IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

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GOVERNOR

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RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake #: 38077-C

April 25, 2012

Ms. Mary Kathleen Harris, Director
Oakwood Place Assisted Living
4126 Northwest Blvd.
Davenport, IA 52806

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

Dear Ms. Harris:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of April 17, 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 or James.Berkley@dia.iowa.gov

Sincerely,

Jim Berkley

Jim Berkley
Program Coordinator
Adult Services Bureau

Enclosure

IOWA DEPARTMENT OF INSPECTIONS AND APPEALS
Assisted Living Program
Final Complaint/Incident Investigation Report

Assisted Living Program:

Oakwood Place Assisted Living
Mary Kathy Harris, Director
4126 Northwest Blvd.
Davenport, IA, 52806

Complaint/Incident Intake #:

#38077-C

Date of Complaint/Incident Investigation:

April 17, 2012

Monitor(s):

Joyce Kix, RN
Maribeth Freland, RN

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:	42
Number of tenants with cognitive disorder:	3
Total Population of Program at time of on-site	45
Dementia-Specific Program by Dedication	
Number of tenants without cognitive disorder:	2
Number of tenants with cognitive disorder:	12
Total Population of Program at time of on-site	14
TOTAL census of Assisted Living Program	59

Program History – The program received regulatory insufficiencies during this certification period in the area of Food Service and Service Plans..

Complaint/Incident Investigation – The Complaint/Incident investigators made the observations detailed in the following areas:

A. Tenant Rights

Complaint/Incident Allegation: It was alleged tenants were left in the halls for hours, isolated and ignored by staff and forced to hurry to eat meals.

- Monitoring Observation: The monitors reviewed clinical records for Tenants #1, #2 and #3, interviewed staff and completed a group meeting with 11 tenants.. Staff #1 and #2 stated the tenants were not left in common areas unattended. During group interview, the tenants reported staff were kind and provided services promptly. The tenants stated they were not aware of any tenants seated in common areas that could not move about independently. The tenants reported each meal service time was one hour long and they did not feel forced to hurry through the meal.

  Tenant #1, an 82 year old, was admitted 12-30-10 with diagnoses of: Vascular Dementia, Hypothyroidism, and Cerebral aneurysm with aphasia. Tenant #1 resided in the memory care unit with a documented cognitive level of 4 on the Global Deterioration Scale (GDS) which indicated moderate cognitive decline. The Service plan of 3-6-12 documented the tenant was independently ambulatory.

Tenant #2, a 93 year old, was admitted 1-1-11 with diagnoses of Alzheimer's, Hypertension, and Asthma. Tenant #2 resided in the memory care unit with a documented cognitive level of 5 on the GDS which indicated moderately severe cognitive decline. The service plan of 6-13-11 documented Tenant #2 was independently ambulatory. During observation, the tenant was fully dressed and seated in his/her apartment. Staff reported that Tenant #2 would sometimes sit in the common area with staff and complete tasks to keep his/her hands busy.

Tenant #3, a 93 year old, was admitted 11-17-09 with diagnoses of: Macular Degeneration, Blindness, Alzheimer's, Chronic Obstructive Pulmonary Disease, and Osteoporosis. Tenant #3 resided in the general population with a documented cognitive level of 4 on the GDS which indicated moderate cognitive decline. The service plan of 5-10-11 documented Tenant #3 was independently ambulatory.

All tenants reviewed were able to transfer and ambulate independently and could leave the common area whenever they chose,

- Regulatory Insufficiency: None noted.

B. Staffing

Complaint/Incident Allegation: It was alleged that there were not enough staff scheduled to meet the needs of the tenants and meals were served later which resulted to cold food.

- Monitoring Observation: The monitors reviewed clinical records for Tenants #1, #2 and #3, interviewed staff and completed a group meeting with 11 tenants and reviewed scheduling patterns for March and April 2012. Staff #1 and #2 stated the staffing levels were adequate to complete all tasks assigned. During group interview, the tenants reported staff members were kind and provided services promptly. The tenants stated the meals were served at posted times and the food was good and served hot most of the time. The director stated that meals were served from 7:30 a.m. to 8:30 a.m. for breakfast, 11:30 a.m. to 12:30 p.m. for lunch and 4:30 to 5:30 p.m. for dinner. The schedule for March and April documented four to six staff were available for the day shift, four to five for evening shift and three staff for night shift.

- Regulatory Insufficiency: None noted.

C. Occupancy Agreement

Complaint/Incident Allegation: It was alleged that tenants were told they needed to come to the dining room to eat meals or they would be charged for a tray brought to their room.

- Monitoring Observation: A group meeting was held with 11 tenants present. The tenants reported awareness that the program charged a fee for meals which were requested to be brought to individual tenant's apartments. The occupancy agreement documented that tray services to individual apartments was available for an extra charge. The Optional Services form provided to tenants documented $3.75 would be charged for meal tray service to apartments.

The tenants reported they did not feel rushed through meals or forced to purchase tray service. The director stated that generally, if the tenant was sick, they were not charged for tray service to their room.

- Regulatory Insufficiency: None noted.