she used when short of breath. Tenant #1 also stored medication for dry eyes, face rash and constipation. A review of the pendant history for Tenant #1 indicated he/she activated the pendant 1 time between 2-21-12 and 3-6-12 and the response time was 2.22 minutes.

Tenant #2, an 86 year old, was admitted on 12-22-11 and diagnoses include: Dementia, Osteoarthritis and Urinary Incontinence. Tenant #2 was staged at a five on the Global Deterioration Scale (GDS), which indicated moderately severe cognitive decline. Tenant #2 resided in the dementia unit. The service plan indicated the Program would store and administer medications. The service plan indicated Tenant #2 was oriented to person but not to time and place. Tenant #2 was independent with ambulation and grooming but could need cueing, setup and supervision. Staff was to provide bathing two times per week and as needed for incontinent events. A review of the pendant history for Tenant #2 indicated he/she activated the pendant 4 times between 2-21-12 and 3-6-12 and the response time averaged 5.45 minutes.

Tenant #3, an 88 year old, was admitted on 12-12-11 and diagnoses include: Chronic Pulmonary Problems and Dementia. The service plan indicated Tenant #3 might be confused about staff administering his/her medications and staff to reassure that medications were given. Tenant #3 received reminders of times for meals, routine night checks and the Program stored and administered medications and an inhaler. Tenant #3 requested morning medications administered at 9:00 a.m. The service plan indicated he/she kept an as needed inhaler to be administered per self as needed. The service plan indicated Tenant #3 had some issues with short term memory and was confused and forgetful at times. A review of the pendant history for Tenant #3 indicated he/she activated the pendant 3 times between 2-21-12 and 3-6-12 and the response time was an average of 2.75 minutes.

Tenant #4, an 87 year old, was admitted on 12-12-11 and had a diagnosis of: Dementia. The service plan indicated Tenant #4 had some issues with short term memory, might be confused with time of day, staff to reassure at times of confusion and provide redirection as needed. Tenant #4 received stand by assistance with whirlpools. Tenant #4's medications were stored and administered by the Program. A review of the pendant history for Tenant #4 indicated he/she activated the pendant 2 times between 2-21-12 and 3-6-12 and the response time was an average of 2.75 minutes.

Tenant #5, a 94 year old, was admitted on 8-13-10 and diagnoses include: Increased Confusion and Urinary Tract Infection. Tenant #5 was staged at a five on the GDS, which indicated moderately severe cognitive decline. Tenant #5 resided in the dementia unit. The service plan indicated Tenant #5 was alert but could be very forgetful. Staff was to observe and report excessive drowsiness due to medication administration.

Staff was to assist as needed with ambulation and assist with whirlpools twice a week. Staff assisted with clothes selection and dressing. Tenant #5's medications were stored and administered by the Program and an as needed medication was available for times when Tenant #5 was showing signs of irritation and redirection was not helping. A review of the pendant history for Tenant #5 indicated he/she activated the pendant 1 time between 2-21-12 and 3-6-12 and the response time was 1.23 minutes.

Three tenants were interviewed. The tenants stated they received all the services requested and staff responded when they requested assistance. The tenants did not express any concerns regarding staffing or staff response to pendants.

Staff #1 stated the average response time to pendant calls was four minutes. Staff #2 stated the average response time to pendant calls was not more than five minutes. Staff #3 stated the average response time to pendant calls was three to four minutes. The Director of Housing stated the average response time to pendant calls was about four to five minutes. She stated if the time was longer it was because staff didn't turn the pendant off. The Director of Health Care Services said five minutes was an average response time to pendants. There had not been any recent complaints regarding staff response to pendants. She said there was enough staff to meet the tenants identified needs.

- Regulatory Insufficiency: None noted.