IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

**Complaint/Incident Intake #: 41449-C**

November 8, 2012

Ms. Shelley Meyer, Administrator
Shores at Pleasant Hill
1500 Edgewater Drive
Pleasant Hill, IA 50327

**RE: Final Complaint/Incident Investigation Report – Shores at Pleasant Hill, Pleasant Hill, IA**

Dear Ms. Meyer:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of November 5, 2012, 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. **No Regulatory Insufficiencies were identified.**

If you have any questions regarding the enclosed Report, please contact me at 515/281-7039 or **Rose.Boccella@dia.iowa.gov**

Sincerely,

*Rose Boccella*

Rose Boccella
Program Coordinator
Adult Services Bureau

Enclosure

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

**Assisted Living Program:**

Shelley Meyer, Administrator
The Shores at Pleasant Hill
1500 Edgewater Dr.
Pleasant Hill, Iowa 50327

**Complaint/Incident Intake #:**

41449-C

**Date of Complaint/Incident Investigation:**

November 5, 2012

**Monitor(s):**

Maribeth Freland RN
Rose Boccella MA

**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: | 44 |
| Number of tenants with cognitive disorder: | 1 |
| Total Population of Program at time of on-site | 45 |
| **Dementia-Specific Program by Dedication** | |
| Number of tenants without cognitive disorder: | 1 |
| Number of tenants with cognitive disorder: | 16 |
| Total Population of Program at time of on-site | 17 |
| **TOTAL census of Assisted Living Program** | 62 |

**Program History** – The program received a regulatory insufficiency in the area of Structural during the April 4, 2012 recertification on-site.

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

**Tenant Rights**

Complaint/Incident Allegation: It was alleged staff locked a tenant living on the second floor AL plus unit in his/her apartment against his/her will.

- Monitoring Observation: The monitors interviewed Staff #1 and Staff #2, direct care providers who primarily work on the second floor AL plus unit, a secured memory care unit. Both reported Tenant #4 routinely wandered throughout the hallways of the AL plus unit and frequently entered other tenants' apartments without permission. Tenant #4 mostly sought out Tenant #1, #2 and #3's apartments. Tenants #1, #2 and #3 locked their apartment doors to prevent Tenant #4 from entering. Staff #1 and #2 reported no other tenants on the AL plus unit routinely lock their apartments. Both denied ever locking a tenant in his/her apartment against their will or have knowledge of any other staff members locking a tenant in his/her apartment against their will.

  Tenant #1, a 90 year old, was admitted to the program on 4-1-11 with the diagnoses of: Alzheimer's Disease, Hypertension (HTN) and Macular Degeneration. Tenant #1 resided on the second floor AL plus secured memory care unit. Tenant #1 scored a 3 on the Global Deterioration Scale (GDS) completed on 9-27-12, indicating mild cognitive decline. Tenant #1 was independent with eating, grooming, dressing and toileting. Tenant #1 ambulated independently with a wheeled walker.

Tenant #2, an 89 year old, was admitted to the program on 5-2-12 with the diagnoses of Dementia and Arthritis. Tenant #2 resided on the second floor AL plus secured memory care unit. Tenant #2 scored a 5 on the GDS completed on 9-30-12, indicating moderately severe cognitive decline. Tenant #2 was independent with eating, grooming, dressing and toileting. Tenant #1 ambulated independently without a device.

Tenant #3, an 87 year old, was admitted to the program on 6-20-12 with the diagnoses of: Dementia; Coronary Heart Disease and Atrial Fibrillation. Tenant #3 resided on the second floor AL plus secured memory care unit. Tenant #3 scored a 5 on the GDS completed on 10-16-12, indicating moderately severe cognitive decline. Tenant #3 was independent with eating, grooming and toileting. Tenant #3 ambulated independently with a wheeled walker.

Tenant #4, a 73 year old, was admitted to the program on 1-18-12 with the diagnosis of Dementia. Tenant #4 resided on the second floor AL plus secured memory care unit. Tenant #4 scored a 4 on the GDS completed on 9-18-12, indicating moderate cognitive decline. Tenant #4 ambulated independently without a device and exhibited wandering within the secured memory care unit with frequent attempts to enter other tenants' apartments without permission.

During the on-site visit, the monitors toured the second floor AL plus unit, noting multiple tenants in the main breakfast area. The monitors noted Tenant #4 wandering up and down the hallways. Tenant #2's door was locked. Tenant #1's apartment door was unlocked. Tenant #1 was inside the apartment lying in bed. Tenant #3 was in the main breakfast area.

Later in the morning, the monitors returned to the second floor AL plus unit, noting Tenant #3 remained in the main breakfast area, Tenant #2's apartment door was locked and Tenant #1's apartment door was locked.

The monitors knocked on Tenant #1's door and Tenant #4 unlocked and opened the door for the monitors. The monitors noted Tenant #1 sitting in a chair in the living room. Tenant #4 was redirected from Tenant #1's apartment. Tenant #1 reported Tenant #4 came into his/her apartment without permission and had locked the apartment door upon entering. Tenant #1 reported Tenant #4 often will enter his/her apartment uninvited if the door is left unlocked. Tenant #1 reported Tenant #4 never harms anything "just usually sits and talks." Tenant #1 reported he/she always locks the apartment door when leaving to prevent Tenant #4 from entering. Tenant #1 reported he/she often locks the apartment door while in the apartment and had instructed staff members to keep the door locked. The apartment door had no lock on the handle. The door had a dead bolt lock that could be locked from the inside by turning a knob or by locking with a key from the outside. Tenant #1 was able to unlock the door from the inside.

Tenant #2's apartment door was locked. The monitors knocked on Tenant #2's door. Tenant #2 unlocked the door and permitted the monitors to enter the apartment. Tenant #2 was able to converse with the monitor and his/her conversation content was appropriate. Tenant #2 reported Tenant #4 at times would enter his/her apartment without permission if the door is left unlocked. Tenant #2 reported Tenant

#4 never harms anything "just usually sits and talks." Tenant #2 reported he/she always locks the apartment door to prevent Tenant #4 from entering. The apartment door had no lock on the handle. The door had a dead bolt lock that could be locked from the inside by turning a knob or by locking with a key from the outside. Tenant #2 was able to unlock the door from the inside.

Tenant #3's apartment door was locked. Staff #1 reported Tenant #3 went on an outing. Tenant #3 had requested staff members lock his/her apartment door when leaving on the outing.

After Tenant #3 returned to the program, the monitor knocked on Tenant #3's door. Tenant #3 unlocked the door and permitted the monitor to enter the apartment. Tenant #3 was able to converse with the monitor and his/her conversation content was appropriate. Tenant #3 reported Tenant #4 at times would enter his/her apartment without permission if the door is left unlocked. Tenant #3 reported Tenant #4 never harms anything. Tenant #3 reported he/she always locks the apartment door to prevent Tenant #4 from entering. The apartment door had no lock on the handle. The door had a dead bolt lock that could be locked from the inside by turning a knob or by locking with a key from the outside. Tenant #3 was able to unlock the door from the inside.

Tenants #1, #2 and #3 had given permission for their apartment doors to be locked. Tenants #1, #2 and #3 were able to ambulate independently and all three were able to lock and unlock the apartment doors from the inside.

- Regulatory Insufficiency: None noted.