IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

DEMAND LETTER
CERTIFIED
Complaint Intake #: 39005-C

June 11, 2012

Ms. Megan Adams, Manager
Courtyard Estates at Hawthorne Crossing
601 Hawthorne Crossing Drive SE
Bondurant, IA 50035

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

Dear Ms. Adams:

I. Final Complaint/Incident Investigation Report – Courtyard Estates at Hawthorne Crossing, Bondurant, 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 a Regulatory Insufficiency in the area(s) of: Tenant Rights. **Courtyard Estates at Hawthorne Crossing** ("Program") is being assessed a $1,000 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 to the State of Iowa in the amount of six hundred fifty dollars ($650) 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 $1,000 civil penalty pursuant to Iowa Code section 231C.14 and 481 IAC 67.12(3)(a). The Plan of Correction (POC) submitted on June 6, 2012, has been reviewed and will constitute the final POC related to the on-site visit of May 9, 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:

Megan Adams, Manager
Courtyard Estates at Hawthorne Crossing
601 Hawthorne Crossing Dr. SE
Bondurant, Iowa 50035

Complaint/Incident Intake#
39005-C

Date of Complaint/Incident Investigation:

May 9, 2012

Monitor(s):

Maribeth Freland RN

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:	21
Number of tenants with cognitive disorder:	6
Total Population of Program at time of on-site	27

Dementia-Specific Program by Dedication	
Number of tenants without cognitive disorder:	1
Number of tenants with cognitive disorder:	7
Total Population of Program at time of on-site	8
TOTAL census of Assisted Living Program	35

Program History – The program received regulatory insufficiencies during the recertification visit completed 7-5-11 in the areas of Policies and Procedures, Service Plan, Staffing, and Tenant Rights.

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

A. Tenant Rights

Complaint/Incident Allegation: It was alleged the program staff members did not assist tenants according to their service plans resulting in skin breakdown and need for medical evaluation. It was alleged program staff members did not identify the skin breakdown and did not report skin issues to medical professionals when transferring tenants for medical evaluation.

- Monitoring Observation: The monitor reviewed the clinical records of Tenants #1, #2 and #3, all tenants residing in the program's memory care unit.

  Tenant #1, a 71 year old, was admitted to the program on 4-1-12 with diagnoses of: Dementia, History of Urinary Tract Infections, Parkinson's Disease, Osteoarthritis, Hypertension (HTN), History of Groin Skin Rashes and Incontinence. Tenant #1 scored a 5 on the Global Deterioration Scale (GDS), dated 4-1-12, which indicated moderately severe cognitive decline. Tenant #1's Durable Power of Attorney had been activated due to Tenant #1's cognitive decline.

  The service plan, dated 4-1-12, indicated Tenant #1 was occasionally incontinent of urine and wore incontinence products routinely. The same service plan directed staff members to assist Tenant #1 with bathing, toileting and perineal cleansing following incontinent episodes to avoid skin irritations and urinary tract infections. Task sheets

for April and May 2012 directed staff members to shower Tenant #1 on Mondays and Thursdays. The task sheets documented staff member assistance with bathing on 4-5, 12, and 23-12 and 5-2, 3 and 7-12, indicating Tenant #1 received assistance to shower only three times during the months of April and May 2012. The task sheets indicated Tenant #1 refused assistance with bathing on 4-20-12 and lacked any reason for omission on the other scheduled bath days. The registered nurse (RN) completed physical evaluations of Tenant #1 on 3-23-12 and 4-1-12, noting no skin issues. During monitor observation, Tenant #1 did not have any groin skin irritations.

Tenant #2, a 96 year old, was admitted to the program on 9-12-10 with diagnoses of: Dementia, History of Urinary Tract Infections, Diabetes, Osteoarthritis, HTN, History of Excoriation in Skin Folds, Incontinence and Obesity. Tenant #2 scored a 4 on the GDS, dated 4-2-12, which indicated moderate cognitive decline. Tenant #2's Durable Power of Attorney had been activated by the physician on 9-23-10 due to cognitive decline.

