IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

Complaint Intake #: 31898-C

February 11, 2011

Colleen Henderson, Administrator
Meadow View Memory Care Village
3005 F Avenue NW
Cedar Rapids, IA 52405

RE: Final Complaint Investigation Report – Meadow View Memory Care Village, Cedar Rapids, IA

Dear Ms. Henderson:

Enclosed is the **Final Complaint Investigation Report** from the on-site monitoring visit of February 3, 2011, 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. **No Regulatory Insufficiencies were identified.**

If you have any questions regarding the enclosed Report, please contact me at 515/281-7039.

Sincerely,

Rose Boccella

Rose Boccella
Program Coordinator
Adult Services Bureau

Enclosure

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

Assisted Living Program: **Complaint Intake #: 31898-C**

Colleen Henderson, Administrator
Meadow View Memory Care Village
3005 F Ave. NW
Cedar Rapids, IA 52405

Date of Investigation:

February 3, 2011

Monitor(s):

Joyce Kix RN
Maribeth Freland 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 Meadow View Memory Care Village Cedar Rapids on February 3, 2011. In preparing this report, the following information was considered:

Current Program Census:

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

Total Population of DSP:	44
Total Census of ALP:	44

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

Program History – The program received a regulatory insufficiency in the area of Service Plan during this certification period.

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

A. Food Service

Complaint Allegation: The complainant alleged the program failed to serve meals adequate in quantity, resulting in weight loss of five pounds or greater for multiple tenants.

- Monitoring Observation: According to weight records, eight tenants showed a weight loss of five pounds or greater from weights taken in August 2010 through October 2010 and eleven tenants showed weight loss of five pounds or greater from weights taken in August 2010 through January 2011.

  The monitors arrived during the breakfast meal served on 2-3-11. The general meal consisted of scrambled eggs, two pieces of toast, two slices of bacon, a slice of cantaloupe, coffee, milk and red juice. Most tenants ate 75 percent or greater of the meal served. Multiple tenants responded to monitor questions by reporting the food tasted good and had enough to eat. Three staff remained in the immediate dining room area until those requiring assistance had finished eating. The monitors observed the snack cart serving a variety of snacks and juices to tenants at approximately 10:30 a.m.

  The monitors reviewed four tenant records chosen from the above stated list. All four had GDS scores of 5 to 6, indicating moderate severe to severe cognitive decline. Three required moderate assistance with eating. Two tenants were receiving hospice services at the time of the weight loss, one tenant experienced a therapeutic weight loss due to morbid obesity and one tenant experienced uncontrollable aggression and combativeness with an inability to redirect that resulted in the tenant's inability to remain at the program.

  The clinical records of all four tenants addressed the weight loss in nurse evaluations and service plans. The nurse initiated nutritional supplements, high calorie snacks and directed staff in suggested techniques to assist or cue effectively.

  The program initiated a snack cart that is taken throughout the building twice daily. In December 2010, the program purchased a commercial type scale with a larger platform and hand rails to better assure an accurate accounting of weight readings. Staff began documenting details when weighing such as time of day consistency or shoes on or off.

  Two tenant interviews were held. Both tenants had a Global Deterioration Score (GDS) of two or less. Neither had complaints regarding the palatability, quality or quantity of food served by the program for breakfast, lunch or dinner. Both indicated other tenants who could not speak for themselves were served the same food items and the quantity served to them. They reported staff assists those who require assistance with meals and offer snacks twice daily.

  The monitors found the program had self identified a concern with weight loss and initiated interventions to address the weight loss concerns. The tenant records reviewed showed all had advanced dementia and co morbidities that would affect tenant weight status. There were no tenant complaints related to the palatability,

quality or quantity of food served. The monitors observed adequate meal service and staff assistance during meals.

- Regulatory Insufficiency: None noted.

Dated this 8th day of February 2011.