IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

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Complaint/Incident Intake #:
45466-C

October 14, 2013

Ms. Tonia Olsen, Manager
Cedar Vale Assisted Living
100 Poppe Lane
Nashua, IA 50658

RE: Final Complaint/Incident Investigation Report, Cedar Vale Assisted Living, Nashua, Iowa

Dear Ms. Olsen:

Enclosed is the **Final Complaint/Incident Investigation Report** 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.

DIA has reviewed the Plan of Correction (POC) submitted in response to the **Preliminary Complaint/Incident Investigation Report**. Based upon a complete review of the Report and the Program's proposed actions to correct the identified Regulatory Insufficiency, DIA accepts the POC.

If you have any questions in regard to the enclosed Report, please contact me at 515/281-7039 or **Rose.Boccella@dia.iowa.gov**

Sincerely,

Rose Boccella

Rose Boccella
Program Coordinator
Adult Services Bureau

Enclosure

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

Assisted Living Program:

Tonia Olsen, Manager
Cedar Vale Assisted Living
100 Poppe Lane
Nashua, IA 50658

Complaint/Incident Intake #: 45466-C

Date of Complaint/Incident Investigation:

September 26, 2013

Monitor(s):

Lori Miner, RN BSN

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:	18
Number of tenants with cognitive disorder:	3
Total Population of Program at time of on-site	21
TOTAL census of Assisted Living Program	21

Program History – The program received a regulatory insufficiency during the Recertification visit of April 4, 2013 in the area of Dementia Specific Education.

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

A. Structural Requirements

Complaint/Incident Allegation: It was alleged garbage was not removed from apartments and apartments were not kept clean.

- Monitoring Observation: The Licensed Practical Nurse (LPN) was interviewed. She stated she had been employed at the program about a month. The LPN stated housekeeping was at the program four days a week. Staff members were expected to empty garbage and pick up after tenants when housekeeping was not present.

  Staff #1, Universal Worker (UW), was interviewed. She stated she worked the day shift and went around to all the apartments in the afternoon to empty garbage. Staff #1 reported there was a list of duties that were to be performed by each shift. Staff #1 also checked each apartment to observe for anything that needed immediate attention, such as noticeable spills/messes in bathrooms. Housekeeping was completed twice a week according to Staff #1.

  Staff #1 reported about half the time when she arrived in the mornings, garbage cans were full for Tenants #1 and #2. Staff #1 reported these are tenants that are assisted in the bathroom. Staff #1 reported she emptied the garbage when full.

  Staff #2 was interviewed and stated she worked as a UW, a housekeeper, and as dietary staff. On the day of the interview, Staff #2 was working as a housekeeper. Staff #2 stated she had worked the evening shift in the past, and has emptied garbage when full. Staff #2 stated the garbage was not usually full in the mornings because

night shift staff emptied garbage. Staff #2 stated Tenant #2's family had requested the toilet be cleaned with use, and it was on the task sheet provided to staff.

Task sheets were reviewed for Tenants #1 and #2 identified by Staff #1 as having full garbage cans about half the time. The Services Provided Sheet for Tenant #1 did not identify any extra cleaning tasks, but identified Tenant #1 required assistance with toileting. The services sheet for Tenant #2 identified Tenant #2 was to receive additional laundry service as needed, and the toilet was to be checked and cleaned as needed after use. A review of the services sheet for Tenant #2 for the months of July, August, and September revealed Tenant #2 received extra laundry services at least once a month, and extra toilet cleaning averaged five times a month.

Weekly staff cleaning schedules were reviewed. Trash removal from all apartments was scheduled daily.

Seven tenants (#2, #3, #4, #5, #6, #7, and #8) and one family member were interviewed. It was reported housekeeping and laundry services were each completed twice a week. Six tenants reported satisfactory housekeeping services were provided. The family member reported cleaning a tenant's toilet the day before the onsite visit because feces were evident on the underside of the seat and in the space between the seat and the connector bolts holding the seat to the toilet. One tenant and one family member reported garbage was not always emptied.

Five apartments were observed. None of the garbage cans were full. None of the toilets were stained. The apartments generally appeared neat. The common areas including the dining room, sitting area, laundry room, activity room, and hallways were toured. There were no odors and the areas were generally clean. The women's restroom was clean and the garbage was empty.

- Regulatory Insufficiency: None noted.

Complaint/Incident Allegation: It was alleged the program needed an automatic door for tenant safety.

- Monitoring Observation: The program did not have automatic doors. There is no regulation requiring automatic doors.

- Regulatory Insufficiency: None noted.

Complaint/Incident Allegation: It was alleged dryer venting was not done correctly.

- Monitoring Observation: The laundry room was observed. There were two dryers, each with flexible tubing going from the back of the dryer to the wall. The dryers were a short distance from the wall. The following applied to both dryers: The opening in the back of the dryer did not line up with the opening in the wall. The flexible tubing was long and curves were formed at three points along the tubing. The first curve occurred at the point the tubing connected with the dryer, the second as the long tubing curved back to rest against itself in a "U" shape, and the third curve occurred at the point the tubing

connected with the wall. The vent tubing was not in a straight line between the dryer and the wall.

The Facility Engineer with the Iowa Department of Public Safety in the State Fire Marshal Division was contacted. Assisted living programs follow building codes. There are no building code regulations related to dryer venting; however, concern was raised as to the safety of the venting system.

On 10-2-13, the Manager of the program was contacted and informed of the potential hazard of the current dryer venting system. The manager verbalized an understanding of the potential hazard and indicated the dryer venting would be changed to a metal piping with a more direct route from the dryer to the wall.

- Regulatory Insufficiency: None noted.

Complaint/Incident Allegation: It was alleged patio furniture was not safe to sit in.

- Monitoring Observation: A doorway to the enclosed patio was located in the central sitting area. The enclosed patio had two patio chairs and a patio sofa. The furniture had metal frames with straps to support the cushions.

Patio chair #1 had three straps that were not attached and there was no support for the middle of the seat cushion. What appeared to be duct tape was present on the straps. Patio chair #2 had one strap that was loose and did not provide support to the seat cushion. Duct tape was also present. The three-cushion patio sofa had loose straps with duct tape under the seat cushions.

The enclosed patio had a door that exited to the outside. Two lawn chairs were outside. The lawn chairs were of metal construction with webbing for seating. One of the chairs had loose, broken, and frayed straps in the seat.

One of the patio chairs and one of the lawn chairs were removed at the time of the onsite visit.

Two patio chairs, a patio sofa, and a lawn chair were in a state of disrepair.

- Regulatory Insufficiency: The buildings and grounds shall be well-maintained, clean, safe and sanitary. (IAC r. 481-69.35(1)(b))