IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

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DEMAND LETTER
CERTIFIED

Complaint Intake #: 41655-C
41740-I

January 28, 2013

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

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

Dear Ms. Christy:

I. Final Complaint/Incident Investigation Report – Walnut Ridge Senior Community, Clive, 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 Regulatory Insufficiencies in the area(s) of: Policies and Procedures, Staffing, Evaluation, Service Plan and Structural Requirements

Walnut Ridge Senior Community is being assessed a $4,500 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. The non-compliance resulted in imminent danger or a substantial probability of resultant death or physical harm to a tenant. Staff did not follow the program's procedure when a tenant was found nonresponsive with facial drooping. Another tenant staged at a 6 on the Global Deterioration Scale was left alone in the shower and subsequently fell and broke a hip.

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 two thousand nine hundred and twenty five dollars ($2925) 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 $4,500 civil penalty pursuant to Iowa Code section 231C.14 and 481 IAC 67.12(3)(a). The Plan of Correction (POC) submitted on January 17, 2013, has been reviewed and will constitute the final POC related to the on-site visit of December 13, 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:

Ann Marie Christy, Administrator
Walnut Ridge Senior Community
1701 Campus Drive
Clive, IA 50325

Complaint/Incident Intake #: 41655-C
41740-I

Date of Complaint/Incident Investigation:

December 13, 2012

Monitor(s):

Hal L. Chase, RN BSN MPH
Lori Miner, RN BSN

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:	31
Number of tenants with cognitive disorder:	4
Total Population of Program at time of on-site	35

Dementia-Specific Program by Dedication	
Number of tenants without cognitive disorder:	4
Number of tenants with cognitive disorder:	14
Total Population of Program at time of on-site	18
TOTAL census of Assisted Living Program	53

Program History – During the Recertification and Complaint (40513-C) on-site of September 2012, the program received regulatory insufficiencies in the areas of: Life Safety, Structural Requirements, and Service Plan.

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

A. Policies and Procedures

Complaint/Incident Allegation: # 41655-C It was alleged staff called a tenant's family member and reported the tenant was unresponsive and should go to a hospital emergency room. Family arrived and found the tenant unable to speak and the right side of his/her face was drooping. Family took the tenant to a hospital emergency room, where the tenant was admitted to the hospital and diagnosed with a mild stroke.

- Monitoring Observation: Seven tenant files were reviewed. No issues related to policy and procedure was noted in Tenant's #2, #4 and #5

  Tenant #1, a 98 year-old, was admitted on 12-4-09 and had diagnoses of: Alzheimer's Disease, Macular Degeneration, Post Complete Heart Block and a history of Pacemaker placement. A Global Deterioration Scale (GDS) was completed on 10-8-12 and staged Tenant #1 at five, which indicated moderately severe cognitive decline. Tenant #1 resided in the dementia unit.

  Functional and health evaluations were completed on 10-8-12, which indicated no prior history or exacerbation of diagnoses. A service plan of 10-8-12 indicated Tenant #1 was independent with ambulation, transfer, toileting and medication administration, but needed assistance with bathing, grooming and dressing.

Nurse's notes by a registered nurse (RN) on 11-6-12, indicated staff had notified Tenant #1's family member Tenant #1 was non-responsive and appeared to have facial drooping. Nurse's notes of the same entry indicated Tenant #1's family member transported Tenant #1 to a hospital emergency room for evaluation. Nurse's notes of 11-8-12 indicated Tenant #1's family reported Tenant #1 had suffered a small stroke, admitted to the hospital and had been transferred to a nursing facility. Tenant #1 never returned to the Program.

A review of the Program's Accident/Emergency Response/Life Safety policy and procedure indicated staff; when responding to an emergency calls, staff was to call emergency medical services (911) and the nurse/on-call nurse immediately when a tenant emergency exists. No additional documentation; including incident reports, additional staff or nurse's notes were found describing the event or actions taken by staff. The Program nurse reported she was on-call when staff had called, but hadn't documented she had received the call.

Staff training files were reviewed and indicated most of all direct care staff, including Staff #1, #2, #3 and #4 received training on the Program's Accident/Emergency Response/Life Safety policy and procedure as part of their orientation.

An in-service was held on 9-28-12, reviewed the Program's Accident/Emergency Response/Life Safety policy and incident reporting. Staff #1, #2, #3, #4 and all direct care staff attended.

Staff #1 was interviewed and reported if a tenant emergency existed she would call the nurse or the on-call nurse before taking any action, like calling 911. Staff #1 reported she was not aware of any situation where staff didn't follow this procedure.

