IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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Complaint/Incident Intake #: 42454-CR1

June 19, 2013

Ms. Dawn Ethofer, Administrator
Vintage Hills at Prairie Trail
1275 SW State Street
Ankeny, IA 50023

RE: Final Complaint/Incident Investigation Revisit Report – Vintage Hills at Prairie Trail, Ankeny, IA

Dear Ms. Ethofer:

Enclosed is the **Final Complaint/Incident Investigation Revisit Report** from the on-site monitoring visit of June 5, 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 Revisit Report

Assisted Living Program: **Complaint/Incident Intake #:** 42454-CR1

Dawn Ethofer, Administrator
Vintage Hills at Prairie Trail Assisted Living
1275 S.W. State Street
Ankeny, IA 50023

Date of Complaint/Incident Re-visit Investigation:

June 5, 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.

General Population Program	
Number of tenants without cognitive disorder:	28
Number of tenants with cognitive disorder:	4
Total Population of Program at time of on-site	32

Dementia-Specific Program by Dedication	
Number of tenants without cognitive disorder:	0
Number of tenants with cognitive disorder:	17
Total Population of Program at time of on-site	17
TOTAL census of Assisted Living Program	49

Program History – The program received a regulatory insufficiency in the area of Medications during the Initial Certification on-site of May 24, 2012. During the December 12, 2012 Complaint Investigation, the program received regulatory insufficiencies in the areas of: Staffing, Policy and Procedures, Evaluations and Service Plans. The program received regulatory insufficiencies in the areas of: Tenant Rights, Tenant Documents, Policy and Procedure, Evaluations, Service Plan, Nurse Review, Dementia Specific Education, Record Checks, Dependent Adult Abuse Training and Plan of Correction during the February 2 and March 4, 2013 Complaint Investigation (42454-C).

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

A. Tenant Rights

During the complaint investigation #42454-C, the Program received a regulatory insufficiency for not determining if the sexual intimacy between Tenants #1 and #2 was consensual.

- Monitoring Observation: The Program developed and implemented a sexual behaviors and intimacy policy and worksheet for Tenants #1 and #2. The Policy identifies tenants with declining cognition, who demonstrate sexual behavior, and implements a procedure that balances a tenant's right to continue to be a sexual person while acknowledging the rights of other tenants involved.

  An in-service was held with all staff on 4-10-13 on implementation of worksheet related to the level of sexual behavior of Tenants #1 and #2.

- Regulatory Insufficiency: None noted.

B. Tenant Documents

During the onsite complaint investigation #42454-C, the Program received a regulatory insufficiency for not having documentation related to incidents involving Tenants #1,

#2 and for not having Tenant #5's physician's orders related to a tenant's transfer from a skilled nursing facility to the Program.

Monitoring Observation: Tenant #1, a 79 year old, was admitted on 10-17-12 and had diagnoses of: Dementia, Anxiety, Depression, Gastro Esophageal Reflux Disease, Degenerative Joint Disease and Hyponatremia. Tenant #1 resided in dementia unit. A GDS was completed on 4-22-13 and staged Tenant #1 at five, which indicated moderately severe cognitive decline. Program records indicated Tenant #1 had a Durable Power of Attorney. Incident reports of 3-4-13 through 6-5-13 indicated there were no incidents involving Tenant #1.

Tenant #2, a 79 year old, was admitted on 11-13-12 and had diagnoses of: Dementia, Diabetes Mellitus (DM), Hypertension (HTN), Benign Prostatic Hypertrophy (BPH), Coronary Artery Disease (CAD) and a Supra Pubic Catheter. Tenant #2 resided in the dementia unit. A GDS was completed on 4-22-13 and staged Tenant #2 at five, which indicated moderately severe cognitive decline. Program records indicated Tenant #2 had a Durable Power of Attorney. Incident reports of 3-4-13 through 6-5-13 indicated there were no incidents involving Tenant #2.

Tenant #5, 69 year old, was admitted on 8-21-12 and had diagnoses of: Atrial Fibrillation, History of Trans Ischemic Attack, Neuropathy and Diabetes Mellitus. A cognitive evaluation was completed on 4-22-13 with Tenant #5 scoring 0 out of 10, which indicated normal cognition. Tenant #5 resided in the general population of the Program.

Tenant #5 was admitted to the hospital on 10-26-12 with a diagnosis of a Right Acetabular fracture. Hospital consultation notes indicated Tenant #5 sustained a fall while at the Program. Tenant #5's file indicated physician discharge orders were obtained by the Program on 4-24-13, which indicated Tenant #5 was discharged from a skilled nursing facility on 12-6-13, with Tenant #5 returning to the Program the same day.

- Regulatory Insufficiency: None noted.

C. Policy and Procedures

During the onsite complaint investigation #42454-C, the Program received a regulatory insufficiency for not following their policy and procedure related to an incident of possible theft of medications belonging to Tenants #10 and #11.

