

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

**DEMAND LETTER
CERTIFIED
Incident Intake #: 29735-A**

August 13, 2010

Ms. Pamela Wilson, Manager
Good Samaritan Society - Timber Ridge
#2 Oak Ridge Road
Ottumwa, IA 52501

**RE: I. Final Complaint Investigation Report
II. Civil Penalty
III. Appeals/Hearings
IV. Conclusion**

Dear Ms. Wilson:

**I. Final Complaint Investigation Report – Good Samaritan Society - Timber Ridge,
Ottumwa, IA**

Enclosed is the **Final Complaint Investigation Report** 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. The Report notes a Regulatory Insufficiency in the area(s) of: Other (non-notification of dependent adult abuse). **Good Samaritan Society - Timber Ridge** ("Program") is being assessed a \$500 civil penalty.

II. Civil Penalty

If, within 30 days of the receipt of this demand letter, you (1) do not request a formal hearing or withdraw your request for formal hearing, and (2) pay the civil penalty, the assessed penalty will be reduced by thirty-five percent (35%) pursuant to IAC rule 481–67.12(3)d. If you do not wish to request a formal hearing or wish to withdraw your request for formal hearing, please send a cover letter to the attention of **Tamara Halvorson** and remit the civil penalty assessed by check or money order in the amount of three hundred twenty five dollars (\$325) within 30 business days after the receipt of this demand letter.

LUCAS STATE OFFICE BUILDING, 321 EAST 12TH STREET, DES MOINES, IOWA 50319-0083

ADMINISTRATION
(515) 281-5457
FAX: (515) 242-6863

ADMINISTRATIVE HEARINGS
(515) 281-4843
FAX: (515) 281-4477
Telephone Number for the Hearing Impaired: (515) 242-6515

HEALTH FACILITIES
(515) 281-4115
FAX: (515) 242-5022

INVESTIGATIONS
(515) 281-5714
FAX: (515) 242-6507

III. Appeals/Hearings

The Program may appeal the DIA decision in accordance with IAC rule 481—67.13 within thirty (30) days of this notice, by submitting a request for appeal to DIA. A contested case hearing will be held pursuant to Iowa Code chapter 17A and IAC chapter 481—10. If the Program appeals the DIA decision, the civil penalty will be suspended pending the appeal process. If the Program does not appeal, the civil penalty is due within 30 days of notice.

IV. Conclusion

The Program is being assessed a \$500 civil penalty. The Plan of Correction (POC) submitted on August 11, 2010, has been reviewed and will constitute the final POC related to the on-site visit of July 28, 2010.

DIA may revisit the Program to confirm compliance in fulfilling the POC's corrective measures. If the Program wishes to appeal the final findings, the Program may do so within 30 days of this letter.

If you have any questions in regard to this letter and enclosed Report, please contact your Certification Coordinator, Tamara Halvorson, at 515/281-5721.

Sincerely,

Ann Martin

Ann Martin, Bureau Chief
Adult Services Bureau

Enclosure

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

Assisted Living Program:

Incident Intake #: 29735-A

Pamela Wilson, Manager
Good Samaritan Society – Timber Ridge
#2 Oak Ridge Road
Ottumwa, IA 52501

Date of Investigation:

July 28, 2010

Monitor(s):

Robert Reck, 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 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 Good Samaritan Society - Timber Ridge on July 28, 2010. In preparing this report, the following information was considered:

Current Program Census:

General Population Program (GPP)* – A program that does not include a dementia specific unit, but may include tenant with cognitive disorder.

Current number of tenants without cognitive disorder: 2

Current number of tenants with cognitive disorder: 2

Total Population: 4

Dementia Specific Program (DSP)* – Not applicable.

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

Program History – There were no substantiated Regulatory Insufficiencies found during this certification period.

Complaint Investigation – The monitor/surveyor made the observations detailed in the following areas.

A. Other

- Monitoring Observation: Staff #1 took two ceramic turtle doves belonging to Tenant #1 without Tenant #1's knowledge or permission. According to program video, Staff #1 entered the Good Samaritan Society Timber Ridge Assisted Living building on 6/1/10 at 7:27 p.m. reportedly to visit a female friend. As Staff #1 was leaving at 7:57 p.m. he passed by the room of Tenant #1. Staff #1 stopped, turned around and walked back to the room's entrance where he then took two ceramic turtle doves from a shelf just outside of the room's entrance and hid them in a green shirt he was carrying. The turtle doves belonged to Tenant #1. Tenant #1 was in the hospital that evening and not in his/her apartment. The following morning, Staff #2 noticed the turtle doves were missing. Staff #2 contacted Staff #3 and asked that he review the program's video to see if there was any explanation for where the turtle doves may have went. That afternoon, Staff #3 reviewed the video and discovered Staff #1 taking the turtle doves the evening before. Meanwhile, Staff #2, mother of Staff #1 remembered her son making the comment about how pretty the ceramic doves were and that his girlfriend could mold them and fix one that had a broken piece. Staff #2 called her son, who admitted that he had taken the doves and was "working" on them. Staff #2 told her son to return the doves as soon as possible and then spoke with Staff #3 and explained the situation. After her shift, Staff #2 went to her son's home, picked up the doves and returned them the following morning 6/3/10.

Staff #4 was interviewed on 7/28/10 at 8:45 a.m. at the program. Staff #4 indicated that she was approached by Staff #3 and informed that Staff #1 was caught on program video taking two turtle doves off a shelf belonging to Tenant #1. Staff #4 met with the Administrator, Director of Nursing and Staff #3 and discussed whether to inform law enforcement and/or to terminate Staff #1. The decision was made to terminate Staff #1. Law enforcement was not notified.

Tenant #1's family member and legal guardian was contacted by phone on 7/28/10 at 8:50 p.m. The family member indicated that he was not informed of the incident involving the ceramic doves being taken. The family member noted that he and his daughter helped move his mother to Ridgewood and remembered seeing the doves and believes they were packed up and are now in storage.

- Regulatory Insufficiency: A staff member or employee of a facility or program who, in the course of employment, examines, attends, counsels, or treats a dependent adult in a facility or program and reasonably believes the dependent adult has suffered abuse, shall report the suspected adult abuse to the department. If a staff member or employee is required to make a report pursuant to this section, the staff member or employee shall immediately notify the person in charge or the person's designated agent who shall then notify the department within twenty-four hours of such notification. If the person in charge is the alleged abuser, the staff member shall directly report the abuse to the department within twenty-four hours. (IAC r. 235E.2(3a))

Dated this 2nd day of August 2010.