The service plan, dated 4-2-12, indicated Tenant #2 was occasionally incontinent of urine and wore incontinence products routinely. The same service plan directed staff members to assist Tenant #2 with bathing, toileting and perineal cleansing following incontinent episodes to avoid skin irritations and urinary tract infections. Task sheets for March, April and May 2012 directed staff members to shower Tenant #2 on Tuesdays and Saturdays. The task sheets documented staff member assistance with bathing on 3-3, 5, 10, 13, 17 and 24-12, 4-4, 6, 12, 14, 27 and 30-12 and no days during the first seven days in May 2012, indicating Tenant #2 showered six times during March, six times in April and not at all during the first seven days of May. The task sheets indicated Tenant #2 refused assistance with bathing on 4-9, 17, 21 and 24-12 and 5-1-12.

The task sheets lacked any reason for omission on the other scheduled bath days. During interview, the RN reported she had reviewed Tenant #2's task sheets in April, noting staff members had not been giving Tenant #2 a shower as scheduled. On 5-1-12, the RN added direction to Tenant #2's task sheet to verbally notify the next shift if Tenant #2 refused a shower so those staff members can complete the shower. If Tenant #2 again refused, attempt the next day. If still unable to get Tenant #2 to shower, give a sponge bath and notify the RN. The RN reported no staff member reported during the first seven days of May that Tenant #2 had continually refused showering.

On 5-7-12 at approximately 3:00 a.m., Staff #4, universal worker (UW), noted Tenant #2 to have a "boil" on his/her inner right groin area that was seeping pink foul smelling drainage. He contacted the RN and then summoned an ambulance to transport Tenant #2 to the emergency room. Tenant #2 was subsequently admitted to the hospital. Hospital personnel noted severe skin breakdown in the groin area, poor hygiene and a large deep tissue abscess on the medial aspect of the right thigh with surrounding cellulitis. The abscess required surgical opening and drainage. The abscess measured 2.5 centimeter (cm) by 2.5 cm with induration of 5 cm by 3 cm. The abscess was draining purulent exudates and had surrounding erythema. The wound was cultured and showed heavy growth of methicillin resistant staphylococcus aureus (MRSA). Following the surgical opening and draining of the wound, the wound had a 0.5 cm by 2.0 cm area that was covered with slough.

Induration and redness in the area measured 8.0 cm by 11.0 cm and continued to seep a small amount of drainage.

During interview, Staff #1, #2, #3 and #4, all UW who worked routinely with Tenant #2 reported having seen no skin excoriation or wounds in the groin area when providing toileting and perineal care assistance in the days prior to 5-7-12. All denied Tenant #2 exhibited behaviors such as agitation or combativeness with staff members. All reported Tenant #2 would occasionally say he/she did not want to take a shower. Staff #1 and #3 worked the 6:00 a.m. to 6:00 p.m. shift and reported this is the shift Tenant #2 was to have his/her shower. Staff #2 and #4 worked the 6:00 PM to 6:00 AM shift. Both denied ever giving Tenant #2 a shower and both denied ever being told by Staff #1 or #3 of the Tenant #2's refusal to shower on the first shift.

The RN completed physical evaluations of Tenant #2 on 4-2-12, noting no skin issues. The RN assessed Tenant #2 on 5-4-12 due to reports of skin irritation on Tenant #2's buttocks; however, she reported limiting her assessment only to Tenant #2's buttocks area. The RN verified she did not visualize Tenant #2's groin area during her assessment on 5-4-12.

