IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

March 3, 2010

Complaint #27407-C

Diana Niemeier, Executive Director
Village Ridge
365 Marion Blvd
Marion, IA 52302-3139

RE: Final Complaint Investigation Report, Village Ridge, Marion, IA

Dear Ms. Niemeier:

Enclosed is the **Final Complaint Investigation Report** completed by the Department of Inspections and Appeals (DIA) in accordance with Iowa Code section 231C.7 (2009) and Iowa Administrative Code, chapters 481- 67 and 69, pertaining to monitoring, civil penalties and complaints regarding assisted living programs. **No Regulatory Insufficiencies were identified.**

If you have questions, please contact Ann Martin, Bureau Chief, at 515-281-5077.

Sincerely,

Chris Nothaft
Certification Coordinator – Eastern Iowa
Adult Services Bureau

Enclosure

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

Assisted Living Program: **Complaint Intake #: 27407-C**

Diana Niemeier, Executive Director
Village Ridge
365 Marion Blvd
Marion, IA 52302-3139

Date of Investigation:

February 10, 2010

Monitor(s):

Stephanie Cummins, MA

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. IAC r. 481-67.10(5). 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 481 IAC chapter 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 or serves 55 or more tenants and 10 percent or more of the tenants have dementia between Stages 4 and 7 on the Global Deterioration Scale or holds itself out as providing specialized care for persons with dementia, such as Alzheimer's disease, in a dedicated setting.

Overview:

A complaint investigation on-site visit was conducted at Village Ridge on February 10, 2010. In preparing this report, the following information was considered:

Current Program Census:

General Population Program (GPP)* – A program that does is not include a Dementia Specific unit, but may include have tenants with cognitive disorder.

Current number of tenants without cognitive disorder:	37
Current number of tenants with cognitive disorder:	3
Total Population of GPP:	40

Dementia Specific Program (DSP)* – A program that is dementia specific and provides specialized care in a dedicated setting.

Total Population of DSP:	13

Total Census of ALP: 53

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

Program History – There have been no substantiated Regulatory Insufficiencies this certification period.

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

A. Tenant Rights

Complaint Allegation: It was alleged tenant rights were not upheld related to privacy, mail, visitors and autonomy.

Monitoring Observation: A community meeting with 13 tenants was held. The tenants stated their rights were upheld and they did not have any issues with tenant rights. They stated they could have visitors and could leave the building per their choice. Tenants did not have any concerns receiving their mail. They stated staff treated them well and leadership staff listened to their concerns and responded reasonably.

Minutes from the December 2009 Resident Council meeting were reviewed. There were no concerns regarding tenant rights.

Two staff and the Executive Director were interviewed. Staff #1, #2 and the Executive Director stated tenant rights were upheld in the building and there had not been any complaints regarding lack of rights from the tenants. They stated tenants were treated with respect, consideration and full recognition of personal dignity and tenants received reasonable responses to all requests. According to Staff #1, #2 and the Executive Director, the tenants can present grievances and recommend changes without fear of restraint, coercion or discrimination. They also indicated the tenants were aware they had rights, the tenants made their own decisions and staff did not have any concerns with tenant rights.

The Executive Director indicated one tenant, Tenant #1, had restrictions that were court ordered. Tenant #1 had restrictions on who he/she could leave the building with and who could visit the tenant. Certain mailed items went to the tenant's Guardian/Conservator and the tenant received other mail. The Executive Director stated stamps and stationary were available and the tenant received food packages. A review of Tenant #1's file indicated a Guardian/Conservator was appointed and vested with all powers authorized by law.

Three tenant files were reviewed. Tenant #1, 87 years old, was admitted on 7-9-07 and diagnoses include: Edema, Constipation, Dementia, Ear Pain, Tinnitus and Irritable Bowel Syndrome (IBS). The tenant was staged at a 4.4 on the Global Deterioration Scale (GDS), which indicates moderate cognitive impairment. The tenant resided in the dementia unit. A Guardianship/Conservatorship document was found in the tenant's file.

Tenant #2, 85 years old, was admitted on 9-2-00 and diagnoses include: Compression Fracture, Cerebral Vascular Accident (CVA), Seizure Disorder, Non Insulin Dependent Diabetes Mellitus (NIDDM), Constipation, Glaucoma, Hypertension (HTN) and Parkinson's Disease. The tenant was staged at a six on the GDS, which indicated severe cognitive impairment. The tenant resided in the dementia unit. A Power of Attorney for Healthcare document was found in the tenant's file.

Tenant #3, 93 years old, was admitted on 1-31-07 and diagnoses include: Depression, Arthritis, Alzheimer's Disease, Dementia, Joint Pain, Agitation, Peripheral Edema and Hyponatremia. The tenant was staged at a 6.6 on the GDS, which indicated severe

cognitive impairment. The tenant resided in the dementia unit. A Durable Power of Attorney document was found in the tenant's file.

- Regulatory Insufficiency: None noted.

Dated this 3rd day of March, 2010.