IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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Complaint/Incident Intake #: 41886-A

March 20, 2013

Ms. Paula Fandry, Administrator
Bethany Heights Assisted Living
11 Elliott Street
Council Bluffs, IA 51503

RE: Final Complaint/Incident Investigation Report, Bethany Heights Assisted Living, Council Bluffs, Iowa

Dear Ms. Fandry:

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: **Complaint/Incident Intake #:** 41886-A

Paula Fandry, Administrator
Bethany Heights Assisted Living
11 Elliott Street
Council Bluffs, IA 51503

Date of Complaint/Incident Investigation:

February 25, 2013

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.

Dementia-Specific Program by Dedication	
Number of tenants without cognitive disorder:	55
Number of tenants with cognitive disorder:	17
Total Population of Program at time of on-site	72
TOTAL census of Assisted Living Program	72

Program History – The program received regulatory insufficiencies in the areas of Policy and Procedure, Staffing, Evaluations, Service Plans and Nurse Review during this recertification period.

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

A. Staffing

Complaint/Incident Allegation: It was alleged Staff #1 had stolen money from Tenant #1 while employed at the Program. Staff #1 had been terminated from employment, but continued to work in the health-care field.

- Monitoring Observation: On 1-24-12 the Program reported $400.00 was missing from Christmas Cards belonging to Tenant #1. Christmas cards, with money inside the cards, had been prepared by Tenant #1 and Staff #1 to give to family members and staff working at the Program on 1-21-12. The Program initiated an internal investigation, notified the Department and local police. Staff #1 was suspected of taking the $400.00 and was suspended pending the outcome of the investigation.

  On 2-1-12, local police interviewed Staff #1 and a polygraph test was completed. After failing the polygraph test Staff #1 confessed to taking $400.00 belonging to Tenant #1. On 2-3-12, Staff #1 was terminated from employment. Program documentation indicated Staff #1 relinquished her keys and re-paid the $400.00 to Tenant #1.

  The Program conducted an all staff in-service on 2-2 & 3-12 on Dependent Adult Abuse.

- Regulatory Insufficiency: None noted.

B. Policies and Procedures

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

- Monitoring Observation: The Program completed an internal investigation as stated above. In that investigation it was determined Tenant #1 had prepared Christmas cards with money inserted into these cards. The amount of money given to staff had been reduced but staff received the Christmas card with money from Tenant #1.

  A review of the Program's policy related to gifts and gratuities indicated employees were not to accept money, gifts, and gratuities, free trips, personal items other items of value from a person or organization as an inducement to provide services to tenants. The Program did not follow their policy and procedure.

- 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)