IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
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LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

DEMAND LETTER
CERTIFIED

September 18, 2012

Ms. Sharon Lukes, RN, BSN
Windhaven Assisted Living
5500 S. Main Street
Cedar Falls, IA 50613

RE: I. Final Recertification Monitoring Evaluation Report
II. Civil Penalty
III. Appeals/Hearings
IV. Standard Certification
V. Conclusion

Dear Ms. Lukes:

I. Final Recertification Monitoring Evaluation Report – Windhaven Assisted Living (Program), Cedar Falls, IA

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) chapter 481—67 and 481—69. The Report notes the Regulatory Insufficiencies in the area(s) of: Food Service and Life Safety.

Windhaven Assisted Living is being assessed a $500 civil penalty pursuant to Iowa Code section 231C.14(1)(a) and 481 IAC 67.12(3)(a)(1). The Program failed to comply with regulatory requirements. The non-compliance resulted in imminent danger or a substantial probability of resultant death or physical harm to a tenant. The alarm from the memory care unit to the courtyard was routinely shut off on a daily basis.

DIA is accepting the Plan of Correction (POC) following the Program's submission of information.

II. Civil Penalty

If, within thirty (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 penalty, the assessed penalty will be reduced by thirty-five percent (35%) pursuant in accordance with IAC 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 cover letter to the attention of **Rose Boccella** and remit the penalty assessed by check or money order to the State of Iowa 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 30 days of this notice, by submitting a request for appeal to DIA. A contested case hearing will be held pursuant to IAC chapter 481—10. If the Program appeals, the civil penalty will be suspended, pending the appeal process. If the Program does not appeal, the fine is due within 30 days of notice.

IV. Standard Certification

Enclosed you will find the Assisted Living Program Certificate **S0244** with effective dates of **September 29, 2012** through **September 28, 2014**.

V. Conclusion

The Program is being assessed a $500 civil penalty pursuant to Iowa Code section 231C.14 and 481 IAC 67.12(3)(a). The POC submitted on September 12, 2012, has been reviewed and will constitute the final POC related to the on-site visit of August 13 and 14, 2012.

DIA may revisit the Program to confirm compliance in fulfilling the POC's corrective measures. If the Program wishes to appeal or request a hearing on 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 report, please contact your Program Coordinator, Rose Boccella, at 515/281-7039 or **Rose.Boccella@dia.iowa.gov**

Sincerely,

Ann Martin

Ann Martin, Bureau Chief
Adult Services Bureau

Enclosure

IOWA DEPARTMENT OF INSPECTIONS AND APPEALS
Assisted Living Program
Final Recertification Monitoring Evaluation Report

Assisted Living Program:

Windhaven Assisted Living
Sharon Lukes RN, BSN
5500 S. Main St.
Cedar Falls, IA 50613

Date of Monitoring Visit:

August 13 and 14, 2012

Monitor(s):

Joyce Kix, RN
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 were provided by the Program at the time of the on-site.

General Population Program	
Number of tenants without cognitive disorder:	97
Number of tenants with cognitive disorder:	1
Total Population of Program at time of on-site	98
Dementia-Specific Program by Dedication	
Number of tenants without cognitive disorder:	3
Number of tenants with cognitive disorder:	28
Total Population of Program at time of on-site	31
TOTAL census of Assisted Living Program	129

Tenant/Family Satisfaction Results – A meeting was held with 24 tenants. The best thing about the Program was the friendly atmosphere. Housekeeping was completed to the tenants' satisfaction both in apartments and common areas with the exception of vacuuming which they felt could be more through. Maintenance responded to requests for assistance quickly. Staff members were reported to respond to requests for assistance in less than five minutes. Staff members were described as kind and respectful. The food was described as OK with multiple concerns regarding timing of service, temperature of food and meat tenderness. There were enough activities offered with no suggestions given for future activities. The tenants felt safe at the Program and would generally recommend it to others.

