IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

January 17, 2012

Mr. Travis Senters, Community Director
MeadowView Memory Care Village
3005 F Avenue NW
Cedar Rapids, IA 52405

RE: Final Recertification Monitoring Evaluation Report – MeadowView Memory Care Village, Cedar Rapids, IA

Dear Mr. Senters:

Enclosed is the **Final Recertification Monitoring Evaluation 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 Recertification Monitoring Evaluation Report. Based upon a complete review of the Report and your actions to correct the identified Regulatory Insufficiency, DIA accepts your POC. The Department denies your Request for Reconsideration due to staff being unaware of the tenant's location when the tenant exited the program. 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 **S0228** with effective dates of **February 8, 2012** through **February 7, 2014**.

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 Recertification Monitoring Evaluation Report

Assisted Living Program:

Travis Senters, Community Director
Meadow View Memory Care Village
3005 F Avenue NW
Cedar Rapids, IA 52405

Date of Monitoring Visit:

October 31, 2011

Monitor(s):

Margaret Kaltefleiter, RN MS

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 were provided by the Program at the time of the on-site.

Dementia-Specific Program by Dedication	
Number of tenants without cognitive disorder:	1
Number of tenants with cognitive disorder:	42
Total Population of Program at time of on-site	43
TOTAL census of Assisted Living Program	43

Tenant/Family Satisfaction Results – During the onsite monitoring evaluation visit no family members were available to interview. Observations made by the monitor revealed tenants to be clean, neat and well cared for by staff members. Staff interactions with tenants were professional, caring and supportive. Housekeeping services were being provided and the building and grounds were clean and sanitary. Tenants enjoyed social interactions with each other and with staff members. Activities were provided and well attended. Nursing services were available and staff was attentive to tenant needs. The tenants appeared to enjoy their noon meal, eating all food provided to them. Overall, the tenants appeared to enjoy being at the Program.

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

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

A. Other

Monitoring Observation: Four tenant files were reviewed.

Tenant #1 (the Tenant), a 77 year old, was admitted on 2-8-11 and diagnoses include: Anxiety, Increased Cholesterol, Urinary Incontinence and Alzheimer's. The Tenant was staged at a five on the Global Deterioration Scale which indicated moderately severe cognitive decline. According to the Service Plan completed on 9-27-11, the Tenant had a history of wandering. The Tenant would open doors to see what was behind them and would exit seek at times. Staff would redirect to an activity by holding the Tenant's hand and guided Tenant towards another direction.

According to the Nurse's Notes on 10-1-11, at approximately 7:15 a.m., the front door alarm sounded and a staff member went to check on the alarm, looked in the front lobby and did not see anyone. The staff member went back to the unit and asked a nurse if she saw or heard anything. A contracted security person who was working at the building stated he had just come into the building and did not see anyone. At 7:30 a.m., kitchen

staff notified nursing staff that staff at the building next door reported the Tenant was in their building. The Tenant returned to the unit escorted by staff without injury.

According to the Incident Report Form, the Tenant was wearing a Global Positioning System (GPS) watch and the Tenant exited at 7:26 a.m. and returned at 7:28 a.m. According to a print out of the GPS system, on 10-1-11 at 7:26:37 the Tenant left from Ivy Lane near room 10. The Tenant returned at 7:28:48 at Ivy Lane near room 10.

A late entry in the Nurse's Note's dated 10-3-11 for 10-1-11 indicated the Tenant had no apparent injuries or skin tears and was wearing tan slacks with a green shirt, white socks and tennis shoes at the time of the incident.

According to investigation notes prepared by the Director of Nursing (DON), she received a call at 10:10 a.m., from a nurse stating the Tenant was found in the building next door. Staff reported the front door alarmed but they did not see anyone. The security officer stated he was just outside and saw no one. Staff reset the door alarm. Staff stated a couple minutes' later staff next door called to report the Tenant was in their building. Staff stated the Tenant was not injured and was wearing appropriate clothing for the weather, a long sleeve shirt and pants. Staff acknowledged the alarm system did alarm. At 1:42 p.m., the DON instructed a nurse to remove the Tenant's GPS watch to check if it was working and check all doors for proper functioning. A nurse reported the Home Free computer was not functioning properly and called to have it fixed. At 2:28 p.m., all doors were alarming properly. Staff was instructed to institute 15 minutes checks for 72 hours in addition to the GPS watch.

The Community Director indicated on the Incident Report Form the Program did not notify the Department because staff was aware the tenant exited the building and as such she did not consider this incident an elopement.

According to the State of Iowa Climatologist, on 10-1-11 at 6:52 a.m. at the Cedar Rapids airport, the temperature was 36 degrees with clear skies and winds were north to north east at five miles per hour. The wind chill factor was 32 degrees. At 7:52 a.m., the temperature was 39 degrees with clear skies and winds were northeast at seven miles per hour. The wind chill factor was 34 degrees.

The Program did not notify the department within 24 hours or the next business day, by the most expeditious means available, when the Tenant eloped from the Program.

Regulatory Insufficiency: Program notification to the department. The director or the director's designee shall be notified within 24 hours, or the next business day, by the most expeditious means available: when a tenant elopes from a program. (IAC r. 481-67.4 (4))