IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
Lucas State Office Building
321 East 12th Street
Des Moines, IA 50319-0083
(515) 281-4115 Phone
(515) 242-5022 Fax

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake: 41495-I

February 19, 2013

Ms. Anne Stramel, Estate Manager
Hawthorne Inn at Windmill Pointe
1500 1st Avenue North
Coralville, IA 52241

RE: Final Complaint/Incident Investigation & Recertification Monitoring Evaluation Report – Hawthorne Inn at Windmill Pointe, Coralville, IA

Dear Ms. Stramel:

Enclosed is the **Final Complaint/Incident Investigation & 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) chapters 481—67 and 481—69.

DIA has completed the review of your Plan of Correction (POC) in response to the **Preliminary Complaint/Incident Investigation and Recertification Monitoring Evaluation Report**. Based upon a complete review of the Report and your actions to correct the identified Regulatory Insufficiencies, DIA accepts your POC. The Final report is enclosed.

The review of the recertification documents you submitted has been completed and the documents are accepted. In addition, the State Fire Marshal's (SFM) inspection report has been received as well as the Facility Engineer's approval of the Evacuation Plans for your program.

Enclosed you will find the Assisted Living Program Certificate **S0111** with effective dates of **February 26, 2013** through **February 25, 2015**.

If you have any questions in regard to this certification, please contact me at 515/281-7039.

Sincerely,

Rose Boccella

Rose Boccella
Program Coordinator
Adult Services Bureau

Enclosure

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

Assisted Living Program:

Anne Stramel, Estate Manager
Hawthorne Inn at Windmill Pointe
1500 1st Avenue North
Coralville, IA 52241

Complaint/Incident Intake #: 41495-I

Date of Complaint/Incident Investigation:

December 31, 2012 & January 2, 2013

Monitor(s):

Margaret Kaltefleiter, RN MS

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.

Dementia-Specific Program by Definition	
Number of tenants without cognitive disorder:	17
Number of tenants with cognitive disorder:	5
Total Population of Program at time of on-site	22
TOTAL census of Assisted Living Program	22

Tenant/Family Satisfaction Results – A community meeting with 10 tenants was held. The tenants liked living at the Program because of the help and the food. Housekeeping services were completed to the tenants' satisfaction and the buildings and grounds were safe, clean and sanitary. Nursing services were available and staff responded within five minutes or less when they called for assistance. The tenants received the services expected when the occupancy agreement was signed. The tenants said staff and the care provided was wonderful; staff was trained appropriately and knew what services to provide. The tenants said they liked the food and were served a well balanced meal with a good variety of meats, vegetables and desserts. Staff served the foods appropriately and the food was served at the proper temperature. The tenants said sometimes they received too much food, some meats were overcooked and the rice was undercooked. One tenant requested a popcorn machine and other tenants stated if one wanted popcorn, one could ask staff and they provided microwave popcorn. One tenant would like to see a place onsite where candy would be sold. Plenty of activities were offered and the tenants would like to see more movies. The tenants said they felt safe, made their own decisions, were generally satisfied with the Program and would recommend it to others.

Program History – The Program did not receive any regulatory insufficiencies during this recertification period.

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

A. Other

Complaint/Incident Allegation: The Program reported a tenant was found on the floor. The tenant was responsive and appeared in no distress or pain. The Program reported the tenant was transported to a hospital and diagnosed with a fractured hip.

- Monitoring Observation: Tenant #1, an 83 year old, was admitted on 6-27-12 and diagnoses include: Hypertension and Tachycardia. Tenant #1 was staged at a five on the Global Deterioration Scale, which indicated moderately severe cognitive decline. A service plan completed on 7-23-12 indicated Tenant #1 was independent with mobility without use of assistive devices.

According to an Accident/Incident Report Form, on 11-1-12 at 6:35 a.m. Tenant #1 was found on the floor, disoriented and unresponsive with redness on left hip which Tenant #1 was lying on. Vitals were obtained: Temperature 99.6 and Blood Pressure 123/55. According to documentation by the Program Nurse in the Progress Notes dated 11-2-12 at 10:15 a.m., a telephone call was received from Staff #1 at 6:35 a.m. Staff #1 reported Tenant #1 was seen on the floor lying on left side, unable to communicate how Tenant #1 fell. Staff #2 checked on Tenant #1 at 5:00 a.m. and Tenant #1 was asleep. The Program Nurse directed Staff #1 to check for any pain and ability to move all extremities before assisting Tenant #1 transfer to a chair. A call back from Staff #1 reported Tenant #1 was very pale at 7:00 a.m. and appeared to be uncomfortable. A telephone call was made to a family member and Tenant #1 was transferred by ambulance to the Emergency Room (ER). The family member notified the Estate Manager that Tenant #1 was diagnosed with a left hip fracture and would be transferred to a skilled facility following surgery.

Staff #2 was interviewed and stated the night of the incident was a normal night. Tenant #1 would get up and wander around. Staff #2 took Tenant #1 back to Tenant #1's room around 4:30 a.m. and put Tenant #1 in bed. Staff #2 checked on Tenant #1 at 5:00 a.m. and Tenant #1 was sitting in a recliner, dosing but not asleep. The leg portion on the recliner was not elevated. Tenant #1 would rock back and forth. Staff #2 stated she was not around when other staff found Tenant #1. Staff #2 offered to help but was not needed.

