IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake #: 50049-C

October 20, 2014

Ms. Diane Giddings, Manager
Clover Ridge Place
205 Ehlers Lane
Maquoketa, IA 52060

RE: Final Complaint/Incident Investigation Report – Clover Ridge, Maquoketa, IA

Dear Ms. Giddings:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of October 15 and 16, 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:

Clover Ridge Place
Diane Giddings, Manager
205 Ehlers Lane
Maquoketa, Iowa 52060

Complaint/Incident Intake #: 50049-C

Date of Complaint/Incident Investigation:

October 15 and 16, 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:	21
Number of tenants with cognitive disorder:	0
Total Population of Program at time of on-site	21
Dementia-Specific Program by Dedication	
Number of tenants without cognitive disorder:	9
Number of tenants with cognitive disorder:	7
Total Population of Program at time of on-site	16
TOTAL census of Assisted Living Program	37

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 an employee of the program befriended a tenant, became the tenant's power of attorney and withdraw a substantial amount of money from the tenant's saving and checking account.

- Monitoring Observation: Tenant #1, a 90 year old, was admitted on 09-19-2012. Tenant #1 had diagnoses of: Coronary Artery Disease with History of Stent Placement, Angina, History of Stroke, Diabetes Mellitus Type 2, Neuropathy, History of Atrial Fibrillation, Sick Sinus Syndrome with Pacemaker, and Hypertension (HTN).

  According to documentation in the comprehensive assessment/nurse review dated 07-24-14, Tenant #1 was staged at a 3 on the Global Deterioration Scale (GDS) indicating mild cognitive decline.

  Review of Tenant #1's medical record revealed staff alerted Tenant #1's physician on 08-07-14 of Tenant #1's cognitive decline and suggested activation of Tenant #1's Power of Attorney (POA). Tenant #1's physician gave orders that Tenant #1's POA be activated due to Tenant #1's cognitive decline.

  According to documentation in a change of condition nurse review dated 08-26-14, Tenant #1 had been hospitalized for increased behaviors, threats of going out on the

highway to be hit by a truck and wanting to get out of the program. Upon return to the program Tenant #1's GDS was staged at a 4, indicating mild cognitive decline.

According to documentation in the medical record, Tenant #1 had appointed Staff 2 as Tenant #1's power of attorney dated 09-11-2012, eight days prior to Tenant #1 admission to the Program.

During an interview on 10-15-14 at 2:10 pm. Staff 2 stated he had been employed at the program for approximately 7 years. Staff 2 stated he had been acquainted with Tenant #1 since about 1985 when Staff 2 and Tenant #1 had lived next to one another. Staff 2 stated he and Tenant #1 had remained friends ever since then. Staff 2 stated sometime in 2012, Tenant #1 had called Staff 2 advising him that Tenant #1's spouse had died, and Tenant #1 needed to leave the place Tenant #1 and Tenant #1's spouse had lived. Staff 2 assisted Tenant #1 to travel to Staff 2's residence and assisted in finding a place for Tenant #1 to live. At that time, Staff 2 stated Tenant #1 requested that Staff 2 be Tenant #1's POA. Prior to that time, Tenant #1's spouse had been the POA. Staff 2 stated POA papers had been completed prior to Tenant #1 being admitted to the Program and staff at the Program had been alerted to that fact at the time of Tenant #1's admission.

During an interview on 10-15-2014 at 1:41 p.m. Staff 1 stated she was aware that Staff 2 and Tenant #1 had been friends for about twenty five years. Staff 1 stated when Tenant #1 entered the program, Tenant #1 came with a car and the "shirt on [his/her] back". Staff 1 also stated that Tenant #1's POA was always current with paying the bill for Tenant #1's stay at the Program.

Tenant #2, an 87 year old, was admitted on 08-07-14. Tenant #2 had diagnoses of: HTN, Hypothyroidism, Polyps in the Stomach, Macular Degeneration, Restless Leg Syndrome, History of Skin Cancer, and Stage 1 Kidney Failure. Tenant #2 was staged at a 2 on the GDS indicating no cognitive decline.

Review of Tenant #2's medical record revealed POA papers signed and dated 10-18-2011. Tenant #2's POA was identified as Tenant #2's daughter.

Tenant #3, a 77 year old, was admitted on 11-05-2008. Tenant #3 had diagnoses of: Laryngectomy Secondary to Cancer, Osteoarthritis, Chronic Obstructive Pulmonary Disease, Depression and Anemia. Tenant #3 was staged at a one on the GDS indication no cognitive decline.

Review of Tenant #3's medical record revealed POA papers signed and dated 12-11-2002. Tenant #3's POA was identified as Tenant #3's son.

- Regulatory Insufficiency: None noted.