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 #: 43498-M
43499-A
44102-C

August 15, 2013

Ms. Amanda Buchholz, Administrator
Senior Star at Elmore Place Memory Care
4504 Elmore Avenue
Davenport, IA 52807

RE: I. Final Complaint/Incident Investigation & Complaint/Incident Revisit Report – Senior Star at Elmore Place Memory Care – Davenport, IA
II. Standard Certification
III. Conclusion

Dear Ms. Buchholz:

I. Final Complaint/Incident Investigation & Complaint/Incident Revisit Report – Senior Star at Elmore Place Memory Care – Davenport, IA

Enclosed is the **Final Complaint/Incident Investigation & Complaint/Incident Revisit Report** from the on-site monitoring visit of July 24 & 25, 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.**

II. Standard Certification

Enclosed you will find the Standard Certification **S0292** with effective dates of **August 15, 2013 through April 16, 2015.**

III. Conclusion

The program is in full compliance with the Administrative Rules and has been issued a Standard Certificate with an effective date of **August 15, 2013.**

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 & Complaint/Incident Revisit Report

Assisted Living Program:

Amanda Buchholz, Administrator
Senior Star at Elmore Place Memory Care
4504 Elmore Ave.
Davenport, IA 52807

Complaint/Incident Intake #: 43498-M
43499-A
44102-C

Date of Complaint/Incident Investigation:

July 24 & 25, 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.

Dementia-Specific Program by Dedication	
Number of tenants without cognitive disorder:	0
Number of tenants with cognitive disorder:	16
Total Population of Program at time of on-site	16
TOTAL census of Assisted Living Program	16

Program History – The program received Regulatory Insufficiencies in the areas of Dementia Specific Education, Service Plan, Evaluation, Criteria for Retention and Admission, Medications, Food Service, Tenant Rights, Policy and Procedures, Staffing and Non Compliance with Plan of Correction during this certification period.

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

A. Tenant Rights

During the onsite investigation of Complaint 43498-I and 43499-A on May 1-2 and 6-8, 2013, the Program received four regulatory insufficiencies related to violating Tenant #12's rights to being treated with consideration, respect and full dignity and autonomy, for not receiving care, treat and services which were adequate and appropriate, to be free from mental and physical abuse and for not receiving reasonable response to all requests from the manager and staff. Both the incident and complaint resulted in a dependent adult abuse investigation. The result of that investigation is ongoing.

- Monitoring Observation: The Program submitted a plan of correction on 6-19-13, which indicated Tenant #12's rights would be upheld. Additionally, Staff #7 and #13 would be re-educated on tenant rights as would all staff employed by the Program. The Program indicated the staff training would be completed by 7-15-13.

  Tenant #12, an 82 year-old, was admitted to the assisted living dementia unit on 3-15-13 and had diagnoses of: Anxiety, Chronic Low Back Pain, Depression, Gastroesophageal Reflux Disease (GERD), HTN, and Macular Degeneration. A GDS was completed on 6-19-13 and staged Tenant #11 at four, which indicated moderate cognitive decline.

  Tenant #12 was interviewed and reported staff has treated him/her with consideration and respect and made most of his/her own decisions. Tenant #12 reported he/she received the services needed, wasn't physically or mentally abused and everyone had been responsive when he/she asked for help or for additional services.

  Program documentation indicated all staff, including Staff #7 and #13 attended an in-service on tenant rights on 6-19-13. Staff #14 & #15 were interviewed and confirmed they had attended the 6-19-13 in-service.

- Regulatory Insufficiency: None noted.

B. Policies and Procedures

During the course of the investigation of May 1-2 and 6-8, 2013, the Program received a regulatory insufficiency for not following their policy related to the Program's Crisis Management Process when Tenant #12 exhibited behavior that put themselves or others in harm's way. Staff had restrained Tenant #12 during an incident that occurred on 4-15-13.

- Monitoring Observation: Three tenant files were reviewed. No issues were found with Tenant's #11 and #13.

  Tenant #12's file indicated no other incidents or behaviors of self-harm or aggression toward self or others. The service plan was updated to include interventions for redirection of behaviors.

  Program documentation indicated all staff, including Staff #7 and #13 attended an in-service on 6-19-13 on the Program's policy and procedure related to the topic of restraints or seclusion. The Program's policy indicated the Program would not utilize physical, chemical or seclusion methods when a tenant demonstrated behaviors that may result in self-harm or harms to others. Staff was to call 911, call the executive director, nursing supervisor or manger on duty, the tenant's immediate family. A tenant would be transferred to an appropriate care setting, including hospitalization. Staff #14 & #15 were interviewed and confirmed they had attended the 6-19-13 in-service.

- Regulatory Insufficiency: None noted.

C. Staffing

During the course of the investigation of May 1-2 and 6-8, 2013, the Program received a regulatory insufficiency for not having a sufficient number of trained staff available at all times to fully meet tenants' identified needs. Staff did not follow interventions established in Tenant #12's service plan of 4-15-13 and the Program's medication room door was left open when staff wasn't present.

- Monitoring Observation: Tenant #12's service plan was updated on 6-20-13 and established interventions related to Tenant #12's communication needs to call family and friends. Additional interventions were added related to Tenant #12's potential escalating behaviors.

  Program documentation indicated all staff, including Staff #7 and #13 attended an in-service on 6-19-13, requiring staff to keep the medication room door closed and locked when staff wasn't present.
  During the onsite investigation, a monitor observed the medication door closed and locked. Staff #14 and #15 reported the medication room door was closed and locked when staff wasn't present.

Program records indicated an in-service was conducted on 6-25-13, which included two-hours of dementia training related to behavior management.

- Regulatory Insufficiency: None noted.

D. Retaliation

Complaint/Incident Allegation44102-C: It was alleged a staff member was fired because he/she had reported an incident of suspected dependent adult abuse of a tenant who resided at the Program.

- Monitoring Observation: Program documentation indicated Staff #6, #16 and #17 were terminated due to job performance. Personnel files for each staff terminated did not support the validity of the allegation. The Executive Manager of Health Services reported Staff #11 was asked to resign due to his job performance related to an incident involving Tenant #12.

- Regulatory Insufficiency: None noted.