IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

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Complaint/Incident Intake #: 44066-C

July 11, 2013

Ms. Anne Stramel, Estate Manager
Hawthorne Inn at Windmill Pointe
1500 1st Avenue North
Coralville, IA 52241

RE: Final Complaint/Incident Investigation Report – Hawthorne Inn at Windmill Pointe, Coralville, IA

Dear Ms. Stramel:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of July 2 & 3, 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:

Anne Stramel, Estate Manager
Hawthorne Inn at Windmill Pointe
1500 1st Avenue North
Coralville, IA 52241

Complaint/Incident Intake #: 44066-C

Date of Complaint/Incident Investigation:

July 2 & 3, 2013

Monitor(s):

Margaret Kaltefleiter, RN MS

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.

Tenant #1, a 91 year old, was admitted on 1-13-12 and diagnoses included: Osteoporosis, Osteoarthritis, Hypertension, Hyperlipidemia and Memory Loss. Tenant #1 was staged at a four on the Global Deterioration Scale, which indicated moderate cognitive decline. According to the Progress Notes dated 6-19-13, Tenant #1 was observed on the floor by Tenant #1's bed at 10:00 P.M. on 6-17-13 after staff responded to a call light. Tenant #1 complained of moderate back pain and Tenant #1's family was called. A family member came to the Program and stated Tenant #1 felt Tenant #1 possibly pulled a muscle in the back and declined any further action. Staff offered an as needed medication but Tenant #1 declined. According to the Progress Notes, on 6-20-13 staff called a family member to take Tenant #1 to the physician to be checked. The family member took Tenant #1 who returned with a diagnosis of fractured ribs. According to a service plan dated 1-14-13, Tenant #1 ambulated with assist of one with use of a seated walker. Tenant #1 was a high fall risk. Tenant #1 was independent with using a wheelchair in Tenant #1's suite. Physical Therapy recommended stand by assist with all transfers and ambulation with walker with wheelchair following. An Accident/Incident Report form dated 6-17-13 at 10:00 P.M. indicated Tenant #1 was found on the floor.

A community meeting was held on 7-3-13 at 10:00 A.M. with three tenants. The tenants stated staff was good, caring and lovely. Staff treated the tenants were well, knew what services to provide and were trained appropriately. The tenants stated they were not aware of any staff injuring tenants.

Accident/Incident Report forms were reviewed from 4-1-13 through 7-2-13. There were no accident/ incident reports regarding tenants that were injured by staff.

Staff #1, #2, #3 and #4 stated they were not aware of any staff that had injured any tenants or had broken a tenant's ribs. The Estate Manager stated she was not aware of any staff that had injured any tenants or had broken any tenant's ribs.

Per tenant file reviews, tenant interviews, a review of accident/incident reports, staff interviews and an interview with the Estate Manager, there were no concerns with staff members injuring any tenants or breaking tenant's ribs.

- Regulatory Insufficiency: None noted.

Complaint/Incident Allegation: It was alleged staff did not answer call lights or turned them off without answering them.

- Monitoring Observation: A community meeting was held on 7-3-13 at 10:00 A.M. with three tenants. The tenants stated staff was good, caring and lovely. Staff treated the tenants were well, knew what services to provide and were trained appropriately. Nursing services were available when needed and call lights were answered. Staff responded very fast when called for assistance, within five minutes or less.

  Staff #1, #2, and #3 stated staff responded to call lights when they were turned on and they were not aware of any staff members who turned off call lights without answering them. Staff #4 stated she didn't think you could turn off the call lights

without answering them as you needed to go into the tenant's room to turn off the light.

The Estate Manager stated staff responded to call lights when they were turned on and it was not possible to turn the call light off without going into the tenant's room to reset the call light.

Per tenant interviews, staff interviews and an interview with the Estate Manager there were no concerns regarding staff not answering call lights or turning call lights off without answering them.

- Regulatory Insufficiency: None noted.

C. Structural Requirements

Complaint/Incident Allegation: It was alleged there were smells on the unit and only a spray was used.

- Monitoring Observation: Maintenance Reports were reviewed for the period of 3-4-13 through 7-1-13. A total of 45 reports were reviewed and none of the reports were in regards to any smells in the Program or in regards to using a spray. The monitor walked through the Program on 7-2-13 at 3:15 P.M. and no unpleasant smells were detected. A walk through was also conducted on 7-3-13 at 9:55 A.M. and no unpleasant smells were detected.

  A community meeting was held with three tenants on 7-3-13 at 10:00 A.M. The tenants stated housekeeping services were completed to their satisfaction and the housekeepers worked really hard. Maintenance issues were resolved quickly. The tenants stated they had not detected any unpleasant smells.

  Staff #1, #2, #3 and the Estate Manager stated they had not noticed any bad smells on the unit. Staff #4 stated she had noticed smells when tenants had an accident and then a shower was given as part of personal hygiene. If maintenance was called they would use a sanitizing solution. Carpets were cleaned or deep cleaned and all clothes were removed and laundered.

  Staff #5 stated there had been no reports of bad smells on the unit in the last six months. If smells would be reported, typically housekeeping would use floor chemicals for cleaning. If smells were in the carpet a carpet cleaner would be used. Staff #5 stated the Program did not have room freshener sprays.

  Per review of maintenance reports, observations in the Program, tenant interviews, staff interviews and an interview with the Estate Manager, there were no concerns regarding smells on the unit or the use of sprays.

- Regulatory Insufficiency: None noted.