IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake #: 49807-I

December 16, 2014

Mr. Gary Sluyter, Manager
Waukee Memory Care, LLC
1505 SE Laurel Street
Waukee, IA 50263

RE: Final Complaint/Incident Investigation Report – Waukee Memory Care, LLC, Waukee, IA

Dear Mr. Sluyter:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of December 10, 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.

1. Concern – Staffing

   Findings – Not Substantiated
   Comments – Based on staff/tenant interviews and a review of the completed entrance form, tenant files, Program schedules, Program staffing policies, incident reports and training records, the Program's staffing ratio and staff training met the needs of the tenants at the time of the investigation. A review of incident reports and a file review of additional tenants with the assessed need of wandering history revealed no concerns regarding a lack of staff or the lack of appropriate training to handle tenant wandering behaviors. Staff that was working on the night of the reported elopement was properly trained in elopement procedures as well as alarm systems. Staff and families were retrained on door and alarm procedures.

2. Concern – Structure/Life Safety

   Findings – Not Substantiated
   Comments – Based on observations, staff interviews and a review of the Program's internal investigation of the incident and alarm testing logs, the Program offered a safe environment

for tenants at the time of the investigation. According to the internal investigation and the eye witness account of a family member, it is believed that the tenant must have had his/her arm or foot close enough to the alarmed door to prevent it from fully latching at the time the family member was leaving the alarmed building. The family member observed the tenant watching out the door window but the tenant never left the building as the family member walked away. Two staff was working at the time of the incident and both were assisting other tenants. Staff working at the time of the incident was wearing pagers which buzz staff when the overall door alarms are sounded. No overhead alarms were heard nor was either of the staff working buzzed by their pagers. Documented testing is completed each shift on the door alarm. The testing demonstrated that the door alarms were fully functioning before and after the incident occurred.

3. Concern – Level of Care

   Findings – Not Substantiated
   Comments – Based on staff interview and a review of the internal investigation of the incident and tenant file reviews, tenants reviewed and residing at the Program at the time of the investigation were appropriate for a Dementia Specific Assisted Living Program. The tenant that was involved in the incident as well as 3 other tenants reviewed, all had programming in place to address the assessed need of wandering or exit seeking in relation to dementia-related diagnoses. The tenant was on increased checks due to a wandering or exit seeking history. The tenant had never eloped from the front entrance before. The tenant was dressed appropriately for the weather on the day of the incident and received no injuries.

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

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0317	A. BUILDING: _____ B. WING _____	C 12/10/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WAUKEE MEMORY CARE LLC	1505 SE LAUREL STREET WAUKEE, IA 50263

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	481-67 Initial Comments Assisted Living Programs are defined by the type of population served. The census numbers were provided by the Program at the time of the on-site. Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 0 Number of tenants with cognitive disorder: 15 Total population of Program at time of on-site: 15 Total census of Assisted Living Program: 15 No insufficiencies were cited during the investigation of Incident # 49807.	A 000		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE