IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake #: 58168-C

March 28, 2016

Ms. Megan Pedersen, Director
Eagle Pointe Place
2700 Matthew John Drive
Dubuque, IA 52002

RE: Final Complaint/Incident Investigation Report – Eagle Pointe Place, Dubuque, IA

Dear Ms. Pedersen:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of March 22, 2016, 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.

Based on review of tenant files, review of incident reports, review of policies and procedures, group tenant meeting, private tenant interviews, staff interviews, Kitchen Manager interview, Nurse interview, Executive Director interview and monitor observations the following was found:

1. Allegation: Tenant Rights—It was alleged kitchen staff were rude to tenants, made tenants wait a long time for their food, and acted inappropriately in front of tenants.
   Findings: Not substantiated
   Comments: A community meeting was held with 41 tenants who stated the kitchen staff was very nice, had never been rude or mean to them and provided any and all additional food items when requested. The tenants stated they did not wait a long time to be served and kitchen staff acted professionally. The tenants did not have any complaints regarding kitchen staff. Private tenant interviews were conducted and tenants had no complaints regarding kitchen staff. Interviews with staff and management did not reveal any concerns regarding kitchen staff behavior or dining concerns. The monitor observed the breakfast and lunch service and all kitchen staff acted professionally and appropriately. Staff offered assistance to tenants and

additional food items were provided as requested. The tenants did not have to wait and were served immediately upon arriving in the dining room. Staff smiled, laughed, was respectful and provided services as requested. No one was observed being rude to tenants or refusing to provide additional food items. No concerns with Tenant Rights were identified.

2. Allegation: Admission/Discharge—It was alleged a tenant had fallen, staff did not assist the tenant up after the fall and the tenant was transferred out of the program against the tenant's will. It was alleged a tenant wandered during the night and knocked on tenants' apartment doors.
   Findings: Not substantiated
   Comments: Two tenant files and incident reports were reviewed. An incident report indicated a tenant had fallen in the bathroom and was found in a pool of blood due to a scalp laceration. Pressure was held on the wound until emergency medical staff arrived. The Nurse was interviewed and stated she directed staff to keep the tenant lying down and to hold pressure on the wound. The tenant was admitted to the hospital and subsequently discharged to a higher level of care. A community meeting was held with 41 tenants, two tenants indicated there was a tenant who had knocked on their apartment doors during the night shift but that tenant no longer lived at the Program. Staff interviews, Nurse interview and an interview with the Executive Director indicated a tenant had a urinary tract infection and became confused. During the time of confusion, the tenant knocked on other tenants' apartment doors during the night. It was determined the tenant needed a higher level of care and was discharged. No concerns with Admission/Discharge were identified.

3. Allegation: Structure/Life Safety—It was alleged feces was found on a rug, there was black mold at the base of a toilet and mice were in the Program.
   Findings: Not substantiated
   Comments: A community meeting was held with 41 tenants. The tenants indicated they had not seen feces on the carpets, nor had they seen any mold in the building. One tenant reported about one year ago, there was a mouse in the building but it was caught as soon as it was reported to maintenance. One tenant reported a mouse had been behind a stove but felt it was now gone. A trap had been set but no mouse was caught. Staff interviews revealed about one to two months ago one mouse was seen in the basement and was caught within 24 hours. No other sightings of mice were reported. Based on monitor observation, there was a small amount of black substance noted at the base of one tenant's toilet. Maintenance was notified and the area was cleaned with vinegar. No residue of the black substance remained. There was no evidence of mold. Staff interviews indicated there were no other apartments with a black area around the base of the toilets. Interviews with staff, maintenance, nursing and management indicated the Program did not have any mold. Interviews with staff and management indicated if there were feces on the floors, either pet or human feces, it was cleaned immediately and maintenance was notified to shampoo the carpets. No concerns with Structure/Life Safety were identified.

4. Allegation: Staffing—It was alleged kitchen staff acted inappropriately in front of tenants.
   Findings: Not substantiated
   Comments: The monitor observed the breakfast and lunch service and all kitchen staff acted professionally and appropriately. A community meeting was held with 41

tenants who indicated kitchen staff acted appropriately. Interviews with staff, kitchen staff, the kitchen manager, nurse and Executive Director indicated staff acted appropriately and if they did not, the issue would be addressed immediately. No concerns with Staffing were identified.

No Regulatory Insufficiencies were identified.

If you have any questions regarding 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

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0348	A. BUILDING: _____ B. WING _____	C 03/22/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EAGLE POINTE PLACE	2700 MATTHEW JOHN DRIVE DUBUQUE, IA 52002

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	481-67 Initial Comments Assisted Living Programs are defined by the type of population served. The census numbers were provided by the Program at the time of the on-site. General Population Program Number of tenants without cognitive disorder: 39 Number of tenants with cognitive disorder: 7 Total Population of Program at time of on-site: 46 TOTAL census of Assisted Living Program: 46 No regulatory insufficiencies were cited during the investigation of Complaint #58168-C.	A 000		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE