IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

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Complaint/Incident Intake #: 41696-CR4

January 30, 2014

Ms. Lori Steiner, Director of Housing
Oak Park Place
1381 Oak Park Place
Dubuque, IA 52002

RE: I. Final Complaint/Incident Investigation Revisit and Recertification Monitoring Evaluation Revisit Report – Oak Park Place, Dubuque, IA
II. Standard Certification
III. Conclusion

Dear Ms. Steiner:

I. Final Complaint/Incident Revisit Investigation & Recertification Report – Oak Park Place Assisted Living, Dubuque, IA

Enclosed is the **Final Complaint/Incident Investigation Revisit and Recertification Monitoring Evaluation Revisit Report** from the on-site monitoring visit of January 22 & 23, 2014, 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.**

II. Standard Certification

Enclosed you will find the standard certification **S0218** effective **January 24, 2014 through October 31, 2015**.

III. Conclusion

The Program is in full compliance with the Administrative Rules and has been issued a Standard Certificate with an effective date of **January 24, 2014**. All previous sanctions have been lifted.

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 Revisit and Recertification Monitoring Evaluation Revisit Report

Assisted Living Program: **Complaint/Incident Intake #:** 41696-CR4

Lori Steiner, Director of Housing
Oak Park Place
1381 Oak Park Place
Dubuque, IA 52002

Date of Complaint/Incident Investigation Revisit and Monitoring Revisit:

January 22 & 23, 2014

Monitor(s):

James Berkley, RN BS
Stephanie Cummins, MA

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:	33
Number of tenants with cognitive disorder:	2
Total Population of Program at time of on-site	35
Dementia-Specific Program by Dedication	
Number of tenants without cognitive disorder:	2
Number of tenants with cognitive disorder:	13
Total Population of Program at time of on-site	15
TOTAL census of Assisted Living Program	50

Program History – During the September 25, 26 & 27, 2013 Recertification and complaint revisit the Program received regulatory insufficiencies in the areas of: Tenant Rights, Evaluations, Service Plans, Nurse Review, Structural Requirements and Compliance with the Plan of Correction during this certification period.

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

On-Site Monitoring Evaluation – The monitor(s) made observations detailed in the following areas.

A. Evaluation

The Program received a regulatory insufficiency at the time of the September 25, 26 and 27, 2013 recertification and complaint investigation revisit regarding Tenants #15, #32 and #33 related to not evaluating each tenant's functional, cognitive and health status as needed with significant change.

- Monitoring Observation: Five tenant files (Tenants #15, #32, #34, #35 and #37) were reviewed. Tenant #33 was discharged on 11-14-13.

  Tenant #15, an 84 year old, was admitted on 1-29-10 and diagnoses included: Dementia-Alzheimer's Type, Anxiety, Arthralgia, Carpal Tunnel Syndrome, Cataracts and Depression. Tenant #15 was staged at a six on the Global Deterioration Scale (GDS), which indicated severe cognitive decline.

Tenant #15 resided a dementia unit. Cognitive, health and functional evaluations were completed as required.

Tenant #32, an 82 year old, was admitted on 5-27-12 and diagnoses included: Dementia, Diabetes Type II, Hypertension (HTN) and History of Urinary Tract Infection. Tenant #32 scored a 26 on the Mini-Mental State Questionnaire. Tenant #32 resided in a dementia unit. Cognitive, health and functional evaluations were completed as required.

During the course of the investigation, the following information was obtained:

Tenant #34, an 82 year old, was admitted on 9-11-12 and diagnoses included: Alzheimer's Disease, HTN and Glaucoma. Tenant #34 was staged at a four on the GDS, which indicated moderate cognitive decline. Tenant #34 resided in a dementia unit. Cognitive, health and functional evaluations were completed as required.

Tenant #35, an 82 year old, was admitted on 3-11-12 and diagnoses included: Dementia, Pacemaker, Hyperlipidemia and Atrial Fibrillation. Tenant #35 was staged at a five on the GDS, which indicated moderately severe cognitive decline. Tenant #35 resided in a dementia unit. Cognitive, health and functional evaluations were completed as required.