Tenant #2 remained hospitalized during the onsite visit. The monitor visited Tenant #2 at the hospital on 5-9-12. The monitor observed Tenant #2's groin area to be bright red without evidence of rash. The right inner thigh had an open wound filled with gauze packing and exhibited a raised red-purple area surrounding the open area that looked to be the size of a tennis ball. Hospital personnel reported Tenant #2 had exhibited no agitation or uncooperativeness with personal care assistance. Tenant #2 appeared fixated on food and on occasion would indicate he/she could not bath or walk as "I will be eating soon." Food was given to Tenant #2 and after eating, Tenant #2 always allowed cares to be provided.

Tenant #4's service plan indicated Tenant #4 was incontinent of bowel and bladder and wore incontinence products routinely. The same service plan directed staff members to assist Tenant #4 with bathing, toileting and perineal cleansing following incontinent episodes to avoid skin irritations and urinary tract infections. Task sheets for April and May 2012 directed staff members to shower Tenant #4 on Tuesdays and Fridays. The task sheets documented staff member assistance with bathing as directed. The RN completed physical evaluations of Tenant #4 frequently and reported concerns of a rash in the groin and on the buttocks of Tenant #4 in April and May 2012. The physician determined this rash to be an allergic reaction to a newly used incontinence product. During monitor observation, Tenant #4 did have a groin skin irritation that was being treated.

Both Tenant #1 and #2 required physical assistance with bathing. Both Tenant #1 and #2 were cognitively impaired and could not make informed health decisions. Staff members had not been assisting Tenants #1 and #2 with bathing as directed by the RN. Staff members allowed Tenants #1 and #2 to refuse bathing without attempting to redirect or reapproach each tenant to attempt assistance again. Upon medical evaluation on 5-7-12, Tenant #2 was found to have poor hygiene, an excoriated groin area and a large abscess on his/her inner thigh. Program staff members were to assist Tenant #2 with bathing and perineal cleansing throughout the day. Program staff members had not identified the excoriated groin or abscess.

- Regulatory Insufficiency: All tenants have the right to receive care, treatment and services which are adequate and appropriate. (IAC r. 481-67.3(2))

B. Criteria for Admission and Retention

Complaint/Incident Allegation: It was alleged at least one tenant residing at the program exceeded allowable assisted living level of care.

- Monitoring Observation: The monitor reviewed the clinical records of Tenants #1, #2, #3 and #4, finding no level of care concerns. Tenant #1 was able to eat, transfer, ambulate and perform grooming tasks independently. Tenant #1 required staff member assistance with medication administration, bathing, dressing the lower body and toileting with perineal cleansing following incontinent episodes. During monitor observation, Tenant #1 stood during toileting and assisted with pulling his/her incontinence product and pants up following perineal cleansing.

  Tenant #2 was able to eat and perform grooming tasks independently. Tenant #2 required staff member assistance with medication administration, physical assistance of one staff member with all transfers and ambulation to and from the bath room, assistance with bathing, dressing the upper and lower body due to an old shoulder injury and toileting with perineal cleansing following incontinent episodes. During monitor observation of Tenant #2 at a local hospital, Tenant #2 was able to stand with minimal physical assistance and the use of a walker, ambulated from a chair to a bed with stand by assistance for safety and was able to scoot his/herself up in the bed with minimal staff member assistance.

  Tenant #3 was able to eat, transfer, ambulate and toilet independently. Tenant #3 required staff member assistance with medication administration, dressing, some grooming tasks and bathing. Tenant #3 had a history of exit seeking behavior which was controlled by staff member safety checks and use of visitations into the locked memory care unit during the day time hours.

  Tenant #4 was able to eat, transfer and ambulate independently. Tenant #4 required staff member assistance with medication administration, grooming, dressing, bathing and toileting with perineal cleansing following incontinent episodes. During monitor observation, Tenant #4 stood during toileting and assisted to pull the incontinence product up following perineal cleansing.

  Tenant #1, #2, #3 and #4 all required assistance by only one staff member to meet each tenants' needs, participated in his/her own care and did not experience behaviors or total dependence in activities of daily living. All four tenants were determined to be at the appropriate level of care to remain at the program.

- Regulatory Insufficiency: None noted.