IOWA DEPARTMENT OF
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July 8, 2014

Complaint/Incident Intake #: 47831-M

Ms. Susan Schmitt, Director of Health Services
Arbor Place
1140 K Avenue NW
Cedar Rapids, IA 52404

RE: Final Complaint/Incident Investigation & Recertification Monitoring Evaluation Report – Arbor Place, Cedar Rapids, IA

Dear Ms. Schmitt:

Enclosed is the **Final Complaint/Incident Investigation & Recertification Monitoring Evaluation Report** 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, following a survey by DIA on **June 4, 5, 9 and 12, 2014.** The Report notes Regulatory Insufficiencies in the area(s) of: Policies and Procedures and Service Plans.

Each Regulatory Insufficiency requires that the Program submit a written Plan of Correction (POC).

In preparing the POC, please use the tenant identifiers from the Report, i.e. Tenant #1, when reference is made to specific tenants. If your response includes a specific tenant's assessment or service plan, it is the Program's responsibility to conceal the tenant's name in order to maintain the tenant's anonymity. Your response shall include the following:

1. Elements detailing how the Program will correct each regulatory insufficiency.
2. What measures will be taken to ensure the problem does not recur.
3. How the Program plans to monitor performance to ensure compliance.
4. The date by which the regulatory insufficiency will be corrected.

Please note that all regulatory insufficiencies must be **corrected within 30 days of the date of the exit conference**; however, there may be situations where the timeframe may be shortened or lengthened, at the discretion of the department.

The POC must be submitted/emailed to DIA to my attention within ten (10) working days of receipt of this letter. It may be necessary for DIA to revisit the Program to confirm progress in fulfilling the POC's corrective measures.

As provided by IAC rule 481-67.14, you are afforded one opportunity to refute cited regulatory insufficiencies through the informal conference process. A request for an informal conference must be made within 20 working days of the notice or service of this letter and the final report. Please refer to rule 67.14 for more information.

The review of the recertification documents you submitted has been completed and the documents are accepted. In addition, the State Fire Marshal's (SFM) inspection report has been received as well as the Facility Engineer's approval of the Evacuation Plans for your program.

Also enclosed you will find the Assisted Living Program Certificate **S0065** with effective dates of **March 15, 2014** through **March 14, 2016**.

If you have any questions in regard to this 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 & Recertification Monitoring Evaluation Report

Assisted Living Program: **Complaint/Incident Intake #:** 47831-M

Susan Schmitt, Director of Health Services
Arbor Place
1140 K Avenue NW
Cedar Rapids, IA 52404

Date of Recertification/Complaint/Incident Investigation:

June 4, 5, 9 and 12, 2014

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.

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:	13
Number of tenants with cognitive disorder:	14
Total Population of Program at time of on-site	27
TOTAL census of Assisted Living Program	27

Tenant /Family Satisfaction Results - Private interviews were conducted with two families. The families stated staff was good, nice, competent, and friendly and care provided was very good and outstanding. The families stated the tenants were always clean and well-kept and tenants appeared content and happy. Tenant needs were met and tenants were treated with respect. One family stated it was the best place they had ever seen for tenants with memory loss. The family liked the arrangement of cottages within the building that allowed only eight tenants to live and eat together. Food was described as good; so much so, one tenant had gained 15 pounds since moving into the Program. Plenty of activities were offered and one tenant enjoyed going on bus rides. Both families stated the Nurse Manager was very good and responded to questions immediately. The monitor observed the cottages as being neat, clean and well maintained. Staff interacted with the tenants continuously and appeared kind and caring. All activities published on the monthly calendar took place during the onsite investigation.

Program History – The program received regulatory insufficiencies during the recertification and incident investigation of June 4, 5, 9 and 12, 2014 in the areas of: Policies and Procedures and Service Plans.

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

A. Policies and Procedures

Complaint/Incident Allegation: The Program reported a staff allegedly had taken pictures of tenants while assisting the tenants with showers.

- Monitoring Observation: Four tenant files were reviewed.