Staff #2 was interviewed and reported if a tenant emergency existed she would call 911 first and then the nurse and then the tenant's family. She reported a tenant emergency was when a tenant was not responsive, had fallen or had an injury. If a nurse was in the building she would call the nurse first and then 911.

Staff #3was interviewed and reported if a tenant emergency existed she would call the nurse, as she couldn't assess and would follow directions given by the nurse.

Staff #4 was interviewed and reported if a tenant emergency existed she would call the nurse, if she was in the building and if not in the building she would call the on-call nurse and follow the nurse's direction.

The Program's Accident/Emergency Response/Life Safety policy and procedure indicated staff were to call 911 and then the Program nurse if the event of a tenant emergency. Program documentation, including nurse's notes and staff interviews, indicated staff did not follow this policy and procedure.

Complaint/Incident Allegation: #41740-I The Program reported a tenant fell and fractured a hip during a shower.

- Monitoring Observation: Tenant #3, an 84 year-old, was admitted on 6-13-11 and had diagnoses of: Dementia, HTN, and Constipation. Tenant #3 was staged at six on

the GDS which indicated severe cognitive decline. Tenant #3 resided in the dementia unit. An incident report dated 11-25-12 and timed 7:00 a.m. revealed Tenant #3 was awakened and found to be generally soiled after an episode of bowel incontinence. Staff #5 gathered towels and clothes for Tenant #3 and went to the shower with Tenant #3. Once Tenant #3 was in the shower, Staff #5 looked for soap but did not find any. Staff #5 attempted to use a walkie-talkie for assistance, but the walkie-talkie battery was dead. Tenant #3 was advised by Staff #5 there was no soap and he would check the hallway to see if anyone else was there who could get the soap. Staff #5 took a few steps out the door, saw another staff member, and indicated there was no soap. Staff #5 heard a thud and returned to the bathroom to find Tenant #3 on the floor. Tenant #3 complained of being cold and wanted to get out of the shower. Tenant #3 complained of right leg pain, and was transferred to the hospital. Tenant #3 was diagnosed with a right hip fracture. Tenant #3 was voluntarily discharged from the Program on 11-29-12 which had been arranged prior to the hip fracture. According to the service plan dated 9-11-12, Tenant #3 required staff assist with all aspects of bathing. Staff #1, #2, #3, and #4 were interviewed. All indicated they had received training from a nurse to provide personal cares such as bathing. All staff interviewed indicated materials were to be gathered prior to starting a bath. Staff #1 indicated Tenant #3 was to never be left alone during a bath for safety reasons. Staff #2 and #3 indicated no tenant was to be left alone while bathing. Staff #1 also indicated there was never a time the walkie-talkies didn't work. The training manual indicated materials were to be gathered prior to the bath and tenant's were to be kept warm. The Program did not follow its procedure for bathing.

- 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. The program's policies and procedures on incident reports, at a minimum, shall include the following: a. the program shall have available incident report forms for use by the program staff b. an incident report shall be in detail and shall be provided on an incident report form, c. the person in charge at the time of the incident shall prepare and sign the report, d. the incident report shall include statements from individuals, if any, who witnessed the incident, and e. all accidents or unusual occurrences within the program's building or on the premises that affect tenants shall be reported as incidents. (IAC r. 481-67.2(1)(a-e))

B. Staffing

During the course of the investigation, the following information was obtained:

- Monitoring Observation: Seven tenant files were reviewed.

  A review of the Program's Accident/Emergency Response/Life Safety policy and procedure indicated staff; when responding to an emergency calls, staff was to call emergency medical services (911) and the nurse/on-call nurse immediately when a tenant emergency exists. No additional documentation; including incident reports, additional staff or nurse's notes were found describing the event or actions taken by

staff. The Program nurse reported she was on-call when staff had called, but hadn't documented she had received the call.

Staff training files were reviewed and indicated most of all direct care staff, including Staff #1, #2, #3 and #4 received training on the Program's Accident/Emergency Response/Life Safety policy and procedure as part of their orientation.

An in-service was held on 9-28-12, reviewed the Program's Accident/Emergency Response/Life Safety policy and incident reporting. Staff #1, #2, #3, #4 and all direct care staff attended.

Nurse's notes by a registered nurse (RN) on 11-6-12, indicated staff had notified Tenant #1's family member that Tenant #1 was non-responsive and appeared to have facial drooping. Nurse's notes of the same entry indicated Tenant #1's family member had taken Tenant #1 to a hospital emergency room for evaluation and was later admitted.

Staff #1 was interviewed and reported if a tenant emergency existed she would call the nurse or the on-call nurse before taking any action, like calling 911. Staff #1 reported she was not aware of any situation where staff didn't follow this procedure.

