IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

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Complaint/Incident Intake #: 41673-I

December 28, 2012

Ms. Bethann McCalla, Administrator
Windsor Manor Assisted Living
601 Harrison Street
Shenandoah, IA 51601

RE: Final Complaint/Incident Investigation Report, Windsor Manor Assisted Living, Shenandoah, Iowa

Dear Ms. McCalla:

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.

DIA has reviewed the Plan of Correction (POC) submitted in response to the **Preliminary Complaint/Incident Investigation Report**. Based upon a complete review of the Report and the Program's proposed actions to correct the identified Regulatory Insufficiency, DIA accepts the POC.

If you have any questions in regard to the enclosed Report, please contact me at 515/281-4116 or **James.Berkley@dia.iowa.gov**

Sincerely,

Jim Berkley

Jim Berkley
Program Coordinator
Adult Services Bureau

Enclosure

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

Assisted Living Program:

Beth-Ann McCalla, Administrator
Windsor Manor Assisted Living
601 Harrison Street
Shenandoah, IA 51601

Complaint/Incident Intake #: 41673-I

Date of Complaint/Incident Investigation:

December 5, 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:	12
Number of tenants with cognitive disorder:	0
Total Population of Program at time of on-site	12

Dementia-Specific Program by Dedication	
Number of tenants without cognitive disorder:	0
Number of tenants with cognitive disorder:	4
Total Population of Program at time of on-site	4
TOTAL census of Assisted Living Program	16

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

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

A. Policies and Procedures

Complaint/Incident Allegation: The Program reported a tenant exited the dementia unit using an exit door that lead outside.

- Monitoring Observation: Two tenant files were reviewed. Tenant #2's file was reviewed and indicated no issues.

  Tenant #1, a 78 year old, was admitted on 11-15-12 and had diagnoses of: Dementia, Hypertension, History of Kidney Stones and a history of Bilateral Mastectomy. A cognitive evaluation was completed on 11-20-12 and staged Tenant #1 at six on the Global Deterioration Scale (GDS), which indicated severe cognitive decline. Tenant #1 resided in the dementia unit.

  Functional, cognitive and health evaluations completed on 11-15-12 indicated no prior history of elopement or wandering prior to being admitted to the Program. A service plan of 11-15-12 indicated interventions related to possible exit seeking and directed staff to redirect and engage Tenant #1 in an activity. Nurse's notes of 11-15-12 through 11-16-12 indicated no exit seeking or wandering behavior.

  Program records of 11-17-12 at 5:01 indicated a delayed egress door leading to the general population had alarmed and opened. Within 30 seconds of the dementia unit door opening, an exit door leading to the outside, from the general population opened.

Staff #1 from the general population, was alerted by pager, an outside exit door had opened. At the same time Staff #2 from the dementia unit, called for assistance with resetting the delayed egress door in the dementia unit.

Staff #1 completed an outside perimeter check of the Program's grounds, but no tenants were found. Staff #1 assisted Staff #2 with resetting the delayed egress door in the dementia unit. Staff #2 initially reported all tenants who resided in the dementia unit were accounted for, but then completed a visual check of all tenants and reported Tenant #1 was missing.

Staff #1 notified the Program's nurse, who in turn notified the police. Police responded and found Tenant #1 two blocks from the Program. Tenant #1 returned to the Program at 5:30 p.m. Nurse's notes of 11-17-12 indicated the Program nurse completed a nurse review and indicated Tenant #1 was not injured.

State Climatology records indicated that on 11-17-12 at 5:00 p.m. the temperature was 59 F, the wind was from the south west at 16 to 20 miles per hour with sunny skies and no precipitation. The Program reported Tenant #1 was dressed appropriately and was wearing a winter coat when found by police.

Program records indicated 30-minute checks were initiated on 11-19-12 at 7:00 a.m. Record review indicated staff visually checked on Tenant #1 consistently, including the day of this onsite investigation.

Nurse's notes of 11-20-12 through 11-29-12, indicated Tenant #1 exhibited at least six incidents of exit seeking behavior

Functional, cognitive and health evaluations were completed on 11-18-12 and interventions were established related to exit seeking behavior. Nurse's notes of 11-19-12 through 12-5-12 and interviews with the Program nurse and Staff 3, indicated Tenant #1 made no other attempts to exit the dementia unit.

The Program's elopement policy and procedure indicated staff was to watch for signs of wandering and confusion that may put a tenant at risk of elopement. Staff was to check doors when alarmed and to check inside and outside the areas triggered by the alarm. If a potential elopement has occurred and the tenant is not seen, complete a search of the tenant's apartment, closets, bathrooms and common areas.

Program records indicated Staff #2 did not follow the Program's policy related to potential elopement. Staff #2 reported she was assisting another tenant with cares and didn't hear the door egress alarm. Staff #2 attempted to reset the door egress alarm and requested assistance from Staff #1, who was in the general population, but did not check the inside and outside the area of the area triggered by the alarm.

A review of staff training records for Staff #1, #2, #3, #4, #5 and #6 indicated each had received training on the Program's elopement policy. Staff #2 did not follow the Program's policy on potential elopement.

On 11-19-12, the Program conducted an in-service on emergency/elopement procedures, in order to insure staff understood the policy and was able to implement the procedure. Program records indicated Staff #2 was terminated from employment on 11-17-12

- Regulatory Insufficiency: A program's policies and procedures must meet the minimum standards set by applicable requirements. The program shall follow the policies and procedures established by a program. All programs shall have policies and procedures related to the reporting of incidents including allegations of dependent adult abuse. (IAC r. 481-67.2)