IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

November 15, 2011

Incident Intake #: 35638-I
35617-I
35705-I

Carrie Stone, Administrator
Park Lane Village
908 South Park Lane
Knoxville, IA 50138

RE: Final Incident Investigation & Recertification Report – Park Lane Village, Knoxville, IA

Dear Ms. Stone:

Enclosed is the **Final Incident Investigation & Recertification 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 completed the review of your Plan of Correction (POC) in response to the Preliminary Incident Investigation & Recertification Report. Based upon a complete review of the Report and your actions to correct the identified Regulatory Insufficiency, DIA accepts your POC. The Final report is enclosed.

The review of the recertification documents you submitted has been completed and the documents are accepted. In addition, the State Fire Marshal's (SFM) inspection report has been received as well as the Facility Engineer's approval of the Evacuation Plans for your program.

Enclosed you will find the Assisted Living Program Certificate **S0132** with effective dates of **December 3, 2011** through **December 2, 2013**.

If you have any questions in regard to this certification, 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/Incident Investigation & Recertification Report

Assisted Living Program:

Carrie Stone, Administrator
Park Lane Village Assisted Living
908 South Park Lane
Knoxville, IA 50138

Complaint/Incident Intake #: 35638-I
35617-I
35705-I

Date of Complaint/Incident Investigation:

September 9, 2011

Monitor(s):

Hal L. Chase, RN BSN MPH

Definitions: ***The following definitions are relevant:***

Assisted Living Program – A program certified under 481 IAC 69 that provides housing with contracted services to three or more tenants in a physical structure that provides a homelike environment. Services may include but are not limited to health-related care, personal care, and assistance with instrumental activities of daily living. A General Population Program is an Assisted Living Program that is not dementia-specific but may have tenants with cognitive disorder.

Dementia-Specific Assisted Living Program - An assisted living program certified under 481 IAC 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 (GDS), or serves 55 or more tenants and 10 percent or more of the tenants have dementia between Stages 4 and 7 on the GDS, or holds itself out as providing specialized care for persons with dementia, such as Alzheimer's disease, in a dedicated setting.

Regulatory Insufficiency - A violation of a statutory or rule provision within the Code of Iowa (2011) or the 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 statutory or rule violations. The plan should identify how and by what date each regulatory insufficiency will be corrected, and what measures will be taken to ensure the problem does not recur. The plan is due to DIA within ten (10) working days of the program's receipt of a Complaint/Incident Investigation Report. Depending on the circumstances, DIA may revisit the assisted living program to confirm progress in fulfilling a plan's corrective measures.

Overview: ***In preparing this report, the following information was considered:***

Current Program Census

Assisted Living Programs are defined by the type of population served. The census numbers below were provided by the Program at the time of the on-site visit.

	Dementia-Specific Program by Definition
Number of tenants without cognitive disorder:	52
Number of tenants with cognitive disorder:	5
Total census of Assisted Living Program	57

Tenant/Family Satisfaction Results – A community meeting was held with 48 tenants. Tenants reported it was a nice to live in an assisted living program. Housekeeping services were satisfactory and the building and grounds were clean, safe and sanitary. Staff responded promptly, often less than five minutes when called. Staff and the Nurse treated them as they wanted to be treated. Tenants received the services requested and tenants voiced no other concerns. The food was good and a variety of meats, vegetables and desserts was offered. There were enough activities offered and the Program prepared weekly and monthly activity calendars. Tenants felt safe, made their own decisions, were satisfied with the services they received and recommended the Program to others.

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

Complaint/Incident Investigation – The Complaint/Incident investigator(s) made the observations detailed in the following areas:

A. Service Plans

Complaint/Incident Allegation #35638-I: The program reported Tenant #1 eloped from the program on 8-18-11.

