

**INSPECTIONS & APPEALS**CHESTER J. CULVER  
GOVERNOR

DEAN A. LERNER, DIRECTOR

PATTY JUDGE  
LT. GOVERNOR

April 19, 2010

**Complaint: #26805-I, #26816-I**  
**#26946-I, #27016-I**K'Lee Latham, Administrator  
Shores at Pleasant Hill  
1500 Edgewater Drive  
Pleasant Hill, Iowa 50327-0921

RE: Final Complaint Investigation Report, Shores at Pleasant Hill , Pleasant Hill, IA

Dear Ms.Lathum:

Enclosed is the **Final Complaint Investigation Report** completed by the Department of Inspections and Appeals (DIA) in accordance with Iowa Code 231C.7 (2010) and 481 Iowa Administrative Code, chapters 481—69, pertaining to assisted living programs and 481—67.12(3), pertaining to monitoring, civil penalties and complaints regarding assisted living programs. **No Regulatory Insufficiencies were identified.**

A copy of the monitor's **Complaint Investigation Report** is enclosed for your information and as a record of the result of this investigation.

If you have any questions regarding this Report, please contact me at 515-281-5003.

Sincerely, .

Connie Schaffer  
Certification Coordinator – Central Iowa  
Health Facilities Division  
Adult Services Bureau

Enclosure

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

**Assisted Living Program:**

K'Lee Latham, Administrator  
Shores at Pleasant Hill  
1500 Edgewater Drive  
Pleasant Hill, Iowa 50327-0921

**Incident Intake:** #26805-I, #26816-I  
#26946-I, #27016-I

**Date of Incident Investigation:**

January 11, 12, 13 & 14, 2010

**Monitor(s):**

Michael Streepy 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. 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 an Incident 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:**

An on-site visit was conducted at Shores at Pleasant Hill on January 11, 12, 13 & 14, 2010. In preparing this report, the following information was considered:

### **Current Program Census:**

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

Current number of tenants without cognitive disorder: 61

Current number of tenants with cognitive disorder: 3

Total Population of GPP: 64

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

Total Population of DSP: 27

Total Census of ALP: 91

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

**Tenant/Family Satisfaction Results** – Not applicable.

**Program History** – There have been substantiated Regulatory Insufficiencies in the areas of: Evaluation of Tenants, Service Plan, Medications, Nurse Review, Staffing, Structural Requirements and Other during this certification period.

The complaint history during this certification period includes the complaint investigations of: September 24 and 25, 2008 for Complaint investigation of #19359-C, 19544-C and 19778-I with a Regulatory Insufficiency in the area of Medications, which resulted in a \$500.00 fine.

October 29, 2008, for Complaint investigation of #20566-I with Regulatory Insufficiencies in the areas of: Medications and Staffing, which resulted in a \$2,500.00 fine.

January 8, 2009, for the first revisit on Complaints #19359-C, 19544-C, 19778-I and 20566-I with Regulatory Insufficiencies in the areas of: Medications, Structural Requirements and Other, which resulted in a \$2,500.00 fine.

February 23, 2009, for Complaint investigation of #21747-C with no substantiated Regulatory Insufficiencies at this investigation visit.

June 10, 2009, for Complaint investigation of #23582-C with Regulatory Insufficiencies in the areas of: Evaluation of Tenants, Service Plan and Nurse Review.

August 25 & 26, 2009 for Complaint investigation of #24679-C, 24733-C and 25023-C with Regulatory Insufficiencies in the areas of: Medications and Staffing, which resulted in a \$1,000.00 fine.

November 10, 11 & 12, 2009, for Complaint investigation of #25173-C and a Self-Reported Incident of #26065-I with no substantiated Regulatory Insufficiencies at this investigation visit.

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

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

## A. Criteria for exclusion of tenants

Incident Allegation 26816-I: The program reported Tenant #3 fell on 12-5-09 in the dining room and was transferred to the hospital for evaluation. The tenant was found to have a cracked pelvis. The tenant returned to the program on 1-6-10.

- Monitoring Observation: Tenant #3, an 87 year old, was admitted to the program on 05-22-07 with diagnoses including: Arthritis, Hypertension, Edema, Chronic Obstructive Pulmonary Disease, Benign Prostatic Hypertrophy, Congestive Heart Failure, and Atrial Fibrillation. The tenant was staged at a three on the Global Deterioration Scale, indicating mild cognitive decline and was in the independent living area of the program at the time of the incident. The tenant had no history of falls prior to the incident with the exception of one fall in November of 2009 with no injury. The tenant had been independent in all activities of daily living including medication administration.
- Regulatory Insufficiency: None noted.

## B. Other

Incident Allegation 26805-I: The program reported four tenants had reported theft of cash from 12-18-09 through 12-21-09. Tenant #1 reporting a loss of \$700.00, Tenant #4 \$2,000.00 Tenant #5 \$100.00 and Tenant #6 \$330.00.

Incident allegation 26946-I: The program reported Tenant #2's family member reported a loss of \$240.00 on 01-05-10.

Incident allegation 27016-I: The program reported Tenant #7's family member had reported a loss of \$200.00 on 01-11-1. The missing money had last been observed in the tenant's purse approximately 10 days before.

- Monitoring Observation: During the course of the investigation, 26 staff was interviewed. The staff stated they either had no knowledge of the missing monies or denied taking the monies. No viable suspects were identified during the investigation.

Interview with the Pleasant Hill Police Detective, who was conducting a parallel investigation, revealed the police department had also not been able to develop evidence to identify a suspect. On 03-20-10, the Detective contacted the investigating monitor and stated he had not been able to perform polygraph testing of any staff as hoped.

Tenant #4, an 87 year old had been admitted to the program on 11-15-09 with diagnoses including: Hypertension and a Hernia. The tenant stated, during the course

of the investigation, he/she may have accidentally thrown the reported \$2,000.00 away, after placing it in a baggie in his/her room. The tenant was interviewed and again stated he/she did not think the money had been stolen, but rather accidentally thrown away.

- Regulatory Insufficiency: None noted.

Dated this 19<sup>th</sup> day of April, 2010.