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 #: 44914-C

September 9, 2013

Ms. Denise Elsner, RN Coordinator
Courtyard Terrace Assisted Living
717 West 3rd Street
Boone, IA 50036

RE: Final Complaint/Incident Investigation Report – Courtyard Terrace Assisted Living, Boone, IA

Dear Ms. Elsner:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of August 27, 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:

Denise Elsner, RN/Coordinator
Courtyard Terrace Assisted Living
717 West 3rd St.
Boone, Iowa 50036

Complaint/Incident Intake #:

44914-C

Date of Complaint/Incident Investigation:

August 27, 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:	30
Number of tenants with cognitive disorder:	0
Total Population of Program at time of on-site	30
TOTAL census of Assisted Living Program	30

Program History –

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

A. Tenant Rights

Complaint/Incident Allegation: It was alleged tenants were forced to get dressed when they did not want to. It was alleged tenants did not receive showers as scheduled or get insulin administered as scheduled due to staff member refusal. It was alleged a tenant fell and did not receive adequate treatment by a staff member to assure tenant comfort until a nurse could assess the tenant.

- Monitoring Observation: The monitor reviewed the program's incident reports for June, July and August 2013, noting three tenants who had fallen multiple times. The monitor reviewed the clinical records of all three tenants (Tenants #1, #2 and #3)

  The program reported no current tenants required staff member assistance with insulin administration. The program reported Tenant #3 required staff member assistance with insulin administration for approximately one week in July 2013.

  The program identified Tenants #1, #2 and #3 as tenants who had required staff member assistance with dressing and/or bathing.

  The monitor reviewed the clinical records of Tenants #1, #2 and #3.

  Tenant #1, a cognitively intact tenant, was admitted to the program on 3-22-13 and currently resided at the program. Tenant #1's clinical record indicated he/she was independent with transfers and ambulation. The clinical record indicated Tenant #1 required staff member assistance with bathing and dressing. According to incident reports, Tenant #1 was found on the floor by staff members on 6-2-13, 6-15-13, 6-27-13, 7-12-13 and 8-4-13, with all falls resulting in no injury to Tenant #1.

An incident report, dated 8-13-13, documented Tenant #1 fell while in his/her apartment, resulting in an avulsion fracture (chipped bone) of the greater trocanter (the ball of the thigh bone that sits in the hip socket). Tenant #1's clinical record indicated Tenant #1 refused bathing twice in May 2013 and once in June of 2013. The baths were given either the next day or on a different shift. All other baths in May, June, July and August 2013 were given as scheduled.

During interview, Tenant #1 reported all staff members working at the program were very kind and helpful. Tenant #1 reported all staff members responding to his/her multiple falls appeared well trained, concerned and responded in a timely manner. Tenant #1 reported he/she is able to make day to day decisions independently and had never been forced to dress or do anything else against his/her will by any staff members.

Tenant #2, a cognitively intact tenant, was admitted to the program on 3-29-12, currently resided at the program. Tenant #2's clinical record indicated he/she was independent with transfers and ambulation within the apartment. The clinical record indicated Tenant #2 required staff member assistance with bathing and dressing. According to incident reports, Tenant #2 was found on the floor by staff members on 6-13-13, 7-17-13 at 7:30 a.m. and 7-17-13 at 3:45 p.m., with all falls resulting in no injury to Tenant #2. Tenant #2's clinical record indicated Tenant #2 received bathing assistance by staff members as scheduled in May, June, July and August 2013.

During interview, Tenant #2 reported all staff members working at the program were very kind and helpful. Tenant #2 reported all staff members responding to his/her three most recent falls appeared well trained, concerned and responded in a timely manner. Tenant #2 reported he/she is able to make day to day decisions independently and had never been forced to dress or do anything else against his/her will by any staff members.

Tenant #3 resided at the program from 3-1-05 until his/her death on 8-1-13. Tenant #3 was hospitalized for a syncopal episode from 7-18-13 to 7-23-13. Tenant #3 returned to the program following hospitalization with a need for staff member assistance with medication administration, including insulin administration, and bathing, grooming and dressing assistance. Tenant #3's clinical record indicated Tenant #3 received bathing assistance as scheduled between 7-23-13 and his/her death on 8-1-13. Tenant #3's medication administration records and task sheets documented multiple staff members administered Tenant #3's oral medications and insulin as ordered by the physician.

