IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

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GOVERNOR

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LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

DEMAND LETTER
CERTIFIED

Complaint/Incident Intake #: 40513-C

October 22, 2012

Ms. Ann-Marie Christy, Interim Director
Walnut Ridge Senior Community
1701 Campus Drive
Clive, IA 50325

RE: I. Final Recertification and Complaint/Incident Investigation Report
II. Civil Penalty
III. Appeals/Hearings
IV. Standard Certification
V. Conclusion

Dear Ms. Christy:

I. Final Recertification and Complaint/Incident Investigation Report – Walnut Ridge Senior Community (Program), Clive, IA

Enclosed is the **Final Recertification and 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) chapter 481—67 and 481—69. The Report notes the Regulatory Insufficiencies in the area(s) of: Life Safety and Structural Requirements.

Walnut Ridge Senior Community is being assessed a $2500 civil penalty pursuant to Iowa Code section 231C.14(1)(a)(b) and 481 IAC 67.12(3)(a)(1)(2). The Program failed to comply with regulatory requirements in the areas of Life Safety and Structural Requirements. The non-compliance resulted in imminent danger or a substantial probability of resultant death or physical harm to a tenant. An alarm to the courtyard door was turned off when the

weather was nice allowing seventeen cognitively impaired tenants access to the courtyard with no staff supervision. Heated steam tables were left unattended in the dining area used by cognitively impaired tenants. Five areas of exterior sidewalks with potential safety concerns were not marked.

The Program failed to comply with regulatory requirements which have been cited previously by the Department. The Program's continued failure (or refusal) to comply with regulatory requirements within the prescribed time frame established has a direct relationship in the health, safety, or security of tenants. The program had repeated regulatory insufficiencies in the area of Service Plans four times since January 2011.

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 one thousand six hundred and twenty five dollars($1625) 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 **S0289** with effective dates of **November 17, 2012** through **November 16, 2014**.

V. Conclusion

The Program is being assessed a $2500 civil penalty pursuant to Iowa Code section 231C.14 and 481 IAC 67.12(3)(a). The POC submitted on October 22, 2012, has been reviewed and will constitute the final POC related to the on-site visit of September 10 and 11, 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/Complaint/Incident Investigation Report

Assisted Living Program:

Ann-Marie Christy, Interim Director
Walnut Ridge Senior Community
1701 Campus Dr.
Clive, Iowa 50325

Complaint/Incident Intake #:

40513-C

Date of Recertification/Complaint/Incident Investigation:

September 10 and 11, 2012

Monitor(s):

Maribeth Freland RN
Joyce Kix 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.

General Population Program	
Number of tenants without cognitive disorder:	38
Number of tenants with cognitive disorder:	3
Total Population of Program at time of on-site	41

Dementia-Specific Program by Dedication	
Number of tenants without cognitive disorder:	0
Number of tenants with cognitive disorder:	17
Total Population of Program at time of on-site	17
TOTAL census of Assisted Living Program	58

Tenant/Family Satisfaction Results – A community meeting was held with 14 tenants in attendance. The tenants reported general satisfaction with the program. They reported respectful staff interaction and timely response to calls made using emergency pendants. The tenants reported the food served by the program was palatable and the provision of scheduled activities plentiful. They reported the program's environment to be clean. Concerns were mentioned regarding safety of outside grounds with sidewalks heaving. All tenants attending the meeting acknowledged they would recommend the program to others.

Program History – The program had no regulatory insufficiencies this certification period.

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

A. Service Plans

- Monitoring Observation: Tenant #1, an 85 year old, was admitted to the secured memory care unit on 4-9-11 with diagnoses of: Dementia, Fibromyalgia and Hypertension (HTN). Tenant #1 scored 6 on the Global Deterioration Scale (GDS) dated 8-10-12, which indicated severe cognitive decline. The functional assessment completed the same date documented Tenant #1 on occasion required the assistance of one person to transfer and ambulated independently with staff member cueing. The service plan dated 8-10-12 directed Tenant #1 required standby assistance for mobility with verbal cueing and verbal cueing with transfers. During observation on 9-11-12 at 9:20 a.m., Staff #1 and Staff #2 assisted Tenant #1 to sit from a lying position in bed. Tenant #1 was unable to maintain a sitting position without physical

support of one staff person. Both staff persons applied a gait belt and physically assisted Tenant #1 to stand at a wheeled walker. Both staff persons maintained hold of the gait belt while Tenant #1 ambulated to the bathroom. After toileting Staff #1 and #2 reapplied the gait belt and maintained physical support as Tenant #1 walked out of the room and down the hall approximately 10 paces at which time Tenant #1 stated he/she could not walk any further. Staff members got a wheelchair and pushed Tenant #1 to breakfast. Staff #1 reported Tenant #1 had a bad day prior but this day was better. The Lead Registered Nurse (RN) reported Tenant #1 was being treated for a urinary tract infection (UTI) which was a chronic situation for him/her. The service plan did not identify specific interventions to assist Tenant #1 with activities of daily living while experiencing the changes in functional abilities Tenant demonstrated while experiencing a bout of UTI.