Tenant #37, a 67 year old, was admitted on 1-25-11 and had a diagnosis of Alzheimer's Dementia. Tenant #37 was staged a six on the GDS, which indicated severe cognitive decline. Tenant #37 resided in a dementia unit. Cognitive, health and functional evaluations were completed as required.

The Director of Housing and Director of Health Care Services said they had training on evaluations on 11-1-13 and evaluations were being completed appropriately.

Review of tenant files indicated cognitive, health and functional evaluations were completed as required.

- Regulatory Insufficiency: None noted.

B. Service Plans

The Program received regulatory insufficiencies at the time of the September 25, 26 and 27, 2013 recertification and complaint investigation revisit regarding Tenants #15, #32 and #33 related to not basing the service plans on evaluations, not updating service plans with significant change and not having the service plans identify tenant specific needs and preferences for assistance.

- Monitoring Observation: Five tenant files (Tenants #15, #32, #34, #35 and #37) were reviewed. Tenant #33 was discharged on 11-14-13.

Tenant #15's file was reviewed. The service plan was updated as needed, was based on evaluations and identified specific needs and preferences for assistance.

Tenant #32's file was reviewed. According to a Subsequent Health Assessment dated 12-5-13, Tenant #32 ambulated slowly with wheeled walker, transferred self to/from chair and might need assistance standing from dining room chair. The service plan indicated Tenant #32 ambulated independently with a walker and Tenant #32 had a history of falls. The service plan indicated #32 was independent with transfers and Tenant #32 had a chair alarm related to a history of falls. Tenant #32 might turn alarm off and staff was to check alarm every shift. The service plan reflected Tenant #32 was independent with eating. Tenant #32 preferred to eat in Tenant #32's room but staff was to encourage Tenant #32 to eat in the dining room. Tenant #32 needed cues for meal time. The service plan did not reflect Tenant #32 might need assistance standing from dining room chair. On 11-21-13 an order was received for Tinactin Spray twice daily to feet. The order was reflected on the November and December 2013 Medication Administration Records (MARs) and was documented as completed. The service plan reflected the Program administered and stored medications. The service plan did not reflect the issue with Tenant #32's feet and the treatment. According to Interdisciplinary Progress Notes dated 1-23-14, Tenant #32's feet were assessed and were clear and there was no itching or redness noted to feet. According to a MD Notification Form dated 1-23-14, Tinactin 1% spray was discontinued.

During the course of the investigation, the following information was obtained:

Tenant #34's file was reviewed. The service plan was updated as needed, was based on evaluations and identified specific needs and preferences for assistance.

Tenant #35's file was reviewed. According to a MD Notification Form, Tenant #35 had frequent loose stools and Imodium 2 milligram (mg) by mouth twice daily (and to keep the as needed dose) was ordered. The service plan did not reflect Tenant #35 had loose stools. The service plan reflected the Program stored and administered Tenant #35's medications. The December 2013 MAR indicated Imodium 2 mg take one capsule by mouth after each loose stool as needed was administered three times in December 2013 (12-1-13, 12-12-13 and 12-17-13). The scheduled dose of Imodium 2 mg one tablet by mouth twice daily started on 12-23-13 at 8:00 p.m. The service plan did not reflect Tenant #35 had loose stools.

Tenant #37's file was reviewed. The service plan was updated as needed, was based on evaluations and identified specific needs and preferences for assistance.

The Director of Housing and Director of Health Care Services said they had training on service plans on 11-1-13 and service plans were being completed appropriately.

Review of tenant files for Tenants #15, #34 and #37 indicated service plans were based on evaluations, the service plans were updated as needed and service plans reflected the identified needs of the tenants.

A deviation was found related to Tenant #32's service plan and Tenant #35's service plan. While a deviation from requirements of the rules was found, it did not meet the standard set forth in rule 67.10(3) for determining that a regulatory insufficiency exists.

- Regulatory Insufficiency: None noted.