  Tenant #1, an 84 year old, was admitted on 8-27-10 and diagnoses included: Hypertension (HTN), Dementia with Behavior Disturbances, Alzheimer's Disease and Cognitive Impairment. Tenant #1 was staged at a six on the Global Deterioration Scale (GDS) which indicated severe cognitive decline. According to a service plan dated 4-10-14, staff assisted with showers, cued to wash body parts two times per week. Tenant #1 transferred to a higher level of care on 5-5-14.

Tenant #2, a 70 year old, was admitted on 9-23-11 and diagnoses included: Dementia, Arthritis of the Shoulder and Knee, Chronic Obstructive Pulmonary Disease, Neuropathic Pain and HTN. Tenant #2 was staged at a 5.6 on the GDS which indicated moderately severe cognitive disorder. According to a service plan dated 2-6-14, staff gave showers and assisted with giving shower by washing back and feet, completing the task for Tenant #2. Tenant #2 transferred to a higher level of care on 3-12-14.

Tenant #3, a 90 year old, was admitted on 1-20-14 and diagnoses included: Memory Loss, HTN, Hypothyroid, Hyperlipidemia, Positional Vertigo and Lens Implants. Tenant #3 was stated at a 4.4 on the GDS which indicated moderate cognitive decline. According to a service plan dated 1-17-14, Tenant #3 was independent in dressing, grooming, bathing, ambulation, transferring and toileting. Tenant #3 resided in the dementia unit.

The Program reported to the Department Tenant #1 had refused a shower but subsequently agreed saying it was okay but Tenant #1 didn't want any pictures. The staffs with Tenant #1 reported the comment to the Director. One staff recalled about one month prior Tenant #2 also made a comment about pictures and the shower. An alleged perpetrator, Staff #1, was identified and an investigation was conducted and the Program notified the police department. The Program also reported Tenant #3 had previously reported Staff #1 had asked if Tenant #3 would like to talk about sex.

Staff #2 was interviewed and stated Staff #1 came to her and said Tenant #3 accused Staff #1 of asking Tenant #3 for sex. Staff #1 denied it and said it was something Staff #1 would never do. Sometime later, about six weeks to two months, Staff #3 told Staff #2 she was getting Tenant #2 or Tenant #1 into the shower and they said "please, I don't want to go into the shower. I don't want my photo taken." Staff #2 said later Tenant #1 told Staff #4 something very similar about not wanting a photo taken when in the shower. Staffs #2 and #3 told the Nurse Manager what happened.

A couple times after this, when Staff #1 was assisting with showers, Staff #2 would check on him. She would knock on the door and immediately open the door but never saw anything out of the ordinary.

One time when she assisted Tenant #2 with a shower Tenant #2 stated no, I don't want to take my clothes off, I don't want all these people watching me with my clothes off. Tenant #1 was very fearful and it was unlike Tenant #2 to act this way. Tenant #2 did not say anything about having pictures taken. This occurred after Staff #1 was removed from working on this unit.

Staff #2 stated she felt Staff #1 was very appropriate with her and nothing was said or observed by her that would be out of the ordinary.

Staff #3 was interviewed and stated Staff #4 had called for assistance getting Tenant #1 into the shower. She helped redirect Tenant #1 into the shower room and Tenant #1 yelled out "I don't want my picture taken. I'm not doing this." Staff #3 then recalled a similar incident with Tenant #2, maybe one month prior, when Tenant #2 was in the bathroom and resisted getting undressed. Tenant #2 stated Tenant #2 didn't want to get picture taken. Tenant #2 was an artist and declining so no alarm

went off in Staff #3's head. She stated Tenant #2 was usually quite cooperative. Something just didn't feel right so she told the Nurse Manager. She was told not to talk about it and she had not talked about it since. There had been no comments by tenants about pictures being taken since that time.

Staff #4 was interviewed and stated there was one time when she asked Staff #3 for assistance with Tenant #1's shower and Tenant #1 said "don't take any more pictures." Tenant #1 was sitting in a chair in the shower room and had taken off Tenant #1's shirt and glasses. She routinely gave Tenant #1 a shower and Tenant #1 had never made any comments like this before. This was the only time she heard Tenant #1 make this comment.