Staff #2 was interviewed and reported if a tenant emergency existed she would call 911 first and then the nurse and then the tenant's family. She reported it was a tenant emergency when a tenant was not responsive, had fallen or had an injury. If a nurse was in the building she would call the nurse first and then 911.

Staff #3was interviewed and reported if a tenant emergency existed she would call the nurse, as she couldn't assess and would follow directions given by the nurse.

Staff #4 was interviewed and reported if a tenant emergency existed, she would call the nurse, if she was in the building and if not in the building she would call the on-call nurse and follow the nurse's direction.

Staff training files were reviewed and indicated most of all direct care staff, including Staff #1, #2, #3 and #4 received training on the Program's Accident/Emergency Response/Life Safety policy and procedure.

Program documentation indicated an in-service was held on 9-28-12, which included a review of the Program's Accident/Emergency Response/Life Safety policy and incident reporting. Staff #1, #2, #3, #4 and a majority of direct care staff attended. Despite receiving training when hired and again on 9-28-12, staff did not follow the procedure outlined related to tenant emergency.

- Regulatory Insufficiency: In addition to the general staffing requirements in rule 481 -67.9 (231B, 231C, 231D), the following requirements apply to staffing in programs. In lieu of providing access to a personal emergency response system, a program serving one or more tenants with cognitive disorder or dementia shall follow a system, program, or written staff procedures that address how the program will respond to the emergency needs of the tenant(s). (IAC r. 481-69.29(2))

C. Evaluation

During the course of the investigation, the following information was obtained:

- Monitoring Observation: Seven tenant files were reviewed.

  Tenant #2, a 92 year old, was admitted on 10-6-11 and had diagnoses of: Alzheimer's Disease, Anxiety, Bell's Palsy, Hypothyroidism, History of Basal Carcinoma, Constipation and Insomnia. A GDS was completed on 9-26-12 and staged Tenant #2 at five, which indicated moderately severe cognitive decline. Tenant #2 resided in the dementia unit.

  A functional evaluation of 7-2-12 and 9-26-12 indicated no verbal aggression reported or exhibited by Tenant #2, however, Staff #1 reported Tenant #2 would strike out toward staff when personal and health-related cares were given. Staff #2, #3 and #4 reported Tenant #2 exhibited verbal aggression toward staff when attempting personal or health-related cares. The Program did not complete a functional, cognitive and health evaluation with a change in status evaluation, when Tenant #2 exhibited verbal aggression toward staff when ADLs were completed.

  Tenant # 5, an 84 year-old, was admitted on 11-2-11 and had diagnoses of: Diabetes Mellitus Type II, Coronary Artery Disease, Congestive Heart Failure, Hypothyroidism, and HTN. A Mental Status Questionnaire (MSQ) dated 9-6-12 scored Tenant #5 at 10 of 11, which indicated none to mild impairment. Tenant #5 resided in the general population. An incident report dated 8-31-12 indicated Tenant #5 was found in the shower room lying down. Tenant #5 stated he/she slipped and needed assistance to stand. No injuries were noted according to the nurse's notes. According to the service plan, Tenant #5 was not cognitively impaired and was independent with bathing.

  Nurse's notes dated 9-3-12 documented a nurse was notified on 8-31-12 Tenant #5 was found on the floor. Tenant #5 was noted to have had diarrhea and was too weak to stand. The spouse was unable to assist Tenant #5 and staff was notified. The nurse was also notified of redness in Tenant #5's groin area. The incident report documented the redness as "alarming." The nurse also was notified on 9-2-12 that Tenant #5 was on knees in the bathroom with an upset stomach and became too weak. Nurse's notes also dated 9-3-12 stated the nurse spoke to Tenant #5. Tenant #5 reported diarrhea for over a week, and was not drinking anything because Tenant #5 did not want to get up to use the bathroom. The nurse educated Tenant #5 about taking in liquids, and because of the weakness, and to call for assistance as needed to use the bathroom. Tenant #5 indicated an appointment was made to see the physician on 9-4-12. Nurse's notes dated 9-5-12 indicated the physician notified Tenant #5 to go to the hospital for an elevated potassium level. Notes also documented staff had reported Tenant #5 required assistance of two staff "all day" with transfers. Evaluations were not completed with a change of condition.

  Tenant #6, an 83 year-old, was admitted on 3-26-12 and had diagnoses of: Alzheimer's, Vertigo, Hypothyroidism, Prostate Cancer and HTN. Tenant #6 was staged at four on the GDS which indicated moderate cognitive decline. Tenant #6

resided in the secured dementia unit. A functional evaluation was not completed prior to admission.

