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 #: 43187-C

April 18, 2013

Ms. Jamie Scherer, AL Manager
Sylvan Woods Assisted Living
2 Pennsylvania Place
Ottumwa, IA 52501

RE: Final Complaint/Incident Investigation Report – Sylvan Woods Assisted Living, Ottumwa, IA

Dear Ms. Scherer:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of April 16, 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 515/281-4116 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:

Jamie Scherer, Assisted Living Manager
Sylvan Woods Assisted Living
2 Pennsylvania Place
Ottumwa, Iowa 52501

Complaint/Incident Intake #:

43187-C

Date of Complaint/Incident Investigation:

April 16, 2013

Monitor(s):

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:	33
Number of tenants with cognitive disorder:	1
Total Population of Program at time of on-site	34

Dementia-Specific Program by Dedication	
Number of tenants without cognitive disorder:	1
Number of tenants with cognitive disorder:	10
Total Population of Program at time of on-site	11
TOTAL census of Assisted Living Program	45

Program History – The Program received regulatory insufficiencies in the areas of Evaluation of Tenant, Medications, Food Service, Staffing and Dementia Specific Education for Program Personnel during this certification period.

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

A. Criteria for Admission and Retention

Complaint/Incident Allegation: It was alleged the program retained a tenant who exceeded the level of care allowed for assisted living by regulation after showing aggressive behaviors toward staff and other tenants.

- Monitoring Observation: The monitor interviewed Staff #1, #2 and #3, all who denied knowledge of any tenants residing at the program who exceeded the level of care allowed by regulation.

  The monitor reviewed the program's incident reports from the previous three month period, noting only one incident involving physical aggression between Tenant #1 and Tenant #2.

  The monitor reviewed the clinical records of four tenants, Tenants #1, #2, #3 and #4, all cognitively impaired tenants residing in the program's secured memory care unit. The clinical records of Tenants #3 and #4 contained no evidence of behavioral issues indicating exceeding the assisted living level of care.

  Tenant #1, an 81 year old, was admitted to the program's secured memory care unit on 3-8-13 with diagnoses of Alzheimer's Disease, Chronic Obstructive Pulmonary Disease, Hypertension and Macular Degeneration. Tenant #1 scored a 4 on the

Global Deterioration Scales (GDS) completed on 2-25-13 and 4-4-13, indicating moderate cognitive decline. According to the service plan, dated 4-4-13, Tenant #1 was independent with eating, bathing, grooming, dressing, toileting, transfers and ambulation. The service plan directed staff members to monitor Tenant #1 for exit seeking behavior due to a past history of wandering off prior to admission to the program.

The program kept a communication book, documented in by direct care workers. The communication book contained documentation indicating that Tenant #1 was brought to the program involuntarily by his/her legal representative. Tenant #1 experienced issues with anger and agitation over being brought to the program. Tenant #1 experienced multiple episodes of sadness and crying during his/her first three weeks residing at the program. Tenant #1 experienced suspiciousness of staff members during the first three weeks, refusing to take his/her medications on occasion, packing his/her belongings to "go home" and attempting to exit the program's secured doors twice unsuccessfully. Tenant #1 showed his/her agitation by cussing at staff members and slamming his/her apartment door in anger.

Tenant #1's clinical record indicated Tenant #1 took Trazadone (an antidepressant) on an as needed basis for anxiety prior to admission to the program. According to Nurse Notes, on 3-8-13 the program notified Tenant #1's physician of the above stated concerns. The physician ordered Lorazepam (an antianxiety medication) to be taken as needed for severe anxiety that could not be relieved with redirection. Tenant #1 continued to experience this anxiety and agitation despite the use of the Trazadone and Lorazepam on an as needed basis. On 3-18-13 the physician added a scheduled dose of Trazadone to Tenant #1's medication regimen.

According to Nurse Notes, on 3-25-13 the Assisted Living Manager contacted Tenant #1's physician reporting Tenant #1's continued behaviors, including his/her paranoia related to staff members and other tenants and mood swings, quickly going from happy to agitation and back to happy in a short period of time. The Manager reported the Trazadone did not seem to be working, seemingly making Tenant #1 more upset after beginning the scheduled dose on 3-18-13. The physician discontinued the Trazadone, both scheduled and as needed, and initiated the use of Seroquel (an antipsychotic medication) twice daily with an as needed dose to be taken for agitation.

According to the Communication Notes, Tenant #1's family visited during the dayshift on 3-26-13. Tenant #1 became very upset with the family and exhibited increased aggression following the visit. Tenant #1 screamed at the day shift staff to get "out of my house". During the evening shift of 3-26-13, Tenant #1 walked up to Tenant #2 and threw a glass of cold water on Tenant #2. Tenant #2 became upset and grabbed Tenant #1's arms and pushed Tenant #1 down to the floor. Neither tenant was injured. Staff members intervened and Tenant #1 was sent to the emergency room for medical evaluation and treatment. Tenant #1 received intramuscular injections of antianxiety and antipsychotic medications while in the emergency room. Tenant #1 returned at 12:30 a.m. on 3-27-13.

Tenant #2, an 86 year old, was admitted to the program's secured memory care unit on 4-20-11 with diagnoses of Alzheimer's Disease, Arthritis, Hypertension and

Depression. Tenant #2 scored a 4 on the GDS completed on 1-8-13, indicating moderate cognitive decline. According to the service plan, dated 1-8-13, Tenant #2 was independent with eating, grooming, dressing, toileting, transfers and ambulation. Tenant #2 required stand by assistance with bathing.

Tenant #2's clinical record and the communication notes kept by direct care workers lacked any documentation of aggressiveness toward staff or other tenants. The clinical record documented the exchange with Tenant #1 as described above as an isolated incident. Both tenants' families had been notified.

During interview, Tenant #2 described Tenant #1 (as the tenant could not remember a name) and indicated Tenant #1 threw a glass of water at him/her. Tenant #2 "got mad so I pushed" Tenant #1. Tenant #2 reported neither tenant was injured during the exchange and indicated he/she "won't do that again". We stay away from each other.

During interview, Staff #2, universal worker and Staff #3, Memory Care Manager reported Tenant #1 and Tenant #2 have exhibited no further aggression toward each other. Tenant #2 voluntarily moved to a different table at lunch time to avoid contact. Tenant #1 appeared to have accommodated to living at the program with decreased episodes of anxiety and agitation.

The monitor observed Tenant #1 and Tenant #2 during the on-site visit. The tenants were in close proximity of each other without altercation. Tenant #1 was smiling, participating in activities provided during the day and conversing pleasantly with staff members and other tenants. Tenant #1 exhibited one episode of crying and paranoia however staff member intervention and redirection was successful.

The monitor identified no level of care concerns during the on-site visit. Tenant #1 experienced transitional difficulties due to involuntary admission to the program. Tenant #1's behaviors were addressed timely and appropriately by staff members. The physician adjusted medications to alleviate Tenant #1's behaviors. The program sent Tenant #1 to the emergency room for evaluation following Tenant #1 first aggressive episode of aggression toward another tenant. No injuries occurred following the incident. Tenant #2 showed an isolated episode of aggression with no other behavioral issues either before or after the incident.

- Regulatory Insufficiency: None noted.

B. Other

Complaint/Incident Allegation: It was alleged the program's billing practices for tenants utilizing waivers did not follow requirements.

- Monitoring Observation: The monitor did not review the program's billing practices as the Department of Inspections and Appeals does not have jurisdiction over billing practices of assisted living programs.

- Regulatory Insufficiency: None noted.