IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

Complaint Intake: 29874-C
29736-I
29645-I

September 13, 2010

Ms. Monica Hunter, Administrator
Meadowview Memory Care Village
3005 F Avenue NW
Cedar Rapids, IA 52405

RE: Final Complaint and Incident Investigation Report – Meadowview Memory Care Village, Cedar Rapids, IA

Dear Ms. Hunter:

Enclosed is the **Final Complaint and Incident Investigation Report** from the on-site monitoring visit of August 16, 2010, 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 515/281-7390.

Sincerely,

Rose Boccella

Rose Boccella
Program Coordinator
Adult Services Bureau

Enclosure

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

Assisted Living Program:

Monica Hunter, Administrator
Meadowview Memory Care Village
3005 F Avenue NW
Cedar Rapids, IA 52405

Complaint Intake #: 29874-C
29736-I
29645-I

Date of Investigation:

August 16, 2010

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 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 and incident investigation on-site visit was conducted at Meadowview Memory Care Village on August 16, 2010. In preparing this report, the following information was considered:

Current Program Census:

General Population Program (GPP)* – Not applicable.

Dementia Specific Program (DSP)* – A program that is a Dementia Specific Program by definition but may have tenants without cognitive disorder.

Current number of tenants in a DSP that serves fewer than 55 tenants and has 5 or more tenants who have dementia between Stages 4 and 7 on the Global Deterioration Scale (GDS):	43
Current number of tenants without cognitive disorder:	1
Total Population:	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.

Complaint and Incident Investigation – The complaint investigator made the observations detailed in the following areas.

A. Criteria for Exclusion of Tenants

Complaint Allegation 29871-C: It was alleged that several tenants should be at a higher level of care.

- Monitoring Observation: The clinical records for eight tenants were reviewed and multiple observations were completed. None of the tenants exceeded criteria for retention in the program.

- Regulatory Insufficiency: None noted.

Incident Allegation 29736-I: The program reported a tenant eloped from the program.

- Monitoring Observation: Tenant #1, a 74 year old, was admitted on 5-13-10 with diagnoses of: Dementia, Atrial Fibulation, Hypothyroidism, Hypertension (HTN) Depression and Hyperlipidemia. The cognitive evaluation of 5-12-10 scored the tenant at "5" on the Global Deterioration Scale (GDS) which indicated moderately severe cognitive decline. The tenant resided in a secured dementia unit. The incident report of 7-11-10 documented the alarm system paged the staff at 12:55 p.m. alerting them that the front door had been opened. Staff immediately went to the door and observed the tenant walking on the sidewalk. The tenant was returned to the program without incident. The program reported the incident to the department appropriately on 7-12-10.

- Regulatory Insufficiency: None noted.

B. Tenant Documents

Complaint Allegation 29874-C: It was alleged that staff were told not to document things.

- Monitoring Observation: The registered nurse (RN) for the program stated the program policy allowed only professional staff to document in clinical records. Staff #1 reported that direct care workers did not document in the chart. Information was reported to all staff in a communication book kept in the medication room.

- Regulatory Insufficiency: None noted.

C. Structural requirements

Complaint Allegation: It was alleged a tenant had pets and could not care for them.

- Monitoring Observation: A tour of the program was completed on 8-16-10 at 10:00 a.m. There were no odors identified by the monitor. Staff #1 stated that during her shift she wasn't responsible for care of the animals. The service plan for Tenant #7, who

owned cats, documented staff was to feed the cats in the a.m. and family would otherwise care for the animals. Housekeeping was provided by the program one time a week.

- Regulatory Insufficiency: None noted.

D. Other

Incident Allegation 29645-I: The program reported a tenant was missing property.

- Monitoring Observation: Tenant #2, a 78 year old, was admitted 9-20-08 with diagnoses of: Congestive Heart Failure, Diabetes, Dementia, Hyperlipidemia, Hypothyroidism, Osteoporosis, Osteoarthritis, and Anxiety. The cognitive evaluation of 7-19-10 scored the tenant at "5" on the GDS which indicated moderately severe cognitive decline. The tenant resided in a secured dementia unit. The incident report of 7-2-10 documented that the tenant's family member had noted Tenant #2's wedding rings were missing. Staff #2 reported seeing the rings while providing care for the tenant on 6-30-10. The police were called and decided not to open an investigation because they were uncertain if the rings were lost or stolen. The family member could not remember the last time the rings had been seen. Tenant #1 had gone to a salon to have a manicure on 7-2-10 and the family member noticed on the way back to the program that the rings were missing. Staff #1 stated that she was aware that the rings existed but could not remember the last time she had seen them. The program reported the missing property to the department appropriately on 7-3-10 when a search for the rings was unsuccessful. The monitor was unable to determine if the rings were lost or stolen. During the timeframe of 6-30-10 to 7-2-10, the tenant was exposed to multiple other tenants and staff members and was out of the program with family leaving the opportunity for loss undetermined.

- Regulatory Insufficiency: None noted.

Dated this 13th day of September 2010.