Staff #1 was interviewed and provided a written statement. Staff #1 indicated she came into Tenant #1's room at 6:35 a.m. and found Tenant #1 on the floor laying on Tenant #1's left side. Staff #1 asked Tenant #1 if Tenant #1 was hurt or in any pain. Tenant #1 did not communicate. Staff #1 said Tenant #1 did not respond to questions, but Tenant #1 normally did not respond. Another staff member stayed with Tenant #1 while Staff #1 called the Program Nurse to see how to precede with the situation. The Program Nurse told Staff #1 to see if Tenant #1 was able to move limbs and then contact a family member. Tenant #1 was able to move both arms and legs and there were no visible injuries. Staff #1 decided it was best to get Tenant #1 off the floor, so staff did a two person assist and put Tenant #1 into a recliner. Tenant #1 was able to stand for a short time so staff dressed Tenant #1 in a robe (Tenant #1 was previously naked), sat Tenant #1 in a chair and Staff #1 left to call a family member. Staff #1 said she tried to call a family member and left a message on a cell phone. Staff #1 called another phone number and reached another family member. Staff #1 informed the family member she would get vitals and call back. In less than five minutes the family member arrived and directed staff to call an ambulance. The ambulance arrived within five minutes.

The Program Nurse was interviewed and stated in the early a.m. she was called by staff and told that Tenant #1 was on the floor. She asked if Tenant #1 had pain and could Tenant #1 move extremities. She was told Tenant #1 was okay so she told staff to assist Tenant #1 into the chair. Tenant #1 normally did not communicate since Tenant #1 did not speak English. She was told Tenant #1 looked pale and she advised staff to check the blood pressure and to call a family member to inform them the Program would be sending Tenant #1 to the ER.

The Estate Manager was interviewed and stated she arrived at work at 7:10 a.m. and was called over by staff. The ambulance was on the way because Tenant #1 was found on the floor by a chair. Police arrived and she escorted them to the apartment and then the paramedics arrived.

The Estate Manager, the Program Nurse, Staff #1 and Staff #2 said that Tenant #1 was independent in ambulation and did not use any assistive devices. The Estate Manager, the Program Nurse and Staff #1 said Tenant #1 did not have a history of falls and the situation was handled appropriately.

The Estate Manager provided a written statement indicating Tenant #1 was admitted to the hospital on 11-1-12. She was notified that Tenant #1 passed away on 11-6-12 while still at the hospital.

The Program completed an incident report and reported the incident to the Department.

Review of the Program's investigation, incident report, staff interviews and review of Tenant #1's file was completed. At the time of the incident Tenant #1 was independent in ambulation and did not use any assistive devices.

- Regulatory Insufficiency: None noted.

B. Transportation

- Monitoring Observation: A transportation review was completed.

  Staff #3 was identified as the primary driver of the Program's van. The Program van was used to transport tenants and held six; five passengers plus one driver. A copy of the front and back side of Staff #3's driver's license was provided. Staff #3 had an Iowa Class C driver's license. According to the Estate Manager, Staff #3 previously held a Chauffeur's License but recently renewed the license and dropped the Chauffeur portion of the license.

  A valid and appropriate Iowa driver's license or commercial driver's license as required by law was not held by the primary van driver.

- Regulatory Insufficiency: The driver shall have a valid and appropriate Iowa driver's license or commercial driver's license as required by law for the vehicle being utilized for transport. If the driver is licensed in another state, the license shall be valid and appropriate for the vehicle being utilized for transport. The driver shall meet any state or federal requirements for licensure or certification for the vehicle operated. (IAC r. 481-69.33(6))

C. Record Checks

- Monitoring Observation: Five staff files were reviewed.

  Staff #2, a Personal Assistant, had a Program reported hire date of 7-30-12. Staff #2's personnel record contained documentation of an abuse registries background check for child abuse, dependent adult abuse and a criminal history background check completed on 7-25-12. The results indicated further research was required. The results letter indicated that as of 7-30-12 at 10:12:08 a.m. a name and date of birth check revealed no record found. According to time records, Staff #2 began employment on 7-30-12 at 9:20 a.m. for training. Staff #2 began work prior to the completion of a criminal history check.

  Staff #4, a Registered Nurse, had a Program reported hire date of 9-11-12. Staff #4's personnel record contained documentation of an abuse registries background check for child abuse, dependent adult abuse and a criminal history background check completed on 9-11-12 at 9:33:46 a.m. According to time records, Staff #4 began employment on 9-11-12 at 6:00 a.m. Staff #4 began work prior to completion of a criminal history check, dependent adult abuse and child abuse check.

  A review of staff files indicated Staff #2 began work prior to the completion of a criminal history check and Staff #4 began work prior to completion of a criminal history check, dependent adult abuse and child abuse check.

- Regulatory Insufficiency: Pursuant to Iowa Code section 135C.33, a prospective employee of a program shall have a criminal history check, dependent adult abuse check, and child abuse check performed before the prospective employee begins work. If a prospective employee has a criminal history or an abuse history, the prospective employee shall not be employed by the program unless the department of human services has performed an evaluation and determined that the record does not warrant the employment prohibition. Proof of the preemployment background check shall be maintained in the program's employee file. The program must meet all requirements of Iowa Code section 135C.33 and administrative rules adopted pursuant to Iowa Code section 135C.33. (IAC r. 481-67.9(3))