IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

January 24, 2011

Incident Intake #: 32335-I

Amy Edmonson, Administrator
West View Assisted Living
334 N. West View Drive
Osceola, IA 50213

RE: Final Initial Monitoring Evaluation and Incident Investigation Report, West View Assisted Living, Osceola, IA

Dear Ms. Edmonson:

Enclosed is the **Final Initial Monitoring Evaluation and Incident 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. Based upon a complete review of the Report and your actions to correct the identified Regulatory Insufficiencies, DIA accepts your POC and certification of West View Assisted Living will continue.

Enclosed you will find the Assisted Living Program Certificate **S0313** with effective dates of **October 8, 2010** through **October 7, 2012**. This certificate is to be posted in the building for public viewing.

If you have any questions regarding this certification, please contact me at 515/281-4116.

Sincerely,

Jim Berkley

Jim Berkley
Program Coordinator
Adult Services Bureau

Enclosure

Iowa Department of Inspections and Appeals
Assisted Living Program
Final Initial Monitoring Evaluation and Incident Investigation Report

Assisted Living Program: **Incident Intake #: 32335-I**

Amy Edmonson, Administrator
West View Assisted Living
334 N. West View Drive
Osceola, IA 50213

Date of Incident Investigation:

January 4, 2011

Monitor(s):

Joyce Kix, 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 West View Assisted Living on January 4, 2011. 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:	6
Current number of tenants with cognitive disorder:	0
Total Population:	6

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.**

Tenant/Family Satisfaction Results – Three tenants were interviewed. They reported the program was a nice place to live and the food was good. The tenants stated that the program currently had no activity coordinator and was short of staff so they were not having activities to keep them busy. They said staff responded to requests in just minutes. They were generally satisfied with the program and would recommend it to others.

Program History – The program did not receive any regulatory insufficiencies during this certification period.

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

A. Staffing

Incident Allegation #32335-I: The program reported that a tenant eloped from the grounds.

- Monitoring Observation: Tenant #1, a 79 year old, was admitted 10-16-10 with diagnoses of: Alzheimer's, Hearing Loss, and Hypothyroidism. The tenant scored 6 of 10 on the Short Portable Mental Status Questionnaire dated 12-30-10 which indicated mild intellectual function. On 12-30-10 at approximately 8:00 a.m. a vendor entered the building and reported seeing someone outside that looked like a tenant. Staff #1 reported she had just passed medications, so it was not anyone from the program. Staff did not check all the tenants' whereabouts but called the nearby nursing home and advised them that one of their residents was outside. Shortly thereafter, a bystander called the program and reported Tenant #1 was walking outside in a robe and slippers. Staff #1 could not find Tenant #1 in his/her room so she called the registered nurse who told her to look outside. Staff #1 proceeded to go outside and met nursing home staff who found the tenant outside and took him/her into the nursing home. According to local weather history, the temperature outside at 8:00 a.m. was 50 degrees with no precipitation and overcast skies. The bystander who found the tenant reported the tenant had traveled approximately one half mile from the program when seen between 8:00 and 8:30 a.m. The nursing notes document the tenant had no ill effects from being outside.

  The program policy for elopement dated 9-30-10 directed staff to begin by checking sign out sheets to determine if the resident has left the program and then check all tenant rooms. If the search inside is unsuccessful, search outside the grounds. (The doors to the program are not required to be alarmed).

  According to the schedule, only one staff person and one cook were in the building at the time of the elopement. That staff person did not follow program policy or attempt to identify and find the tenant outside until a second bystander called and identified the tenant.

- Regulatory Insufficiency: All staff shall be able to implement the accident, fire safety, and emergency procedures. (IAC r. 481-67.9(2))

B. Activities

- Monitoring Observation: The program provided a schedule for activities up to 12-31-10 and reported the Activity Director had quit a few weeks ago so the universal workers were providing activities. Three tenants interviewed stated there were no activities provided because the program was short of staff. The Administrator provided a tentative schedule for activities to the monitor for planned activities from 1-4-2011 to 1-7-2011 and reported they were trying to hire an activity director. The monitor did not observe any group or individual activities during the time of the on-site from 9:00 a.m. to 3:30 p.m. on 1-4-2011.

- Regulatory Insufficiency: The program shall provide appropriate activities for each tenant. Activities shall reflect individual differences in age, health status, sensory deficits, lifestyle, ethnic and cultural beliefs, religious beliefs, values, experiences, needs, interests, abilities and skills by providing opportunities for a variety of types and levels of involvement. (IAC r. 481-69.34(1))

Dated this 19th day of January 2011.