Tenant #2, a 76 year old, was admitted to the general population of the assisted living on 1-13-09 with diagnoses of: Diabetes, HTN, Obesity, and Cauda Equina (a condition which left the tenant with lower body paralysis). Tenant #2 completed a Mental Status Questionnaire on 7-3-12 which indicated no cognitive impairment. The functional summary completed on 7-3-12 documented Tenant #2 was unable to dress the lower one half of the body. The health assessment completed on 7-3-12 documented Tenant #2 had an open blister of the heel of the right foot. The service plan signed by Tenant #2 on 6-19-12 directed Tenant #2 required total staff assistance daily with dressing and undressing the lower body due to lower body paralysis. A Nurse's note dated 8-23-12 documented Tenant #2 had a necrotic area on the right heel approximately dime sized. Another note dated 9-6-12 documented the area to the heel had increased in size to slightly larger than a quarter but Tenant #2 refused to go to the physician so the nurse documented she would continue to monitor. Tenant #2 reported the staff members have been told they can not apply the cream she has been prescribed for the heel wound because they do not have specific orders. The service plan documented under "Treatments", "The tenant has a history of skin breakdown." The intervention specified was to call the physician to obtain a treatment order; however, the Lead RN stated she had not called the physician to consult regarding the wound and prescribed treatment because Tenant #2 did not want her interference. Staff #2, certified nursing assistant (CNA), stated that she assists Tenant #2 by holding up the leg so he/she can apply the cream independently. The current service plan failed to address the wound or identify treatment and specific staff interventions to assist with the application of wound treatment.

Tenant #3, a 91 year old, was admitted to the secured memory care unit 5-21-12 from the general population. Tenant #3 scored 5 on the GDS dated 7-23-12, which indicated moderately severe cognitive decline. The clinical record contained a physician's order for the application of compression hose (TED) as needed. The service plan of 5-24-12 directed Tenant #3 required intermittent supervision, set up, hands on assistance with dressing at times. A Nurse's note, dated 6-20-12, documented Tenant #3 had a 1 by 1 centimeter open area on the right buttock for which the physician had prescribed the application of Desitin cream three times daily. The nurse review of the same day stated staff members had been directed to check Tenant's perineal cleanliness and assist with cleaning as necessary because the tenant was not able to clean thoroughly. The nurse review continued and documented that the service plan was up-dated with changes. The clinical record lacked documentation of any additions or changes to the 5-24-12 service plan. The service

plan dated 5-24-12 and 7-23-12 lacked specific directions for staff interventions for assistance with application or directions as to when the compression stockings should be applied.

The program failed to maintain the service plans for Tenant #1, #2, and #3 to meet their specific needs.

- Regulatory Insufficiency: A service plan shall be developed for each tenant based on the evaluations conducted in accordance with subrules 69.22 (1) and 69.22 (2) and shall be designed to meet the specific needs of the individual tenant. The service plan shall subsequently be updated at least annually and whenever changes are needed. (IAC r. 481-69.26 (1))

B. Evaluation

Complaint/Incident Allegation: It was alleged a tenant had a wound that was not being evaluated by program staff or treated as ordered by the physician.

- Monitoring Observation: The monitors reviewed the clinical records of two tenants identified by the program as having open areas or wounds (Tenants #2 and #3). Tenant #2's clinical record included a health assessment completed on 7-3-12 which documented Tenant #2 had an open blister of the heel of the right foot. A Nurse's note, dated 8-23-12, indicated the blister had changed to a necrotic area on the right heel approximately dime sized. Another note, dated 9-6-12, documented the area to the heel had increased in size to slightly larger than a quarter. The clinical record contained documentation indicating staff members had requested to provide routine wound assessment by the registered nurse and encouraged Tenant #2 to seek medical evaluation for the wound. Tenant #2 refused to go to the physician or allow routine wound assessment by the registered nurse. The direct care staff members assist Tenant #2 to apply a prescription cream to the wound and routinely report any obvious changes in the wound to the registered nurse. The tenant had a history of skin breakdown.

  Tenant #3's clinical record included documentation indicating Tenant #3 had a 1 by 1 centimeter open area on the right buttock for which the physician prescribed the application of Desitin cream three times daily on 6-20-12. The registered nurse assessed the wound appropriately and the wound was documented as healed on 9-5-12.

