IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

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RODNEY A. ROBERTS, DIRECTOR

**Complaint/Incident Intake #: 49397-I**

October 14, 2014

Ms. Emily Miller, Director
Lakeview Lodge
312 Southbrooke Drive
Waterloo, IA 50702

**RE: Final Complaint/Incident Investigation Report – Lakeview Lodge, Waterloo, IA**

Dear Ms. Miller:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of October 6 & 7, 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:**

Emily Miller, Director
Lakeview Lodge
312 Southbrooke Dr.
Waterloo, IA 50702

**Complaint/IncidentIntake#:** 49397-I

**Date of Complaint/Incident Investigation:**

October 6 & 7, 2014

**Monitor(s):**

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: | |
| Number of tenants with cognitive disorder: | |
| Total Population of Program at time of on-site | |
| **Dementia-Specific Program by Definition** | |
| Number of tenants without cognitive disorder: | |
| Number of tenants with cognitive disorder: | |
| Total Population of Program at time of on-site | |
| **Dementia-Specific Program by Dedication** | |
| Number of tenants without cognitive disorder: | 10 |
| Number of tenants with cognitive disorder: | 37 |
| Total Population of Program at time of on-site | 47 |
| **TOTAL census of Assisted Living Program** | 47 |

**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 that a staff member yelled at a tenant and hit the tenant.

Monitoring Observation: Tenant #1, a 91 year old, was admitted on 03-14-2012. Tenant #1 had diagnoses of: Hypertension (HTN), Gastro Esophageal Reflux Disease (GERD), Mild Age Related Macular Degeneration, Dementia, Osteoporosis, Expressive Aphasia, and Mild Receptive Aphasia. Tenant #1 was staged at six on the Global Deterioration Scale (GDS) which indicated which indicated severe cognitive decline.

During an interview at 12:27 p.m. on 10-06-2014, Tenant #1 denied being yelled at or spoken to unkindly. Tenant #1 also denied being hit by any staff member. Tenant #1 had difficulty carrying on a conversation and spoke in short phrases and "word salad." Tenant #1 was interviewed again at 2:48 p.m. and continued to have difficulty with responses to questions but denied any mistreatment by staff.

Tenant #2, a 91- year old was admitted to the program on 10-10-2013. Tenant #2 had diagnoses of: HTN, GERD, Coronary Heart Disease, Glaucoma, Pacemaker, Total Hip

Replacement, Osteoporosis, and Cardiac Arrhythmias. Tenant #2 was staged at 4 on the GDS which indicated moderate cognitive decline.

During an interview at 3:10 p.m. on 10-06-14, Tenant #2 reported no problems or concerns with how Tenant #2 was treated by staff. Tenant #2 stated staff had never yelled or spoke unkindly to him/her, nor had any staff hit or treated Tenant #2 roughly.

Tenant #3, a 90 year old, was admitted to the program on 12-06-2010. Tenant #3 had diagnoses of: Dementia, HTN, Pacemaker, Hyperlipidemia, Hypothyroidism, Falls, and Recurrent Syncope. Tenant #3 was staged at a 5/6 on the GDS which indicated moderately severe to severe cognitive decline.

During an interview on 10-06-2014 at 2:57 p.m. Tenant #3 stated he/she had no concerns with how staff interacted with him/her. Tenant #3 denied that staff had ever yelled or were verbally or physically rough with him/her. Tenant #3 reported satisfaction with the program.

During an interview on 10-06-14 at 1:45 p.m. Staff 2 stated on 07-21-14 at about 7:15 to 7:20 p.m., she heard Tenant #1 crying. Staff 2 stated normally it was difficult for Tenant #1 to say much in whole sentences but at this time, Tenant #1 stated "She yelled at me and hit me and told me I have to stay in my room." Staff 2 stated Tenant #1 also said Staff 1 slapped Tenant #1 in his/her upper left chest/shoulder.

A short time later Staff 2 stated she overheard Staff 1 tell Tenant #1 to, "Get your ass over here, get in bed now."

According record review, the program completed an incident report regarding the alleged incident. The report indicated Tenant #1 pointed at Staff 1, identifying Staff 1 as yelling at him/her and as well as hitting Tenant #1.

During an interview on 10-07-14 at 12:40 p.m. the program Director provided written documentation of her investigation of the alleged incident. The program Director indicated she had interviewed Tenant #1 on 07-29-14 at 9:00 a.m. At that time, Tenant #1 could not state whether or not if he/she had been treated unkindly or hit by any staff person. The program Director stated she checked Tenant #1 for any bruises or wounds at this time and found none. The Director also notified the POA who stated, It is always hard to tell when [Tenant #1] is telling the truth...." Documentation provided by the program indicated the program Director interviewed Staff 1 on 07-31-14 at 10:05 a.m. At that time Staff 1 stated the allegations were completely not true.

Review of Staff 1's personnel file did not reveal any reprimands or warnings regarding unkind treatment of Tenants. (Staff 1 could not be successfully reached during the survey for an interview.)

- Regulatory Insufficiency: None noted.