IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

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Complaint/Incident Intake #: 42445-C

April 1, 2013

Ms. Megan Toney, Administrator
Regency Assisted Living
815 High Street
Norwalk, IA 50211

RE: Final Complaint/Incident Investigation Report – Regency Assisted Living, Norwalk, IA

Dear Ms. Toney:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of March 28, 2013, 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:

Regency Assisted Living
Megan Toney, Administrator
815 High Street
Norwalk, IA 50211

Complaint/Incident Intake #:

42445-C

Date of Complaint/Incident Investigation:

March 28, 2013

Monitor(s):

Joyce Kix, RN

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:	28
Number of tenants with cognitive disorder:	0
Total Population of Program at time of on-site	28
TOTAL census of Assisted Living Program	28

Program History – The program received regulatory insufficiencies in the areas of: Evaluation, Service Plan and Nurse Review during the Recertification visit of January 19. 2012.

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

A. Staffing

Complaint/Incident Allegation: It was alleged the program did not have enough staff to meet the tenants' needs.

- Monitoring Observation: The Program Registered Nurse (RN) provided documentation of a staffing pattern of two employees in house on day shift. two employees were present during the evening shift and one staff worked overnight. Staff #1 and #2. were interviewed on 3-28-13. Both felt they were able to get all tasks completed and thought the staffing numbers were appropriate. A group interview was held with seven tenants. They stated that the staff members were wonderful, respectful and prompt to help with any needs. Three months of Tenant Council meeting minutes were reviewed. Short staffing was not an issue of discussion during the meetings. The program staff schedule was reviewed for January, February and March. Each day shift had 2 persons scheduled. The evening shift had two staff members and the night shift had at least 1 staff member present.

- Regulatory Insufficiency: None noted.

B. Other

Complaint/Incident Allegation: It was alleged that employer timecards were falsified.

- Monitoring Observation: The Department does not have regulatory authority regarding employees' timesheets.

- Regulatory Insufficiency: None noted.