  The registered nurse completed wound assessments according to regulatory requirements.

- Regulatory Insufficiency: None noted.

C. Medications

Complaint/Incident Allegation: It was alleged a tenant did not get medications as ordered by the physician as the pharmacy delivered the medications to the program but the program misplaced the medications for 9 days. It was alleged staff members placed

bottles of medications in their clothing pockets to transport the medications for administration and frequently forget to replace the medications and inadvertently take the bottles home.

- Monitoring Observation: The monitors reviewed the clinical records of Tenants #1, #2, #3, #4, #5, #6 and #7. The monitors found no documentation indicating medications were not given as ordered by the physician due to unavailability of the medication for Tenants #1, #2, #3, #4, #5 or #6. Tenant #7's family member handled all ordering of medications and delivery of medications to the program. The monitors did note days when Tenant #7's medications were not administered by staff due to unavailability but the unavailability occurred due to the family member not getting the medications to the program in a timely manner to allow administration as ordered by the physician.

  The monitors observed medication administration performed by three different staff members. In the general population area, each tenant's medications are kept in each tenant's apartment in a locked cupboard. There would be no need for staff members to use personal clothing pockets to transport tenant medications. In the memory care unit, each tenant's medications are kept in a portable centralized medication cart that is transported from one room to the next. Staff members reported when only one or two tenants require medication administration, the medications are set up in the centralized medication room and then transported from the medication room to the tenant's apartment in a medication cup. The monitors did not observe any of the staff members administering medications transport any bottles or bubble packs of medications from the medication cart in the memory care unit and did not observe any of the staff members remove tenant medications from tenant apartments in the general population area.

- Regulatory Insufficiency: None noted.

D. Life Safety

- Monitoring Observation: During tour of the program's memory care unit, Staff #3, CNA, Staff #4, memory care activity director, and Staff #5, CNA, told the monitors the alarm on the courtyard door exiting out of the dining room area is disengaged by turning the alarm off at the door with a key on nice days to allow tenants free access to the enclosed courtyard. All three staff members reported the courtyard area was not directly supervised when tenants were outside when the alarm was disengaged. The program had 17 cognitively impaired tenants residing in the memory care unit. The program identified 10 of the 17 tenants as wanderers.

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

E. Structural Requirements

- Monitoring Observation:
  During tour of the program's memory care unit, the monitors noted three portable steam tables setting on the countertop of the dining room/kitchen area. Two of the

steam tables were filled with heated water and all three steam tables were plugged in to an outlet underneath the counter. All three steam tables were hot to the touch. A cognitively impaired tenant was sitting at a table in the dining room at the time. The tenant stood and walked behind the counter, retrieved coffee from a carafe and continued down the back side of the counter past the steam tables. The dining room area was not supervised by any program staff.

The heated steam tables were left unattended on the counters in the dining room/kitchen area where cognitively impaired tenants were. The hot steam tables filled with heated water placed the cognitively impaired tenant at risk for burns or injury.

During a group meeting, several tenants reported sidewalks around the exterior of the building had heaved and were considered to be a potential safety risk. The monitors observed five areas of safety concern that had not been marked with paint or cones to indicate a potential danger. The areas were as follows:

1. Sidewalk outside the main entrance heaved with a one-half inch height difference between two of the sidewalk panels.
2. Walkway sidewalk leading to the garage area heaved with a 3/4 inch height difference between two of the sidewalk panels.
3. Enclosed courtyard sidewalk in front of the memory care unit dining room doorway with a one inch height difference between two sidewalk panels.
4. Enclosed courtyard sidewalk in front of the memory care unit family room doorway with a ¾ inch difference between two of the sidewalk panels.
5. Sidewalk outside the fitness center with a ¾ inch height difference between two of the sidewalk panels.

Tenants frequently walked along these areas. The difference in the walking service areas placed the tenants at risk for falling and injury.

- Regulatory Insufficiency: The building and grounds shall be well-maintained, clean, safe and sanitary. (481 r. 69.35 (1) b.)

F. Other

Complaint/Incident Allegation: It was alleged a cognitively impaired tenant had a cat that was urinating all over the apartment.

- Monitoring Observation: The monitors noted one tenant (Tenant #4) in the secured memory care unit had a cat. The monitors noted no odors emanating from the room into the hallway outside of Tenant #4's apartment. The monitors noted a slight cat urine smell inside the apartment but noted the litter box did not appear to be full of cat urine and feces. Staff members reported they are responsible for changing the litter in the litter box. The program allowed tenants to keep pets in their apartments; therefore, Tenant #4 was allowed to keep the cat as a pet.

- Regulatory Insufficiency: None noted.