

INSPECTIONS & APPEALS

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GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

Incident Intake #: 32842-I

April 15, 2011

Courtney O'Connor, Administrator
Maple Grove Senior Living
1917 S. 18th Street
Centerville, IA 52544

RE: Final Incident Investigation Report, Maple Grove Senior Living, Centerville, Iowa

Dear Ms. O'Connor:

Enclosed is the **Final 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.

DIA has reviewed the Plan of Correction (POC) submitted in response to the **Preliminary Incident Investigation Report**. Based upon a complete review of the Report and the Program's proposed actions to correct the identified Regulatory Insufficiency, DIA accepts the POC. The Request for Reconsideration has been denied. While Tenant #1 was referred to a physician, nurse reviews were not completed with significant changes in the tenant's condition.

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

Sincerely,

Rose Boccella

Rose Boccella
Program Coordinator
Adult Services Bureau

Enclosure

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

Assisted Living Program:

Incident Intake #: 32842-I

Courtney O'Connor, Administrator
Maple Grove Senior Living
1917 S. 18th Street
Centerville, IA 52544

Date of Incident Investigation:

March 9, 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 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 Maple Grove Senior Living on March 9, 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: 10

Current number of tenants with cognitive disorder: 0

Total Population: 10

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

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

A. Nurse Review

Incident Allegation: The program reported to the Department of Human Services (DHS) on 2-9-11 and the Department of Inspections and Appeals (DIA) on 2-10-11, of a possible theft of money belonging to a tenant who resided at the program. Additional information obtained indicated a tenant reported \$210.00; \$40.00 (date not known) and on 2-7-11, \$170.00, along with one container of yogurt, six air fresheners and three night light bulbs. On 2-11-11 the tenant reported a diamond bracelet, valued at \$1600.00 was missing.

- Monitoring Observation: Tenant #1, an 83 year old, was admitted on 8-3-10 and had diagnoses of: History of Colon Cancer, History of Liver Cancer, High Blood Pressure, History of Stroke, History of Depression, Seizure Disorder, Hypothyroidism and Functional Constipation. The tenant was staged at two on the Global Deterioration Scale, which indicated mild cognitive decline. A service plan of 9-2-10 revealed the tenant was independent with all activities of daily living and independent with medication administration.

Resident notes of 10-17-10 revealed the tenant was hospitalized related to weakness and dizziness and returned on 10-18-10. The tenant reported a "very large amount of cash," was stolen from his/her apartment during his/her hospitalization. The program nurse requested the tenant look for the money, as the tenant may have misplaced it. The tenant and the tenant's family member looked in the tenant's apartment and found the missing money. On 11-14-10, the tenant returned from church and asked if staff had let anyone into his/her apartment. Staff reported she hadn't let anyone into the tenant's apartment. The tenant reported the apartment door was closed when he/she left for church. When the tenant returned, he/she indicated the door was open. The tenant reported a staff person from the adjacent nursing facility had seen him/her leave and this staff person went into his/her apartment while the tenant was gone.

Resident notes of 1-10-11 revealed the tenant reported "someone must have stolen" eight bingo tickets out of his/her purse. The tenant indicated he/she didn't know how they were stolen because he/she takes his/her purse everywhere, but must have left the purse in his/her room and someone had stolen the tickets. The tenant reported six Renuzit air fresheners were missing. The tenant asked if anyone's key could unlock his/her apartment door. Staff told the tenant all of the tenant's door keys were different and other tenant's keys would not unlock his/her apartment. Nurse's notes of 1-13-11 revealed the tenant's door lock was changed. On 1-14-11 the tenant was confused, had activated the personal emergency response system and reported someone was in his/her closet removing and packing his/her clothes. The nurse indicated she was worried about the tenant's safety at night.