The monitor held a group tenant meeting with 22 tenants in attendance. All 22 tenants reported all staff members were kind and helpful. All 22 tenants reported all staff members were quick to respond to requests for help and appeared to be well trained to care for tenant falls and other emergent situations. All 22 tenants indicated they are able to make their own day to day decisions, including when and if to bathe or dress.

Staff #1, #2 and #3's personnel files included training/delegation by a registered nurse related to medication administration, including insulin administration.

- Regulatory Insufficiency: None noted.

B. Staffing

Complaint/Incident Allegation: It was alleged not all staff members could respond to tenant needs in a fire or other natural disaster due to an inability to use the stairs, leaving not enough staff to tenant ratio to assure tenant evacuation of the building safely.

- Monitoring Observation: The assisted living building is attached to a long term care facility on one side and a long term care facility secured memory care unit on the other side. All three businesses are owned by the same corporation. The entire building, which houses all three businesses, used the same fire prevention system. Each building had a communication board located in each separate building that indicated where a fire was located when an alarm was activated.

  The program had eleven tenants who used walkers living on the first and second floor. No tenants requiring wheelchairs for mobility lived on the first or second floor. All eleven tenants would require some staff member assistance with evacuation to the ground floor in an emergent situation.

  During interview, the RN/Coordinator reported she had no concerns with any of the assisted living staff members' ability to use the stairs if needed for evacuation purposes in case of a fire within the building. The RN/Coordinator reported Staff #3, direct care worker, did have bad knees which required her to use the elevator as much as possible to alleviate discomfort but Staff #3 was reportedly able to use the stairs should it be required for tenant evacuation during a fire situation or other natural disaster.

  During interview, the Clinical Services Coordinator for all three businesses as described above indicated staff members can call other areas within the attached building to assist should an actual evacuation of tenants be required.

  During interview, Staff #1, a direct care worker, reported Staff #3 had bad knees and would have some difficulty using the stairs in an emergent situation. Staff #1 reported the elevators were out of service due to a local power outage once at the beginning of the summer 2013. She and Staff #3 were working together and Staff #3 was able to use the stairs at that time to attend to tenants living on the first and second floors. Staff #1 reported all eleven tenants residing on the first and second floor who used walkers would be able to evacuate the building to the ground floor with staff member assistance.

  During interview, Staff #2, a direct care worker, reported Staff #3 had bad knees and would be unable to use the stairs in an emergent situation. Staff #2 reported during one fire drill, she had to go to the first and second floor to assist tenants and Staff #3 stayed to assist tenants on the ground floor due to Staff #3's inability to use the stairs.

Staff #2 reported all eleven tenants residing on the first and second floor who used walkers would be able to evacuate the building to the ground floor with staff member assistance.

The monitor found no evidence of outcome from Staff #3's potential difficulties with using the stairs. As the building is attached to the long term care businesses and could seek assistance with evacuation from the other businesses, Staff #3's difficulty with stairs was not of issue.

- Regulatory Insufficiency: None noted.

C. Life Safety

Complaint/Incident Allegation: It was alleged the elevators in the building had been inoperable on many occasions. It was alleged not all staff members were knowledgeable re: emergency preparedness and would be unable to assist tenants in an emergent situation due to the lack of knowledge.

Observation: During interview with Staff #1 and Staff #2, both direct care workers, the elevator in the assisted living was not inoperable for any reason with the exception of a short local power outage in the city once.

The elevator was routinely inspected with the last inspection occurring on 3-20-13 with no violations cited.

Staff #1 and Staff #2, the only direct care workers on-site during the monitoring visit, were able to verbalize an adequate response to emergent situations, such as fire and tornadoes. Staff #1 and #2's personnel files lacked any documentation indicating an inability to follow appropriate emergency procedures.

Staff #3's personnel file contained documentation that Staff #3 did not readily respond to a smoke alarm sounding in a tenants apartment due to burnt toast on 4-25-13. Staff #3 received a written reprimand for the failure to respond timely and Staff #3's personnel file lacked any further documentation of discipline related to emergency preparedness.

The program held routine fire drills on at least a quarterly basis with staff members from all shifts participating in the drills. Staff #1, #2 and #3 all participated in these drills. Program documentation indicated the actual fire alarms sounded on 3-7-13 due to a malfunction. Staff #2 and Staff #3 were working in the assisted living at the time of sounding and responded in an adequate fashion.

- Regulatory Insufficiency: None noted.