IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

May 16, 2012

Complaint/Incident Intake #: 37927-I

Mr. Michael Fox, Interim Administrator
Reed House
2506 3rd Avenue North
Denison, IA 51442

RE: Final Complaint/Incident Investigation & Recertification Monitoring Evaluation Report – Reed House, Denison, IA

Dear Mr. Fox:

Enclosed is the **Final Complaint/Incident Investigation & 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 Complaint/Incident Investigation & 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 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 **S0013** with effective dates of **May 27, 2012** through **May 26, 2014**.

If you have any questions in regard to this certification, please contact me at 515/281-4116.

Sincerely,

Jim Berkley

Jim Berkley
Program Coordinator
Adult Services Bureau

Enclosure

IOWA DEPARTMENT OF INSPECTIONS AND APPEALS
Assisted Living Program
Final Complaint/Incident Investigation & Recertification Monitoring Evaluation Report

Assisted Living Program:

Complaint/Incident Intake #: 37927-I

Michael Fox, Interim Administrator
Reed House
2506 3rd Avenue North
Denison, IA 51442

Date of Complaint/Incident Investigation:

March 6, 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:	31
Number of tenants with cognitive disorder:	1
Total Population of Program at time of on-site	32
TOTAL census of Assisted Living Program	32

Tenant/Family Satisfaction Results – A community meeting was held with 18 tenants. Tenants reported they liked living at the Program and thought it was a nice place to live. Tenant's apartments and the building and grounds were clean safe and sanitary. Nursing services were available when needed and staff responded within five minutes of being called. Tenants reported they received good care and staff was respectful and patient with them. The food was good, but the cook was new and "needed to be broken in." Tenants reported there were enough activities offered. Tenants reported they made their own decisions, felt safe, were generally satisfied with the Program, and would recommend the Program to anyone.

Program History – There were no regulatory insufficiencies during this recertification period.

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

A. Program Reporting to the Department

Complaint/Incident Allegation: The Program reported Tenant #1 had left the program without the knowledge of staff.

- Monitoring Observation: Three tenant files were reviewed. Tenant's #2's and #3's file revealed no issues.

  Tenant #1, an 82 year-old, was admitted on 9-10-10 and had diagnoses of: Dementia, History of Cancer of the Left Breast, Osteoporosis, Osteoarthritis, Hypertension, Coronary Artery Disease and Increased Lipids. A cognitive evaluation of 2-11-12 staged the tenant at three on the Global Deterioration Scale (GDS), which indicated mild cognitive decline. An incident report of 2-11-12 at 11:50 a.m. indicated a visitor came into the Program and stated he/she thought Tenant #1 was walking down the street. Staff escorted Tenant #1 back to the Program without difficulty. The Program speculated Tenant #1 exited the Program when another visitor came into the Program.

  A service plan of 1-10-12 indicated Tenant #1 needed staff assistance with bathing and medication administration, but was independent with all other activities of daily living (ADLs). Evaluations completed on 1-10-12 and a service plan of the same date did not indicate Tenant #1 had a history of exit seeking. Resident service notes of 9-28-11 through 2-10-12 revealed no history of wandering or exit seeking behaviors.

Resident service notes of 2-11-12 revealed Tenant #1 wanted to see his/her house, located a couple of blocks from the Program. Staff #1 and #2 were interviewed and each stated Tenant #1 did not wander and did not have exit seeking behaviors.

The Program's registered nurse (RN) completed a nurse review on 2-11-12 related to the incident. Functional, cognitive and health evaluations were completed on 2-11-12 and the service plan was updated and staff was to complete 15 minute safety checks and report any exit seeking behaviors to the RN. A review of Program files indicated 15 minute checks were completed from 2-11-12 through 2:00 p.m. of 3-6-12. The RN reported 15 minute safety checks would continue.

- Regulatory Insufficiency: None noted.

B. Record Checks

- Monitoring Observation: Four staff files were reviewed. Staff #3 was hired on 8-30-11. Criminal background, child abuse and dependent adult abuse checks were completed on 8-1-11 and indicated Staff #3 may have a possible criminal history. The Program did not request an evaluation from the department of Human services to determine if Staff #3's possible criminal record prohibited employment.

- Regulatory Insufficiency: Pursuant to Iowa code section 135C.33, a prospective employee of a program shall have a criminal history check, dependent adult abuse, and child abuse check performed before the prospective employee starts work. If a prospective employee has a criminal history or an abuse history, the prospective employee shall not be employed by the program unless the department of Human Services has performed an evaluation and determined that the record does not warrant the employment prohibition. Proof of the pre-employment background check shall be maintained in the program's employee file. The program must meet all requirement of Iowa code 135C 33 and Administrative rules adopted pursuant to Iowa Code section 135 C 33. (IAC r. 481-67.9 (3))