C. Nurse Review

The Program received a regulatory insufficiency at the time of the September 25, 26 and 27, 2013 recertification and complaint investigation revisit regarding Tenants #15, #32, #33, #34 and #35 relating to not completing nurse reviews every 90 days or after a significant change in the tenant's condition.

- Monitoring Observation: Five tenant files (Tenants #15, #32, #34, #35 and #37) were reviewed. Tenant #33 was discharged on 11-14-13.

  Tenant #15's file was reviewed and did not reveal concerns regarding nurse review.

  Tenant #32's file was reviewed and did not reveal concerns regarding nurse review.

  Tenant #34's file was reviewed and did not reveal concerns regarding nurse review.

  Tenant #35's file was reviewed and did not reveal concerns regarding nurse review.

  During the course of the investigation, the following information was obtained:

  Tenant #37's file was reviewed and did not reveal concerns regarding nurse review.

  The Director of Housing and Director of Health Care Services said they had training on nurse reviews on 11-1-13 and nurse reviews were being completed appropriately.

  Review of tenant files indicated nurse reviews were completed.

- Regulatory Insufficiency: None noted.

D. Structural Requirements

The Program received a regulatory insufficiency at the time of the September 25, 26 and 27, 2013 recertification and complaint investigation revisit relating to not having buildings and grounds that were well-maintained, clean, safe and sanitary.

- Monitoring Observation: During the onsite it was identified Tenant #36 was previously numbered incorrectly and was Tenant #16. Tenant #16 was discharged on 1-20-14.

  A tour of both secured dementia units was completed on 1-22-14 and no unsecured chemicals were observed.

A community meeting with 28 tenants was held on 1-22-14. When asked if housekeeping services were completed to their satisfaction, the tenants said there was a 90 % improvement. The majority of the tenants indicated the apartments were cleaned one time per week and one tenant said twice a month. The tenants said housekeeping services were provided according to the occupancy agreement and they said it was improving. The common areas were cleaned and dusted and it was improving, according to the tenants. There were tenant council meetings and the tenants and they said staff listened to their concerns. The tenants said they were satisfied living at the Program and they would recommend it to others. The tenants said things had improved lately.

The Program provided a copy of a letter dated 11-15-13. The letter indicated because tenants in the dementia units might be compromised in decision making abilities, it was asked that any items brought into the building for tenant use that could be considered dangerous if consumed be labeled and delivered to the Director of Housing. The items would be logged in and stored either in a locked drawer in the tenant's bathroom or in the secured laundry room. The Director of Housing said all tenants and or families of those tenants who resided in the dementia units received the letter.

The Director of Housing and Director of Health Care Services said rounds were performed in the dementia units at least twice a day for unsecured chemicals. The Director of Housing and Director of Health Care Services said no chemicals or hazards were located in tenant apartments in the dementia units.

The Director of Housing said housekeeping services were being reviewed routinely and during tenant council meetings. According to the Director of Housing and Director of Health Care Services no complaints regarding housekeeping had been raised by tenants.

According to Assisted Living Resident Council Minutes dated 1-14-14 and 12-10-13, there were no concerns voiced regarding housekeeping services.

Review of Assisted Living Resident Council Minutes for December and January, interviews with the Director of Housing and Director of Health Care Services and a community meeting with 28 tenants did not reveal concerns regarding housekeeping services. A tour of the dementia units and interviews with the Director of Housing and Director of Health Care Services did not reveal concerns regarding unsecured chemicals in the dementia units.

- Regulatory Insufficiency: None noted.

E. Compliance with Plan of Correction

During the course of recertification revisit and complaint investigation revisit, the following information was obtained:

- Monitoring Observation: The Program's Plan of Correction included a plan to correct the cited insufficiencies related to evaluation, service plans, nurse review and structural requirements. During the course of the recertification revisit and the complaint investigation revisit there were no regulatory insufficiencies found in the areas of evaluation, nurse review and structure. While a deviation from requirements of the rules was found, it did not meet the standard set forth in rule 67.10(3) for determining that a regulatory insufficiency exists in the area of service plans.

- Regulatory Insufficiency: None noted.