- Monitoring Observation: Program records indicated there were no incidents of theft(s) of medications belonging to tenants An in-service of 4-10-13, with all staff, reviewed the Program's policy and procedure related to the completion of incident reports, including medication incident reports, investigation and required notification to administration, local authorities and the Department.

- Regulatory Insufficiency: None noted.

D. Evaluation

During the onsite complaint investigation #42454-C, the Program received regulatory insufficiencies for not completing functional, cognitive and health evaluations with a change in condition for Tenants #3 and #4. During the course of the investigation, the Program did not complete evaluations prior to or within 30-day of admission for Tenants #2, #8 and #9. The Program did not complete evaluations with a change in condition for Tenant #5.

- Monitoring Observation: Tenant #3 no longer resides at the Program.

  Tenant #2's file indicated functional, cognitive and health evaluations were completed on 4-22-13.

  Tenant #4, a 77 year old, was admitted on 2-18-12 and had diagnoses of: HTN, CAD, Hyperlipidemia, Hypothyroidism, and Pre-Senile Dementia. A GDS was completed on 4-19-13 and staged Tenant #4 at five, which indicated moderately severe cognitive decline. Tenant #4 resided in the dementia unit.

  Functional and health evaluations were completed on 4-19-13 and indicated Tenant #4 was on a two-hour toileting schedule, wore incontinent undergarments at all times and had a history of skin excoriation of the groin.

  Tenant #5's file indicated functional, cognitive and health evaluations were updated on 4-22-13.

  Tenant #8, an 80 year old, was admitted on 8-23-12 and had diagnoses of: Arthritis, Glaucoma, Diabetes Mellitus and Depression. Tenant #8 resided in the general population. Functional, cognitive and health evaluations were completed on 4-20-13.

  Tenant #9, an 83 year old, was admitted on 11-27-12 and had diagnoses of: Dementia, HTN, Depression, Fatigue, Osteoporosis and Allergic Rhinitis. A GDS was completed on 4-8-13 and staged Tenant #9 at five, which indicated moderately severe cognitive deeline. Functional and health evaluations were completed on 4-8-13.

- Regulatory Insufficiency: None noted.

E. Service Plan

Complaint/Incident Allegation: During the onsite complaint investigation #42454-C, the Program received regulatory insufficiencies for not establishing interventions related to sexual intimacy for Tenants #1 and #2, for not updating service plans to reflect a change in status and need for assistance with cares for Tenants #3 and #4, for not having evaluations to support an updated service plan for Tenant #5 and for not completing a service plan within 30-days of admission for Tenants #8 and #9.

Monitoring Observation: Tenant #1 and #2s' service plans were updated on 4-22-13 and established interventions related to sexual intimacy between each other.

Tenant #4's service plan was updated 4-19-13 and reflected changes in condition and established interventions related to: a two-hour toileting schedule, using incontinent undergarments at all times, a history of skin excoriation in the groin area and daily application of topical medication and to notify the nurse if Tenant #4's groin becomes reddened or had an unusual odor.
Tenant #8 and #9's service plans were updated on 4-20-13 and 4-8-13 respectively.

- Regulatory Insufficiency: None noted.

F. Nurse Review

During the onsite complaint investigation #42454-C, the Program received regulatory insufficiencies for not completing 90-day nurse reviews to reflect Tenants #1, #2 and #4s' behavior or health status.

- Monitoring Observation: Tenant #1, #2 and #4's files indicated 90-day nurse reviews were completed on 4-22-13 and each reflected the tenant's current status. Tenant #4's file indicated a 90-day nurse review was completed on 4-19-13 and reflected Tenant #4's current status.

- Regulatory Insufficiency: None noted.

G. Dementia-Specific Education

During the onsite complaint investigation #42454-C, the Program received a regulatory insufficiency for not completing eight hours of dementia training for the Beautician within 30-days of hire and because Staff #1, #10 and #11 had not completed eight hours of dementia training within 30-days of hire.

- Monitoring Observation: Program documentation indicated the Beautician completed eight hours of dementia training on 4-12-13. Staff #1 completed eight hours of dementia training on 4-17-13 and Staff #6 had completed dementia training on 8-5-12. The Program provided documentation that Staff #10 completed dementia training on 1-20-13 and Staff #11 completed dementia training on 1-23-13.

- Regulatory Insufficiency: None noted.

H. Dependent Adult Abuse Training

Complaint/Incident Allegation: During the onsite complaint investigation #42454-C, the Program received a regulatory insufficiency as the Beautician and Staff #6 had not completed two-hours of dependent adult abuse training within six months of hire. During the course of the investigation, Staff #8 had not completed two-hours of dependent adult abuse training within six months of hire.

- Monitoring Observation: Program records indicated the Beautician completed two hours of dependent adult abuse on 4-12-13. Staff #6 and #8 had completed two hours of dependent adult abuse training on 7-17-12 and 4-9-13 respectively.

- Regulatory Insufficiency: None noted.