- Monitoring Observation: Tenant #1(the Tenant), an 81 year old, was admitted on 8-17-11 and had diagnoses of: Arthritis, History of Cancer, Cataracts, Dementia and Hard of Hearing. A cognitive evaluation was completed on 8-15-11 and staged the Tenant at five on the Global Deterioration Scale (GDS), which indicated moderately severe cognitive decline. The Tenant's service plan of 8-15-11 was supported by evaluations and indicated the Tenant was independent with ambulation with no history of wandering or exit seeking. The Tenant needed assistance with activities of daily living (ADLs), including assistance with dressing, grooming and bathing.

  The Tenant moved into the program the morning of 8-17-11. Nurse's notes of 8-18-11 indicated the Tenant had a good day during the daytime hours of 8-17-11. The Tenant came for lunch and attended activities. One hour safety checks were initiated and completed beginning 10:00 a.m., through 11:00 p.m. At suppertime, the Tenant was anxious and delusional; thinking someone had a gun and was robbing him/her. Staff redirected the Tenant and the Tenant was better for awhile, but then staff ended up sitting with the Tenant for the remainder of the evening. Night staff documented

the Tenant was walking the hallways from 11:00 p.m. until 11:45 p.m, when staff noted the Tenant was laying in bed. At 12:00 a.m. the Tenant was found outside in the adjacent parking lot of the local hospital. At 12:20 a.m. staff brought the Tenant back to the program and into the Tenant's apartment. At 12:30 a.m. staff noted the Tenant was going in and out of the Tenant's apartment. Staff called the Nurse and family about the Tenant's status. At 12:45 a.m. the Tenant was outside in the parking lot. Staff stayed with the Tenant from 12:45 a.m. until 1:45 a.m. until family arrived and decided to take the Tenant home. The Tenant had not returned to the program.

- Regulatory Insufficiency: None noted.

Complaint/Incident Allegation #35617-I & 35705-I: The program reported Tenant #2 eloped from the program on 8-22-11 and 9-2-11

- Monitoring Observation: Tenant #2 (the Tenant), an 86 year old, was admitted on 9-1-07 and had diagnoses of: Sjorens Disease, Dementia, Raynauds Disease, Orthostatic Hypertension, Depression, Osteoarthritis and a hospice diagnoses of Failure to Thrive. A cognitive evaluation was completed on 7-13-11 and staged the Tenant at six on the GDS, which indicated severe cognitive decline. The Tenant was admitted to hospice care on 1-24-11.

  A review of incident report revealed the Tenant had eloped from the program on 7-4-11, 8-20-11 and 8-31-11. There were no injuries noted with each elopement. On 7-4-11, a nursing facility adjacent to the program reported the Tenant had been wandering in the parking lot looking for his/her spouse. Documentation reviewed indicated one-hour safety checks were initiated.

  On 8-20-11, staff had completed an 8:00 p.m. check and noted the Tenant wasn't in his/her room. Upon further investigation, staff found an exit door ajar, went outside and found the Tenant in the parking lot adjacent to the program. On 8-31-11, another tenant had pushed his/her emergency pendent; as the Tenant was seen walking out an exit door. Staff escorted the Tenant back to the program. One-hour safety check task sheets were reviewed and indicated staff completed one-hour safety checks began 7-5-11 at 9:00 a.m. until 9-2-11 at 2:00 p.m., when the Tenant went home with family. The Tenant had not returned to the program.

  A service plan of 6-28-11 indicated the Tenant was independent with ambulation and transfer. Nurse's notes of 6-28-11 indicted the Tenant had put his/her clothes in the toilet and sleeping in bed without pants and putting his/her feet into a pillow case. Staff #1 stated the Tenant was allowed to walk outside the program independently. The Tenant would, after lunch, tell staff he/she was going outside. The Tenant was delusional at times and would often think of his/her spouse. The service plan did not establish interventions related to these behaviors. One-hour safety checks were initiated 7-5-11 through 9-2-11, but the service plan was not updated to reflect interventions related to the elopements. The Tenant was given a 30-day written notice to leave the program on 8-22-11.

- Regulatory Insufficiency: The service plan shall be individualized and shall indicate, at a minimum, the tenant's identified needs and preferences for assistance. (IAC r.481-69.26(4)(a))

Dated this 23th day of September, 2011.