IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

Complaint Intake #: 33831-C

May 24, 2011

Lyla Erwin, Manager
Windsor Manor
229 Pearl Street
Grinnell, IA 50112

RE: Final Complaint Investigation Report – Windsor Manor, Grinnell, IA

Dear Ms. Erwin:

Enclosed is the **Final Complaint Investigation Report** from the on-site monitoring visit of May 17, 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 #: 33831-C

Lyla Erwin, Manager
Windsor Manor
229 Pearl St.
Grinnell, Iowa 50112

Date of Investigation:

May 17, 2011

Monitor(s):

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 Windsor Manor on May 17, 2011. In preparing this report, the following information was considered:

Current Program Census:

General Population Program (GPP)* – A program that is not Dementia Specific, but may include tenants with cognitive disorder.

Current number of tenants without cognitive disorder:	31
Current number of tenants with cognitive disorder:	0
Total Population of GPP:	31

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

Total Population of DSP:	9
Total Census of ALP:	40

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

Program History – The program has not received any regulatory insufficiencies during this certification period.

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

A. Criteria for Exclusion of Tenants

Complaint Allegation: It was alleged the program allowed tenants who exceeded the assisted living level of care to remain in the program.

- Monitoring Observation: Tenant #1, a 72 year old, was admitted 3-28-11 with diagnoses of: Dementia, Hypertension (HTN), Congestive Heart Failure (CHF) and Atrial Fibrillation. The tenant scored 4 on the Global Deterioration Scale (GDS), dated 5-12-11, which indicated moderate cognitive decline. The tenant was initially independent with eating and grooming; however, the tenant required the assistance of one staff for bathing, dressing, transferring and ambulation. The tenant also used a walker during ambulation.

  In May 2011, the tenant began experiencing symptoms of gallbladder disease. The tenant showed increased confusion and weakness with a decrease in appetite. The tenant experienced multiple falls within a one week period due to the tenant's worsening weakness. On 5-10-11, the program moved the tenant to the secured dementia unit secondary to the tenant's worsening mental status and on 5-11-11 the program sent the tenant to the hospital secondary to his/her gallbladder symptoms. The tenant remained hospitalized at the time of the monitoring visit.

  Tenant #2, an 87 year old, was admitted 10-28-07 with diagnoses of: Diabetes and HTN. The tenant scored 2 on the GDS, dated 2-9-11, which indicated very mild

cognitive decline. The tenant was initially independent with most activities of daily living. The tenant required surgery to repair an umbilical hernia on 1-28-11. The tenant transferred to a skilled nursing facility to rehabilitate on 2-4-11 following the surgery. On 2-9-11 the tenant's physician wrote an order to discharge the tenant to return home to his/her apartment at the program with home health services initiated. The program nurse completed a change of condition evaluation on 2-9-11, finding the tenant to be in fair spirits but very weak following the surgery. The nurse documented the tenant would now require assistance of one staff with bathing, dressing, transferring and ambulation due to the weakness. The tenant used a walker during ambulation.

The tenant returned to the program at 6:00 PM on 2-10-11. Over a 24 hour period, the tenant began to show increased confusion and experienced hallucinations. The program sent the tenant to his/her physician for medical evaluation in the afternoon of 2-11-11 and the tenant was subsequently hospitalized with the diagnosis of dehydration. The tenant's condition worsened throughout his/her hospitalization, resulting in the tenant's death without return to the program.

Tenant #3, a 72 year old, was admitted 4-25-11 with diagnoses of: Dementia, HTN, Coronary Artery Disease and Depression. The tenant scored 5 on the GDS, dated 4-22-11, which indicated moderately severe cognitive decline. The tenant initially required the assistance of one staff for eating, grooming, bathing, dressing, transferring and ambulation.

Following admission to the program, the tenant stopped eating and drinking. On 5-6-11 the tenant experienced an unresponsive episode. The family chose to refuse hospitalization and began seeking hospice information. The tenant worsened over a 3 day time period, resulting in the tenant's death at midnight on 5-10-11.

None of the three tenants exceeded assisted living level of care. The program responded appropriately to changes in the health condition of all three tenants.

- Regulatory Insufficiency: None noted.

Dated this 23rd day of May 2011.