Resident notes of 1-15-11 revealed the tenant stated everyone was trying to get him/her kicked out of the program. On 2-7-11 the tenant started yelling at another tenant during supper because another tenant's chair was "an inch" closer to his/her side of the table. Nurse's notes of 2-8-11 revealed the tenant was moved to a different table in the dining room due to animosity toward another tenant. On 2-8-11 the tenant wasn't happy about moving to another table and refused to come to meals if he/she had to sit another table.

Nurse's notes of the same date but separate entry revealed the tenant came to the program manager's office and reported "someone stole \$170.00" from his/her purse. The tenant first indicated the amount missing was \$170.00, then changed the amount to \$270.00 and changed it again to \$210.00. The tenant indicated he/she thought one of the staff from the program came back after they got off work and stole the money. Resident notes of 2-9-11 revealed local police interviewed the tenant. A police report of 2-9-11 revealed the tenant reported \$170.00 in miscellaneous bills was reported stolen with no suspect identified.

Nurse's notes of 2-11-11 revealed the tenant reported a bracelet worth \$1600.00 was missing. Resident notes of 2-12-11 revealed the tenant reported someone was trying to get into his/her room. The tenant asked staff to tell the manager he/she would be moving his/her belongings out on 3-18-11 and hoped to be moving out by 2-19-11 or 2-20-11. Nurse's notes of 2-14-11 revealed the tenant told the program nurse he/she had a couple of places he/she could go to, but they would need to talk to the program nurse. The tenant told the nurse not to tell about "all of the trouble we've had." The tenant also reported hearing noises outside his/her apartment at night and didn't know how many people were outside at night. On 2-19-11 the tenant moved out of the program.

The tenant was interviewed by phone and stated \$40.00 was stolen, possibly in January, 2011 and \$170.00 was stolen sometime in February, 2011. A diamond bracelet valued at \$1600.00 was stolen sometime in February 2011. The tenant could not provide specific dates of the missing money and bracelet. The tenant stated the money and bracelet were taken from his/her purse. The tenant stated he/she never wore the bracelet and never took the bracelet from his/her purse. The tenant reported the money and the bracelet were taken during the late night – early morning hours. The tenant stated program staff finished his/her shift, would leave and would later return in the early morning hours to take things from his/her apartment. The tenant did not identify any suspects.

Program records indicated program staff worked from 6:00 a.m. to 7:00 p.m. Staff from the adjacent nursing facility completed wellness checks at 10:00 p.m. and 2:00 a.m. nightly. Staff #1 stated the tenant reported \$170.00 had been taken from his/her purse sometime in late January or early February, 2011 and a bracelet had been reported stolen on 2-11-11. The tenant had reported the thefts happened during the overnight hours. The tenant had difficulties with other tenants and accused them of going into his/her apartment and taking things.

Resident notes of 1-10-11 revealed the tenant reported eight bingo tickets were stolen from his/her purse and six air fresheners were taken from his/her apartment. On 2-8-11 the tenant told staff \$170.00 was stolen from his/her purse. The program notified DHS on 2-9-11 and the department of the alleged money theft on 2-10-11. The program did not notify the department of the alleged stolen bracelet reported by the tenant on 2-11-11.

The program did not assess the tenant's mental health status and make the appropriate referral related to the tenant's mental health status beginning 10-18-10 through 2-12-11 when the tenant reported personal items missing, including money, air fresheners,

a purse, jewelry, reporting someone was in his/her closet removing and packing his/her clothes and hearing voices outside his/her room late at night.

- Regulatory Insufficiency: If a tenant does not receive personal or health-related care, but an observed significant change in the tenant's condition occurs, a nurse review shall be conducted. If a tenant receives personal or health-related care, the program shall provide for a registered nurse or a licensed practical nurse via nurse delegation to assess and document the health status of each tenant, to make recommendations and referrals as appropriate, and to monitor progress relating to previous recommendations at least every 90 days and whenever there are changes in the tenant's health status. (IAC r. 481-69.27(3))

Dated this 15th day of March 2011.