IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

DEMAND LETTER
CERTIFIED
Complaint Intake #: 36936-C

January 24, 2012

Ms. Kelsie Weldon, Administrator
Park Lane Village Assisted Living
908 S. Park Lane
Knoxville, IA 50138

RE: I. Final Complaint/Incident Investigation Report
II. Civil Penalty
III. Appeals/Hearings
IV. Conclusion

Dear Ms. Weldon:

I. Final Complaint/Incident Investigation Report – Park Lane Village Assisted Living, Knoxville, IA

Enclosed is the **Final Complaint/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. The Report notes Regulatory Insufficiencies in the area(s) of: Involuntary Discharge, Service Plans and Managed Risk. **Park Lane Village Assisted Living** ("Program") is being assessed a $500 civil penalty pursuant to Iowa Code section 231C.14 and 481 IAC 67.12(3)(a).

II. Civil Penalty

If, within 30 days of the receipt of this demand letter, you (1) do not request a formal hearing or withdraw your request for formal hearing, and (2) pay the civil penalty, the assessed penalty will be reduced by thirty-five percent (35%) pursuant to IAC rule 481—67.12(3)d. If you do not wish to request a formal hearing or wish to withdraw your request for formal hearing, please send a cover letter to the attention of **Rose Boccella** and remit the civil penalty assessed by check or money order in the amount of three hundred twenty five dollars ($325) within 30 business days after the receipt of this demand letter.

III. Appeals/Hearings

The Program may appeal the DIA decision in accordance with IAC rule 481—67.13 within thirty (30) days of this notice, by submitting a request for appeal to DIA. A contested case hearing will be held pursuant to Iowa Code chapter 17A and IAC chapter 481—10. If the Program appeals the DIA decision, the civil penalty will be suspended pending the appeal process. If the Program does not appeal, the civil penalty is due within 30 days of notice.

IV. Conclusion

The Program is being assessed a $500 civil penalty pursuant to Iowa Code section 231C.11 and 481 IAC 67.12(3)(a). The Plan of Correction (POC) submitted on January 24, 2012, has been reviewed and will constitute the final POC related to the on-site visit of January 4, 2012.

DIA may revisit the Program to confirm compliance in fulfilling the POC's corrective measures. If the Program wishes to appeal the final findings, the Program may do so within 30 days of this letter.

If you have any questions in regard to this letter and enclosed Report, please contact your Program Coordinator, Rose Boccella, at 515/281-7039.

Sincerely,

Ann Martin

Ann Martin, Bureau Chief
Adult Services Bureau

Enclosure

IOWA DEPARTMENT OF INSPECTIONS AND APPEALS
Assisted Living Program
Final Complaint/Incident Investigation Report

Assisted Living Program: **Complaint/Incident Intake #:** 36936-C

Kelsie Weldon, Administrator
Park Lane Village Assisted Living
908 S. Park Lane
Knoxville, IA 50138

Date of Complaint/Incident Investigation:

January 4, 2012

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.

General Population Program	
Number of tenants without cognitive disorder:	53
Number of tenants with cognitive disorder:	5
Total Population of Program at time of on-site	58
TOTAL census of Assisted Living Program	58

Program History – The program received a regulatory insufficiency in the area of service plan during the September 9, 2011, Recertification and Incident (35638-I, 35617-I, 35705-I) on-site.

A. Involuntary Discharge

Complaint/Incident Allegation: It was alleged the Program had little tolerance for behaviors often seen in elderly. A tenant was given a 30-day notice to move for disruptive behavior.

- Monitoring Observation: Four tenant files were reviewed. Tenant #2, a 91 year old, was admitted on 3-25-02 and had diagnoses of: History of Back Compression Fracture, Hypertension, Gastro Esophageal Reflux Disease, Hyperlipidemia, Depression, Mild Vascular Dementia, Osteoporosis, Macular Degeneration and Osteoarthritis. A Short Portable Mental Status Questionnaire was completed on 1-25-11 and scored Tenant #2 at four, which indicated mild intellectual function. A service plan of 1-25-11 indicated the tenant needed assistance with activities of daily living (ADLs), including medication administration.

