IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

July 30, 2008

Complaint Intake: #12444R4
#13455R3
#14760R2
#14987R

Mark Thomsen, Administrator
Meadowview Memory Care Village
3005 F. Avenue NW
Cedar Rapids, IA 52405-2944

RE: I. Final Complaint Investigation Revisit Report – #12444R4, #13455R3, #14760R2, #14987R.
II. Standard Certification Operation
III. Conclusion

Dear Mr. Thomsen:

I. Final Complaint Investigation Revisit Report – MeadowView Memory Care Village, Cedar Rapids, IA

Enclosed is the **Final Complaint Investigation Revisit Report** completed by the Department of Inspections and Appeals (DIA) in accordance with Iowa Code section 231C.7 (2007) and Iowa Administrative Code, chapters 321—25, pertaining to assisted living programs and 321—26, pertaining to monitoring, civil penalties and complaints regarding assisted living programs. **The Final Report notes no Regulatory Insufficiencies.**

II. Standard Certification Operation

As reflected in this Report, the program is currently in full compliance with Iowa Code section 231C.7 (2007) and Iowa Administrative Code, chapters 321—25. A standard certificate is being issued effective immediately. The program's sanctions are discontinued and the program is allowed to admit new tenants.

III. Conclusion

The program has been issued a full certificate effective July 30, 2008 through February 7, 2010, which concludes the current certification period. The program's sanctions are discontinued and the program may admit new tenants.

If you have any questions in regard to these matters, please contact me at (515) 281-5077.

Sincerely,

Rose Boucher for

Ann Martin, Bureau Chief
Adult Services Bureau

Enclosure

cc Stacy Hejda

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

Assisted Living Program:

Mark Thomsen, Administrator
Meadowview Memory Care Village
3005 F. Avenue NW
Cedar Rapids, IA 52405-2944

Complaint Intake(s): **#12444R4**
#13455R3
#14760R2
#14987R1

Date of Investigation:

June 30, 2008

Monitor(s):

Lincoln Newsom, RN
Hal Chase, RN BSN MPH
Ann Martin, RN Bureau Chief

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 revisit 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 revisit was conducted at Meadowview Memory Care Village on June 30, 2008. In preparing this report, the following information was considered:

Current Program Census:

General Population Program (GPP)* – Not applicable.

Dementia Specific Program (DSP)* – A program that is a Dementia Specific Program by definition or holds itself out as providing specialized care in a dedicated setting but may have tenants without cognitive disorder.

Current number of tenants in a DSP that holds itself out as providing specialized care in a dedicated setting:	30
Current number of tenants without cognitive disorder:	1
Total Population:	31

***These are the census numbers represented by the program to be applicable at the time of the on-site.**

Accreditation Status – Not applicable.

Complaint History – There were substantiated complaints this certification period in the areas of Evaluation of Tenants, Criteria for Exclusion of Tenants, Service Plans, Medications, Nurse Review, Staffing and Other.

The complaint history during this certification period includes the complaint investigations of November 20, 2006, July 19, 2007 and October 9, 10 & 11, 2007.

The November 20, 2006 complaint investigation resulted in no fine or additional sanctions. The July 19, 2007 complaint investigation resulted in a fine of $1,500.00.

The October 9, 10 & 11, 2007 complaint investigation and revisit resulted in a fine of $8,000.00 and sanctions that include a conditional certification, no new admissions and management training for the Program Administrator and Nurse.

The January 8, 9 & 10, 2008 complaint investigation, recertification visit and revisit resulted in a fine of $10,000.00 and sanctions that include: a Conditional Certification, no new admissions, submission of monthly nurse reviews and the submission of documentation that the Administrator and Nurse have registered to attend Assisted Living Program Management training.

The May 8 & 9, 2008 complaint investigation revisit resulted in a fine of $2500.00 and sanctions that include: a Conditional Certification, admit up to eight tenants per month and submission of monthly nurse reviews.

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

A. Service Plan – Program has an individualized service plan developed and updated for each tenant as required. [321 IAC 25.28]

During the course of the revisit on May 8 and 9, 2008, the program received a regulatory insufficiency for not updating the tenant's service plan with a change of condition.

Monitoring Observation: Tenant #5, an 83 year old, was admitted on 3-24-06 and has diagnoses of: Seizure Disorder, Osteoporosis, Diverticulitis, Urinary Frequency, History of Cholecystectomy, History of two Hip Fractures and Retinal Vein Occlusion. A cognitive evaluation was completed on 5-15-08 staging the tenant at a seven on the GDS, indicating severe cognitive decline. The tenant had service plan updates completed on 5-16-08, 6-5-08 and 6-21-08, related to a change in condition and were reflective of the tenant's needs.

Tenant #23, a 77 year old, was admitted on 10-25-07 and has diagnoses of: Dementia. A cognitive evaluation was completed on 6-10-08, staging the tenant at a four on the GDS, indicating moderate cognitive decline. The tenant had service plan updates on 5-20-08, 6-11-08 and 6-27-08, related to change in condition and were reflective of the tenant's needs.

A review of two new tenant files was completed and service plans were reflective of the tenant's service needs.

- Regulatory Insufficiency: None noted.

B. Other – The provisions of this section address the program's noncompliance with other applicable statutory and administrative rule requirements.

During the course of the revisit on May 8 and 9, 2008, the program received a regulatory insufficiency for not consistently following their plan of correction in regards to service plans. Service plans were not individualized and did not indicate, at a minimum, the tenant's identified needs and the tenant's request for assistance and expected outcomes.

Monitoring Observation: A review of Tenant #5's and #23's service plans were individualized and identified the needs of the tenants.

- Regulatory Insufficiency: None noted.

Dated this 30th day of July, 2008.