The Nurse Manager stated Staff #3 came to her and reported she was helping Staff #4 with Tenant #1's shower and Tenant #1 said "Okay I'll do this but no more pictures." Staff #3 also said Tenant #2 had said she didn't want pictures taken and hadn't thought much of it until now. The Nurse Manager realized Staff #1 had worked in Tenant #2's cottage and now worked in Tenant #1's cottage. She called human resources and the Director of Health Services (Director). Staff #1 was taken off the schedule and the police was called. Staff #1 was told there were accusations of him taking photos of undressed tenants and Staff #1 denied it. He was told there would be an investigation and the police were notified. Staff #1 was terminated due to other performance issues.

The Nurse Manager stated Tenant #3's family sent her an email that reported Tenant #3 told the family Staff #1 had asked Tenant #3 if Tenant #3 would like to talk about sex. The Nurse Manager talked with Tenant #3 and asked if anyone had said anything recently that would upset Tenant #3. At first Tenant #3 said no, but then said, well that man came into my room and asked if I'd like to talk about sex. The Nurse Manager talked to the other tenants in the cottage and asked if anyone had said anything to make them uncomfortable and no one indicated anyone had. She called the Director and they met with Staff #1. Staff #1 reported he was doing laundry and took it to Tenant #3's room to hang in the closet. It was around 7:00 p.m. and Tenant #3 was in bed. Staff #1 asked if he could hang up the clothes, hung them up and wished Tenant #3 a good night and left.

The Director was interviewed and stated Staff #1showed her Staff #1's phone. It was more than one year old and the camera area was burnt out and not able to be used to take photos. Staff #1 denied taking photos of any tenants.

Staff #1 was interviewed and stated there was no way these accusations were true because none of them happened. He stated the Program did an investigation and said they had found nothing but were letting him go for other reasons that were all non-tenant related.

Staff #1 was terminated on 4-7-14.

According to the Program's policy on Incidents/Accidents, whenever an occurrence or event led to unintentional consequences and an unfortunate happening to a tenant, visitor or staff member on the grounds of the Program an Incident/Accident report must be completed.

The Program reported the incident to the Department but did not complete incident reports for Tenants #1, #2 and #3.

Review of tenant files, review of investigation documents and interviews with the Nurse Manager and the Director indicated the Program did not complete incident reports for unusual occurrences within the program's building that affected tenants.

- Regulatory Insufficiency: A program's policies and procedures must meet the minimum standards set by applicable requirements. The program shall follow the policies and procedures established by a program. All programs shall have policies and procedures related to the reporting of incidents including allegations of dependent adult abuse. The program's policies and procedures on incident reports, at a minimum, shall include the following: All accidents or unusual occurrences within the program's building or on the premises that affect tenants shall be reported as incidents. (IAC r. 481-67.2(1)(e))

B. Service Plans

- Monitoring Observation: Tenant #2 had an annual functional evaluation completed on 2-6-14, an annual cognitive evaluation completed on 2-5-14 and an annual health evaluation completed on 2-14-14. The annual service plan was completed on 2-6-14. The service plan was not developed based on a health evaluation.

  Prior to occupancy, Tenant #3 had a functional evaluation completed on 1-17-14, a cognitive evaluation completed on 1-16-14 and a health evaluation completed on 1-20-14. The service plan was completed on 1-17-14. The service plan was not developed based on the health evaluation.

  Review of files for Tenants #2 and #3 indicated the service plans were developed prior to the health evaluations. The service plans were not based on the evaluations.

- Regulatory Insufficiency: A service plan shall be developed for each tenant based on the evaluations conducted in accordance with subrules 69.22(1) and 69.22(2) and shall be designed to meet the specific service needs of the individual tenant. The service plan shall subsequently be updated at least annually and whenever changes are needed. (IAC r. 481-69.26(1))