- Regulatory Insufficiency: A program shall evaluate each tenant's functional, cognitive and health status within 30-days of occupancy. A program shall also evaluate each tenant's functional, cognitive and health status as needed with significant change, but not less than annually, to determine the tenant's continued eligibility for the program and to determine any changes to services needed. The evaluation shall be conducted by a health care professional or human service professional. A licensed practical nurse may complete the evaluation via nurse delegation when the tenant has not exhibited a significant change. (IAC r. 481-69.22(2))

D. Service Plans

During the course of the investigation, the following information was obtained.

- Monitoring Observation: Seven tenant files were reviewed.

  Tenant #2's service plan of 8-25-12 was not supported by a functional, cognitive and health evaluation. The service plan of 8-25-12 indicated Tenant #2 needed staff assistance with ADL's, was alert and oriented to self, wandered throughout the unit and became anxious when loud noises were present.

  Staff #1 reported Tenant #2 would strike out toward staff when personal and health-related cares were given. Staff #2, #3 and #4 reported Tenant #2 exhibited verbal aggression toward staff when attempting personal or health-related cares. Staff #2 and #4 reported they came up with their own ideas in dealing with Tenant #2's behavior. The service plan of 8-25-12 did not establish interventions related to Tenant #2's verbal aggression when ADLs were attempted.

  Tenant #2 had moderately severe cognitive decline. The service plan of 8-25-12 indicated Tenant #2 would be provided with an activity calendar and would be encouraged to participate and attend as desired as he/she was able to perform his/her own spontaneous activities. The Program did not establish activities, either planned or spontaneous based on Tenant #2's abilities and personal interests.

  Service charting for Tenant #3 dated 10-24-12 indicated Tenant #3 thought staff members were trying to kill him/her. When brushing hair, Tenant #3 slapped the hand of a staff member and stated "get out and never come back." Service charting dated 11-4-12 indicated Tenant #3 was screaming and hitting staff with a wet, soapy washcloth stating "you are trying to kill me, I wish I was dead." The service plan did not identify interventions for behaviors. According to the Program Nurse, the legal representative was out of the country and not available for signature at the time the service plan was implemented. The service plans dated 6-8-12 and 9-11-12 were not signed by a nurse or legal representative.

  Tenant #5 had a service plan updated following the discontinuation of physical therapy. The service plan dated 10-31-12 was not signed by a nurse.

Evaluations for Tenant #6 completed on 4-27-12 and 9-19-12 indicated Tenant #6 would get up and wander in the night or wandered looking for the spouse. Physician progress notes dated 2-21-12 indicated Tenant #6 was refusing to bathe at home. Service charting for September and October 2012 documented Tenant #6 refused showers on four occasions. Staff #1 identified Tenant #6 had gotten out of the building. Service charting dated 6-13-12 indicated Tenant #6 went out the door with another tenant. The service plan did not identify interventions for wandering or shower refusal other than to notify the nurse.

Tenant #7, an 82 year-old, was admitted on 6-24-11 and had diagnoses of: Alzheimer's Dementia, Diabetes Mellitus Type II, HTN, Gastroesophageal Reflux Disease, Hyperlipidemia, Anemia, Osteoarthritis and Hearing Loss. Tenant #7 was staged at five on the GDS which indicated moderately severe cognitive decline. Tenant #7 resided in the secured dementia unit. The functional assessment dated 4-17-12 indicated Tenant #7 managed urinary incontinence independently and had no bowel incontinence. The service plan of the same date indicated Tenant #7 required intermittent cueing, supervision, and monitoring of performance. The service plan was not based on the functional evaluation.

- Regulatory Insufficiency: The service plan shall be individualized and shall indicate, at a minimum, a. the tenant's identified needs and preferences for assistance, and d. for tenants who are unable to plan their own activities, including tenants with dementia, planned and spontaneous activities based on the tenant's abilities and personal interests. (IAC r. 481-69.26(4)(a,d))

E. Structural Requirements

During the course of the investigation, the following information was obtained.

- Monitoring Observation: A monitor toured the dementia unit at approximately 11:30 a.m. and found an electric toaster had placed on the kitchen counter, plugged into the wall and accessible to tenants residing in the dementia unit. Staff #1 and #2 reported the toaster had always been on the kitchen counter and accessible to tenants with dementia. A spray bottle of air freshener was found in the public restroom on the dementia unit.

  A monitor toured the outside courtyard adjacent to the dementia unit at approximately 11:45 a.m. An exit gate to the outside courtyard had a cable wrapped around the gate and post and secured with a key lock. The Program nurse was asked if staff working in the dementia unit had a key in their possession to unlock the gate in case of an emergency; the Program nurse reported they did not. Staff attempted to unlock the gate to outside courtyard with a set of keys she had, but was unable to do so.

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