Iowa Department of Inspections and Appeals
Assisted Living Program
Complaint Investigation Report

Assisted Living Program: **Complaint Intake #:** 7937

Paula Pillen, Administrator
Arbor Springs Assisted Living
7951 E.P. True Parkway
West Des Moines, IA 50266

Date of Investigation:

July 29, 2004

Monitor(s):

Charlotte Kemp, RN

Definitions:

The following definitions are relevant:

Regulatory Insufficiency - A violation of a statutory or rule provision within the Iowa Code or 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 rule violations [321 IAC 26.2(5)(a)]. The plan should identify how, and by a specific date, an insufficiency will be corrected. The plan is due to DIA within ten (10) working days of the program's receipt of a Complaint Investigation Report. Depending on the circumstances, DIA may re-visit the assisted living program to confirm progress in fulfilling a plan's corrective measures.

Dementia-specific assisted living program - An assisted living program certified under 321 IAC - chapter 25 that either serves five or more tenants with dementia or cognitive disorder staged between 4 and 7 on the Global Deterioration Scale or holds itself out as providing special care for persons with cognitive disorder or dementia, such as Alzheimer's disease, in a dedicated setting.

Overview:

A complaint investigation on-site visit was conducted at Arbor Springs Assisted Living on July 29, 2004. In preparing this report, the following information was considered:

Current Program Census:

General Population Program – Not applicable.

Dementia Specific Program –

Program is a self-declared dementia-specific program with 11 tenants.

Accreditation Status – Not applicable.

Complaint History – No complaints have been received during this certification period.

Complaint Investigation – The complaint investigator(s) made the observations detailed in the following areas.

A. Criteria for exclusion of tenants - Program does not admit or retain tenants that require a higher level of care, unless a written exception has been applied for and approved. [321 IAC 25.23(3); 25.24]

Complaint Allegation: It is alleged that two tenants were in an altercation involving aggressive behavior that put a tenant at risk.

- Monitoring Observation: Observation, record reviews and staff interviews indicated the tenants did not require a higher level of care. Observation indicated the two tenants were docile and cooperative with the staff and other tenants. A brief interview took place with the tenants and they appeared to understand the incident. Staff interviews indicated a full internal investigation was carried out and the incident was self-reported to the Department of Inspections and Appeals in accordance with regulations. The internal investigation was found to be satisfactory.

- Regulatory Insufficiency: None noted.

B. Staffing - The provisions of this section address the program's staffing and training practices and associated documentation in responding to the identified needs of the tenant. [321 IAC 25.33]

Complaint Allegation: It is alleged two tenants were involved in an altercation that may have occurred due to inadequate tenant supervision.

- Monitoring Observation: Observation, record review and staff interviews indicated there were staff members in the dementia unit at all times. Staff interviews revealed that when a staff member leaves for any reason a replacement arrives prior to their departure. Record review indicated the staff members are well trained in the area of dementia and have attended the 6-hour CCDI Training and Abuse Training. Dementia training and related issues are addressed at regularly scheduled in-services with staff members in attendance.

- Regulatory Insufficiency: None noted.

Dated this 9th day of August 2004.