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 #: 49071-I

August 20, 2014

Ms. Lyla Erwin, Manager
Garnett Place
202 35th Street Drive NE
Cedar Rapids, IA 52403

RE: Final Complaint/Incident Investigation Report – Garnett Place, Cedar Rapids, IA

Dear Ms. Erwin:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of August 14, 2014, 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: **Complaint/Incident Intake #:** 49071-I

Lyla Erwin, Manager
Garnett Place
202 35th Street Drive NE
Cedar Rapids, IA 52403

Date of Complaint/Incident Investigation:

August 14, 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.

General Population Program	
Number of tenants without cognitive disorder:	24
Number of tenants with cognitive disorder:	1
Total Population of Program at time of on-site	25
TOTAL census of Assisted Living Program	25

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

A. Other

Complaint/Incident Allegation: The Program reported Tenant #1 was missing approximately $500 from Tenant #1's apartment.

- Monitoring Observation:

  Tenant #1, a 93 year old, was admitted on 8-10-07 and diagnoses included: Skin Cancer, Osteoporosis, Hypothyroidism, Hypertension, Hyperlipidemia and Pacemaker. According to a service plan dated 8-5-14, Tenant #1 was independent with Activities of Daily Living, needed staff assistance to put on anti-embolism stockings each morning and received medication reminders from staff with the Program filling a medication planner with prescribed medications.

  Tenant #1 was interviewed and showed the monitor the address book where between $300 and $400 was placed. Tenant #1 stated the money was kept in a pocket in the back of the book and Tenant #1 wasn't aware anyone knew money was kept there. Tenant #1 knew there was $200 placed there for medications as well as money received from birthdays and holidays. Upon returning to the apartment one evening, Tenant #1 noticed a picture on the floor that had been in a desk drawer. There was two staff working that night. Tenant #1 always kept the apartment door locked so whoever came in had to have a key. Tenant #1 had placed the address book in the kitchen to mail a letter the next day as the address book had stamps inside. Tenant #1 went to the desk to get return address labels and noticed the drawer had been rifled through as things were out of place, so Tenant #1 knew someone had gone through the drawer. Tenant #1 talked to family and told the Manager and Health Coordinator.

  A floor plan of Tenant #1's apartment was provided. A copy of the staff schedule for June 2014 was provided.

According to a Program document, the Manager and Health Coordinator initiated an investigation and the police department was notified. Tenant #1 indicated Tenant #1 had suspicions of a staff since the staff shared too much personal information, was in need of money and had lots of personal issues. The Manager and Health Coordinator interviewed staff that worked between 6-25-14 and 6-27-14.

The Health Coordinator was interviewed and stated he and the Manager was called to Tenant #1's apartment who said money was missing. They discussed how much and where the money was kept. The Manager interviewed all staff and did random drug tests. A staff that was interviewed and tested positive was suspended immediately followed by termination. The Health Coordinator stated there had been no other tenant reports of theft prior to or after the termination of a staff.

A Program document reflected the incident and the Department were notified.

Review of Tenant #1's file, interviews with Tenant #1 and the Health Coordinator indicated a theft occurred, an investigation was completed, a staff was terminated and no further thefts had been reported.

- Regulatory Insufficiency: None noted.