IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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Complaint/Incident Intake #: 42535-C

April 8, 2013

Ms. Mary Jo Pipkin, Administrator
Keystone Cedars
6325 Rockwell Drive NE
Cedar Rapids, IA 52402

RE: Final Complaint/Incident Investigation Report, Keystone Cedars, Cedar Rapids, Iowa

Dear Ms. Pipkin:

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 Insufficiencies, DIA accepts the POC.

If you have any questions in regard to 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:

Keystone Cedars
Mary Jo Pipkin Administrator
6325 Rockwell Drive NE
Cedar Rapids, IA 52402

Complaint/Incident Intake #:

42535-C

Date of Complaint/Incident Investigation:

March 5, 2013

Monitor(s):

Joyce Kix, RN
Maribeth Freland, 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:	68
Number of tenants with cognitive disorder:	0
Total Population of Program at time of on-site	68

Dementia-Specific Program by Dedication	
Number of tenants without cognitive disorder:	2
Number of tenants with cognitive disorder:	12
Total Population of Program at time of on-site	14
TOTAL census of Assisted Living Program	82

Program History - The program received regulatory insufficiencies in the areas of: Policy and Procedure, Program Reporting to the Department and Life Safety during the July 30, 2012 Complaint Investigation (40022-C).

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

A. Tenant Rights

Complaint/Incident Allegation: It was alleged that tenant pictures are posted on an internet social network without their knowledge or permission. It was alleged that the program maintained a cat and dog within the program. It was alleged that tenants were asked to donate for staff member's holiday gifts.

- Monitoring Observation: The program Administrator reported the program maintains a website and people have access to find the program's site on a social network page. Tenants have signed written consents to have information posted on these links. These are for marketing purposes only and staff members do not have permission to take pictures and/or post anything regarding tenants on social network internet sites.

  During interview on 3-5-13 at 3:35 p.m., Staff #4 reported she has seen pictures of a tenant posted on the social network Facebook on three other employee's personal internet pages, Staff #8, #9, and #10. When a picture is posted to a social network site it is open to any person viewing that site and could be altered and reproduced without the knowledge or permission of the tenant.

During interview, Tenant #5, #6 and #7 reported that the cat was never around the dining area and there were times when the dog was in the dining room during meal service but was not a bother to the tenants and the dog went home with the Administrator at nights. The monitors did not observe the animals interacting with the tenants while dining service was occurring.

The Administrator and program Registered Nurse stated that the tenants organized a collection of money for a gift for staff members during the holidays. The program does not encourage or require participation in the gift giving but allows the tenants to do what they want because the tenants take great pride in giving back to staff members.

- Regulatory Insufficiency: All tenants have the right to be treated with consideration, respect, and full recognition of personal dignity and autonomy. (IAC r 481-67.3(1))

B. Medications

Complaint/Incident Allegation: It was alleged that tenants were given the wrong medications.

- Monitoring Observation: A medication administration pass was observed with no errors in administration noted. The medication administration records for the month of March for all tenants were reviewed with no errors noted. Facility documentation of medication errors in the past three months were reviewed with only one incident of error in documentation of medication which was followed up appropriately by administration.

- Regulatory Insufficiency: None noted.

C. Staffing

Complaint/Incident Allegation: It was alleged that the program only had two staff persons in house during the nighttime hours which resulted in tenants falling and it was also alleged that staff were not trained appropriately for passing medications.

- Monitoring Observation: The program schedules for February and March were reviewed. There was at least two staff members schedule to work the shift from 10:00 p.m. to 6:00 a.m. on each day with a third person schedule periodically. Tenants #7, #8 and #9 were interviewed and reported staff response to calls was prompt and adequate.

  The personal records were reviewed for six staff members. Administration was unable to locate documentation for Staff #4, #5 and #6 which documented that training for medication administration had been completed. Staff #4, #5 and #6 (all Resident Assistants) worked in the capacity of administering medication to tenants.

- Regulatory Insufficiency: A sufficient number of trained staff shall be available at all times to fully meet tenant's identified needs. (IAC r 481-67.9(1))

D. Criteria for Admission and Retention

Complaint/Incident Allegation: It was alleged that tenants required nursing home level of care.

- Monitoring Observation: Tenants #1 and #2 were listed during interview with Staff #5 as requiring assistance of two staff members for transfer and cares. The clinical record for Tenant #1 was reviewed. Observation on 3-5-13 at 3:00 p.m. revealed two staff assisted Tenant #1 to stand with a walker and although the tenant initially resisted, Tenant #1 held the walker and proceeded to walk independently.

  The clinical record for Tenant #2 was reviewed. Tenant #2 was observed by the monitor on 3-5-13 at 2:30 p.m. to respond to Staff #5's instruction to go to the bath room by standing and independently walking to that room.

The monitors made no observations of tenants who exceeded the level of care of assisted living.

- Regulatory Insufficiency: None noted