  Tenant #2's occupancy agreement of 5-28-04 indicated "possible reasons that could necessitate move-out/discharge," including continued residency which endangered the safety, health, or welfare of others. Activity notes of 3-23-11 through 8-30-11 indicated at least eight incidents of Tenant #2 disturbing other tenants during activities. Disturbances included throwing dominoes, pushing a chair toward tenants, making verbal and physical gestures and threats toward tenants. Tenant's reported feeling threatened by Tenant #2's actions. Nurse's notes of 9-1-11 indicated Tenant #2 had increased rude behaviors during activities. A meeting was held with Tenant #2 and family regarding Tenant #2's behavior. Tenant #2 and family were told if Tenant #2's episodes continued to occur, Tenant #2 would be asked to seek housing elsewhere.

  Activity logs of 9-21-11 through 11-2-11 indicated at least three incidents of disruptive behavior, including pushing a chair in the walkway of another tenant, becoming verbally loud and throwing dominoes at other tenants. Tenant #2's legal representative was given a 30-day written notice on 11-2-11 to find appropriate housing elsewhere. Nurse's notes of 11-30-11 indicated Tenant #2 move out of the program.

The 30-day written notice did not include the contact information for the tenant advocate. The Program notified the tenant advocate by mail, but not by certified mail and five days after giving Tenant #2's legal representative notice of discharge.

- Regulatory Insufficiency: If a program initiates the involuntary transfer of a tenant and the action is not the result of a monitoring, including a complaint investigation or program-reported incident investigation, by the department and if the tenant or tenant's legal representative contests the transfer, the following procedures shall apply. a. The program shall notify the tenant or tenant's legal representative, in accordance with the occupancy agreement, of the need to transfer the tenant and of the reason for the transfer and shall include the contact information for the tenant advocate. b. The program shall immediately provide to the tenant advocate, by certified mail, a copy of the notification and notify the tenant's treating physician, if any. (IAC r.481-69.24(1)(a)(b))

B. Service Plans

During the course of the investigation, the following information was obtained:

Monitoring Observation: Activity notes of 3-23-11 through 8-30-11 indicated at least eight incidents of Tenant #2 disturbing other tenants during activities. Disturbances included throwing dominoes, pushing a chair toward tenants, making verbal and physical gestures and threats toward tenants. Tenant's reported feeling threatened by Tenant #2's actions. Nurse's notes of 9-1-11 indicated Tenant #2 had increased rude behaviors during activities. A meeting was held with Tenant #2 and family regarding Tenant #2's behavior. Tenant #2 and family were told if Tenant #2's episodes continued to occur, Tenant #2 would be asked to seek housing elsewhere.

Activity logs of 9-21-11 through 11-2-11 indicated at least three incidents of disruptive behavior, including pushing a chair in the walkway of another tenant, becoming verbally loud and throwing dominoes at other tenants.
Tenant #2's service plan of 1-25-11 was not updated to include interventions related to Tenant #2's disruptive behavior during activities.

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

C. Managed Risk

During the course of the investigation, the following information was obtained:

Monitoring Observation: Activity notes of 3-23-11 through 8-30-11 indicated at least eight incidents of Tenant #2 disturbing other tenants during activities. Disturbances included throwing dominoes, pushing a chair toward tenants, making verbal and physical gestures and threats toward tenants. Tenant's reported feeling threatened by Tenant #2's actions. Nurse's notes of 9-1-11 indicated Tenant #2 had increased rude behaviors during activities. A meeting was held with Tenant #2 and family regarding

Tenant #2's behavior. Tenant #2 and family were told if Tenant #2's episodes continued to occur, Tenant #2 would be asked to seek housing elsewhere.

The Program did not initiate a managed risk agreement which identified shared responsibility and a process for managing Tenant #2's disruptive behavior during activities which resulted in a poor outcome for Tenant #2 and other tenants.

- Regulatory Insufficiency: The program shall have a managed risk policy. The managed risk policy shall be provided to the tenant along with the occupancy agreement. The managed risk policy shall include the following. 1. An acknowledgment of the shared responsibility for identifying and meeting the needs of the tenant and the process for managing risk and for upholding tenant autonomy when tenant decision making results in poor outcomes for the tenant or others. (IAC r.481-69.31(1))