IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

Complaint Intake #: 32472-C

April 8, 2011

Heather Venz-Frank, Director
Edgewater Assisted Living
9225 Cascade Avenue
West Des Moines, IA 50266

RE: Final Complaint Investigation Report – Edgewater Assisted Living, West Des Moines, IA

Dear Ms. Frank:

Enclosed is the **Final Complaint Investigation Report** from the on-site monitoring visit of March 30, 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 #: 32472-C**

Heather Venz-Frank, Director
Edgewater Assisted Living
9225 Cascade Avenue
West Des Moines, IA 50266

Date of Investigation:

March 30, 2011

Monitor(s):

Hal L. Chase, RN BSN MPH

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 Edgewater Assisted Living on March 30, 2011. 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:	18
Current number of tenants with cognitive disorder:	1
Total Population of GPP:	19

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

Total Population of DSP:	17
Total Census of ALP:	36

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

Program History – There were no regulatory insufficiencies found during this certification period.

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

A. Occupancy Agreement

Complaint Allegation: It was alleged the program sent out a rate increase for assisted living, but couldn't justify the increase.

- Monitoring Observation: Program documentation indicated on 12-28-10, the program sent tenants a written notice of a rate increase effective 2-1-11. Assisted living regulations require the program to give a 30-day written notice of a rate increase, but do not require the program to justify rate increases.

- Regulatory Insufficiency: None noted.

B. Criteria for Exclusion of Tenants

Complaint Allegation: It was alleged a tenant who resided in the dementia unit was physically and verbally abusive toward staff.

- Monitoring Observation: Three tenant files were reviewed. Tenant #3, an 80 year old, was admitted on 1-14-10 and had diagnoses of: Dementia, Coronary Arterial Bypass Graft, Coronary Artery Disease, Benign Prostatic Hypertrophy, Hypertension, Pain, History of Sore Throat and Itchy Hands. The tenant was staged at three on the Global Deterioration Scale, which indicated mild cognitive decline. The tenant resided in the dementia unit. Service plan of 1-26-11 indicated the tenant had demonstrated increasing symptoms of aggressive behavior, with occasional episodes in July and August, 2010, to frequent and significant episodes in November and December, 2010. The service plan established interventions related to the tenant's behavior, which included staff re-direction and as needed (prn) medication administration.

  Interdisciplinary notes of 1-21-11 indicated the tenant had less aggression and was easily redirected. Notes of 2-17-11 indicated the tenant's physician was notified of the tenant's behavior over the last month related to medication changes. The tenant had episodes of disruptive behavioral with sexual suggestiveness and "some" physical aggression and interference with other tenants. The behaviors noted had not "been of the same magnitude as in the past," but was still concerning. Physician orders of 2-17-11 indicated Clonazepam and Ativan were discontinued and Alprazolam (Xanax) 0.25mg – four times daily prn was ordered. On 2-22-11, Klonopin was increased to 0.5mg-four times' daily prn. Interdisciplinary notes of 2-23-11 through 3-10-11 indicated the tenant's behavior had improved with no sexual comments made.

  Staff #1 and #7 were assigned to work in the dementia unit. Staff #1 stated the tenant would get upset if he/she couldn't find the Scrabble game. The tenant would get "cranky" but did not demonstrate physical or verbal aggression. The last incident where the tenant became irritated was after Christmas, sometime the beginning of January, 2011. Staff #2 stated the tenant had become agitated if he/she couldn't keep the Scrabble game in his/her room and became upset when staff returned the game to the activity area. The tenant did not display any physical or verbal aggression. When the tenant becomes upset staff try and redirect him/her to another activity. If this didn't work, prn medication was given.

- Regulatory Insufficiency: None noted.

C. Staffing

Complaint Allegation: It was alleged staff are not reading daily planners and other information about tenants, to know how best to work with them. Staff did not have the time to really focus on each tenant.

- Monitoring Observation: A review of staff personnel files indicated Staff #1, #2, #3, #4, #5 and #6 had completed nurse delegated training related to activities of daily living (ADLs), including health related cares and medication administration. Each staff had returned demonstration to the program nurse of their competency in performing the above tasks. Staff #1, #2, #3, #4, #5 and #6 had completed eight hours of dementia training within the last 12 months.

  Staff #1, #2 and #7 indicated they reviewed tenant service plans and indicated there were enough staff to meet the needs of tenants. Staff #1, #2 and #7 indicated a communication notebook was kept in the medication room for staff to review the current day's events related to tenant needs and concerns.

- Regulatory Insufficiency: None noted.

D. Activities

Complaint Allegation: It was alleged the program eliminated the assisted living lifestyle coordinator. Resident assistants, fitness staff and activity staff from independent and memory care lead activities.

- Monitoring Observation: Program records indicated the program published monthly activities calendars for the general population and dementia unit. Calendars are posted in each of the common areas. Program records beginning 12-17-10 through 3-30-11 indicated one-on-one activities were completed with tenants in the general population and dementia unit. The activities director stated there had been complaints from tenants and family, due to the popularity of the assisted living life-style coordinator. This position was eliminated due to low general population assisted living census.

  The activities director stated the program has three lifestyle coordinators. One was assigned to the dementia unit, one to the nursing facility and the third had been assigned to the independent living program. Each of the lifestyle coordinators, along with direct care staff, coordinated and scheduled group and one-on-one activities with tenants who resided in the general population of the assisted living program. Because the program's census has increased in the general population, the plan was to hire a lifestyle coordinator for tenants who resided in the general population. Staff #1, #2 and #7 stated they work with and are assigned to participate in and will take the lead in scheduled activities and had also participated in one-on-one activities with tenants.

- Regulatory Insufficiency: None noted.

Dated this 7th day of March, 2011.