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

On-Site Monitoring Evaluation – The monitors made observations detailed in the following areas.

A. Food Service

Monitoring Observation: Upon entrance 8-13-12 at approximately 8:30 a.m. the monitors requested to review the program's menu cycle. The Director reported the program did not serve therapeutic diets.

Tenant #1, a 91 year old, was admitted to the memory care unit on 1-16-12 with diagnoses of: Dementia, Hypertension, Gastrointestinal Reflux Disorder, Spinal Stenosis and Mild Anemia. On 8-13-12 at 12:45 p.m. the monitor observed a staff member assisting Tenant #1 to eat pureed food. Tenant #1 had no natural teeth or dentures. The service plan dated 1-16-12 directed to modify diet consistency up to pureed as needed.

Tenant #2, an 85 year old, was admitted to the memory care unit on 6-6-12 with diagnoses of: Dementia, Depression, Neuralgic Pain and Degenerative Disc Disease. The physician's order dated 6-6-12 documented a regular diet. The service plan of the same date directed Tenant #2 was independent with food choices, plate preparation and meal consumption. Staff members were to monitor Tenant #2 for chewing and swallowing difficulty.

During interview on 8-14-12 at 10:30 a.m. the assistant chef stated that the program served two tenants in the memory care unit a pureed consistency diet. He said he did not use a recipe but just added broth and thickener to the regular food and blended it to pureed consistency.

The memory care unit Director stated that Tenant #1 had a physician's order for the pureed consistency but Tenant #2 did not. The director said that a staff member had taken it upon themselves to order pureed consistency diet for Tenant #2 routinely when she worked evenings.

On 8-14-12 at 11:30 a.m. the Chef contracted by the program provided an eight week menu cycle which had been signed by the Registered Dietitian on 8-14-12. The menu did not contain directions, procedures or approval of the modified diets.

The program failed to obtain physician's orders for all modified diets and failed to ensure a licensed dietitian wrote and approved the therapeutic diets or reviewed the procedures for the preparation of the pureed food.

Regulatory Insufficiency: Therapeutic diets may be provided by a program. If therapeutic diets are provided, they shall be prescribed by a physician, physician assistant, or advanced registered nurse practitioner. A current copy of the Iowa Simplified Diet Manual published by the Iowa Dietetic Association shall be available and used in planning and serving of therapeutic diets. A licensed dietitian shall be responsible for writing and approving the therapeutic menu and for reviewing procedures for food preparation and service of therapeutic diets. (IAC r. 481-69.28(4))

B. Life Safety

- Monitoring Observation: The program had an alarm system connected to the two doors which exited into a secured courtyard outside of the memory care unit. The doors had an egress bar on the doors which, when pushed, sounded an audible alarm. When the doors were functioning and alarmed, a red flashing light was displayed. If the alarms were set and sounded, they must be re-set from a toggle type switch accessed only by staff members. On 8-13-12 at 10:45 a.m. the monitors were able to open the door without the alarm sounding. There was no staff present in the observable area. The memory care Director reported the alarms were routinely shut off from approximately 9:00 a.m. until supper time because they were too intrusive. The monitors advised the Director that doors from the memory care unit to the courtyard must remain alarmed at all times.

On 8-13-12 at approximately 12:00 noon the monitor entered the memory care unit and observed no staff in the area. Both doors to the courtyard did not have the red flashing lights and the monitor was able to open the doors without the audible alarm sounding. The activity person reported she had turned off the alarms when she walked tenants around outside and had not re-activated the alarms.

The program had 28 tenants residing in the memory care unit who exhibited moderate to severe dementia. By leaving the door completely unalarmed, the program placed cognitively impaired tenants at risk for elopement from the program into the unsupervised courtyard.

- Regulatory Insufficiency: An operating alarm system shall be connected to each exit door in a dementia-specific program. (IAC r. 481-69.32(2))