IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

**Complaint/Incident Intake #: 39375-I**

June 26, 2012

Ms. Diana Smith, Administrator
Arlington Place of Red Oak Assisted Living
800 East Ratliff Road
Red Oak, IA 51566

**RE: Final Complaint/Incident Investigation Report – Arlington Place of Red Oak, Red Oak, IA**

Dear Ms. Smith:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of June 18, 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:** **Complaint/Incident Intake #:** 39375-I

Diana Smith, Administrator
Arlington Place of Red Oak Assisted Living
800 East Ratliff Road
Red Oak, IA 51566

**Date of Complaint/Incident Investigation:**

June 18, 2012

**Monitor(s):**

Hal L. Chase, RN BSN MPH

**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: | 20 |
| Number of tenants with cognitive disorder: | 4 |
| Total Population of Program at time of on-site | 24 |
| **TOTAL census of Assisted Living Program** | 24 |

**Program History** – There were no regulatory insufficiencies during this recertification period.

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

**A. Criteria for Admission and Retention**

Complaint/Incident Allegation: The Program reported at approximately 1:00 p.m. on 6-3-12, staff witnessed Tenant #1 walking through the grass in front of the Program unattended. Tenant #1 never left the Program's grounds.

- Monitoring Observation: Four tenant files were reviewed. A review of Tenant #2's, #3's and #4's file revealed no issues.

  Tenant #1, an 86 year old, was admitted on 6-9-11 and had diagnoses of: Hypertension, Hyperlipidemia, Gastro Esophageal Reflux Disease, Schatzki's Ring, Endoscopic Submucosal Dissection with Esophageal Dilation, Diverticulosis, Iron Deficiency Anemia, Macular Degeneration, Decreased Vision of the Left Eye, Mild Joint Disease, Cognitive Impairment, History of Urinary Tract Infections, Sinus Congestion, Rhinitis and Left Lingular Granuloma. A Global Deterioration Scale completed on 6-5-12 staged Tenant #1 at four, which indicated Moderate Cognitive Decline.

  Nurse's notes of 3-15-12 indicated Tenant #1 demonstrated increased confusion, wandering and delusions with paranoia. Nurse's notes of the same entry indicated on 3-14-12 staff witnessed Tenant #1 walking out the front door. Staff escorted Tenant #1 back into the Program. On 3-15-12 the Program completed evaluations and Tenant #1's service plan was updated to include interventions to immediately locate Tenant #1 when Tenant #1's door alarm was activated, one hour visual safety checks and redirection when wandering. Specific interventions directing staff to engage and redirect Tenant #1 when Tenant #1 demonstrated increased behaviors.

  Nurse's notes of 5-1-12 indicated Tenant #1's physician ordered antibiotic therapy for a Urinary Tract Infection. A nurse review was completed and indicated Tenant #1's condition improved with a decrease in confusion noted.

An annual service plan was completed, supported by evaluations and indicated interventions established on 3-15-12 were continued.

Nurse's notes of 6-4-12 indicated on 6-3-12 staff saw Tenant #1 walking in the grass on the south side of the Program. An incident report of 6-3-12 at 1:00 p.m. indicated the Program's front door alarm sounded. Staff checked the front door and found Tenant #1 outside on the grass area in front of the Program. Staff escorted Tenant #1 back into the Program. On 6-5-12 evaluations were completed and Tenant #1's service plan was updated and included half-hour visual checks and continuation of existing interventions related to wandering behavior.

A review of one hour and one-half hour safety checks were randomly selected for May and June, 2012 and indicated they were completed appropriately as required.

The Program nurse was interviewed and reported Tenant #1 did not have a history of elopement prior to the incident of 3-15-12. Evaluations were completed due to the elopement of 3-15-12 and the service plan was updated directing staff to completed one-hour safety checks and redirect and engage Tenant #1 when Tenant wanders or demonstrated increased confusion and agitation. On 6-3-12 Tenant #1 activated the front door alarm. Staff looked outside and found Tenant #1 in the grass area in front of the building. Evaluations were completed and the service plan was updated and included additional interventions directing staff to engage and redirect Tenant #1 when attempting to leave the Program. Safety checks were increased from hourly to one-half hour.

Staff #1 was interviewed and reported Tenant #1 became restless in the afternoon and would wander inside the Program. Tenant #1 has a door alarm to the entrance of his/her apartment and the Program's entrance/exit doors were also alarmed. Staff pagers immediately notified staff when door alarms were activated. Staff #1 reported she understood the Program's policy and procedure when door alarms were activated.

Staff #2 was interviewed and reported Tenant #1 did not have a history of elopement. Tenant #1 had an apartment door alarm and the Program's entrance/exit doors are alarmed. Staff #2 reported when door alarms were activated staff pagers were activated. Staff #2 reported she understood the Program's policy and procedure when the door alarms were activated.

The Administrator reported Tenant #1's family was considering transferring Tenant #1 to a sister program with a dementia unit in order to provide more one-on-one care.

- Regulatory Insufficiency: None noted.