

INSPECTIONS & APPEALS

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Complaint/Incident Intake #: 49065-C

August 27, 2014

Mr. Scott Regenwether, Executive Director
Windsor Manor Algona
512 Finn Drive
Algona, IA 50511

**RE: Final Complaint/Incident Investigation Report – Windsor Manor Algona,
Algona, IA**

Dear Mr. Regenwether:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of August 19 and 20, 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 #: 49065-C

Scott Regenwether, Executive Director
Windsor Manor Algona
512 Finn Drive
Algona, IA 50511

Date of Complaint/Incident Investigation:

August 19 & 20, 2014

Monitor(s):

Michael Rohner, OTR/L
Wendy E. Kuhse RN, BS

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:	20
Number of tenants with cognitive disorder:	0
Total Population of Program at time of on-site	20
Dementia-Specific Program by Dedication	
Number of tenants without cognitive disorder:	6
Number of tenants with cognitive disorder:	2
Total Population of Program at time of on-site	8
TOTAL census of Assisted Living Program	28

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 a tenant was slapped in the face by unknown staff members at the program.

- **Monitoring Observation:** Two tenant files were reviewed (Tenants #1 and #2). Tenant #1, an 86 year old, was admitted on 3-26-14 and diagnoses include: Anxiety, Depression, Hypertension (HTN), Hypothyroidism, Chronic Obstructive Pulmonary Disease, Gastro-Esophageal Reflux Disease, Breast Cancer, Arthritis and Insomnia. Tenant #1 was staged at two on the Global Deterioration Scale (GDS) which indicated very mild cognitive decline.

According to the service plan dated 4-23-14, Tenant #1 ambulated independently with a walker and had a steady gait. The service plan indicated Tenant #1 was alert and oriented to person, place and time. The service plan also indicated Tenant #1 had generalized anxiety complicated by dementia which was treated by Tenant #1's physician.

Tenant #1 was seen by Tenant #1's physician on 5-20-14 and 6-9-14. According to documentation in the physicians notes, Tenant #1 experienced nightmares and dreams of people coming into the room and difficulty sleeping. According to documentation in physician's notes dated 7-3-14, Tenant #1 worried about safety and added "the gals

who take care of me slap me in the face when I ask for anything". The notation added that Tenant #1 had a hard time further explaining the statement.

During an interview on 8-19-14 at 3:42 p.m. Tenant #1 stated staff were good to him/her and denied that any staff had ever been verbally or physically rude or rough with Tenant #1. Tenant #1 also denied ever stating to anyone (including Tenant #1's physician) that staff had slapped Tenant #1 in the face.

During interviews on 8-20-14 Staff #1 recalled one incident when Staff #2 approached Tenant #1 and Tenant #1 said, "I'm going to tell everyone you slapped me" and then laughed. Staff #2 also stated there had been one isolated incident in which Tenant #1 said to Staff #2, "you hit me" and then chuckled. Staff #2 stated she and Staff #1 explained to Tenant #1 staff could get in trouble for Tenants stating that, and Tenant #1 stated he/she would not say that again. Staff #2 stated Tenant #1 "jokes" all the time.

Staff #3 also stated she heard Tenant #1 laugh and say, "Oh, you hit me" and then Tenant #1 added that he/she had been kidding.

Tenant #2, a 91 year old, was admitted on 11-26-13 and had diagnoses which include: Vascular Dementia, Coronary Artery Disease, HTN, Atrial Fibrillation, Transient Ischemic Attacks and Mild Renal Insufficiency. Tenant #2 was staged at three on the GDS which indicated mild cognitive decline. Tenant #2 resided in the dementia unit.

The Service Plan dated 3-19-14 indicated Tenant #2 ambulated independently with a steady gait and had a history of falls. Physicians orders dated June 2014 indicated Tenant #2 received Coumadin, a blood thinner daily.

During interviews, Staff #1 stated about two weeks ago, Tenant #2 had once stated, [Staff #4] "beat... me last night." Tenant #2 also stated he/she had bruises all over. Staff #1 stated she checked Tenant #2 for bruising and did not find any. Staff #3 stated about four months ago Tenant #2 stated he/she had been in a "scuffle" with staff and [Staff#4] got the best of Tenant #2.

During an interview on 8-20-14 Staff #4 denied having any physical altercation or physical contact with Tenant #2.

Review of tenant files and interviews with tenants and staff revealed staff treated tenants in a kind and considerate manner.

- Regulatory Insufficiency: none noted