IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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TERRY E. BRANSTAD
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RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake #:
49234-I

November 18, 2014

Ms. Heather Frank, Director
Edgewater Assisted Living
9250 Edgeline Drive
West Des Moines, IA 50266

RE: Final Complaint/Incident Investigation Report, Edgewater Assisted Living, West Des Moines, Iowa

Dear Ms. Frank:

Enclosed is the **Final Complaint/Incident Investigation Report** 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, following an investigation by DIA on **November 12, 2014.** The Report notes Regulatory Insufficiencies in the area(s) of: Service Plans.

Each Regulatory Insufficiency requires that the Program submit a written Plan of Correction (POC).

In preparing the POC, please use the tenant identifiers from the Report, i.e. Tenant #1, when reference is made to specific tenants. If your response includes a specific tenant's assessment or service plan, it is the Program's responsibility to conceal the tenant's name in order to maintain the tenant's anonymity. Your response shall include the following:

1. Elements detailing how the Program will correct each regulatory insufficiency.
2. What measures will be taken to ensure the problem does not recur.
3. How the Program plans to monitor performance to ensure compliance.
4. The date by which the regulatory insufficiency will be corrected.

Please note that all regulatory insufficiencies must be **corrected within 30 days of the date of the exit conference**; however, there may be situations where the timeframe may be shortened or lengthened, at the discretion of the department.

The POC must be submitted/emailed to DIA to my attention within ten (10) working days of receipt of this letter. It may be necessary for DIA to revisit the Program to confirm progress in fulfilling the POC's corrective measures.

As provided by IAC rule 481-67.14, you are afforded one opportunity to refute cited regulatory insufficiencies through the informal conference process. A request for an informal conference must be made within 20 working days of the notice or service of this letter and the final report. Please refer to rule 67.14 for more information.

If you have any questions in regard to 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
	S0296	A. BUILDING: _____ B. WING _____	C 11/12/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDGEWATER ASSISTED LIVING	9250 EDGELINE DRIVE WEST DES MOINES, IA 50266

(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	481-69 Initial Comments Assisted Living Programs are defined by the type of populayion served. The census mnumbers were provided by the Program at the time of the on-site. General Population Program No. of tenants without cognitive disorder: 28 No. of tenants with cognitive disorder: 0 Total Population of Program at time of visit: 28 Dementia-Specific Program by Dedication No. of tenants without cognitive disorder: 0 No. of tenants with cognitive disorder: 11 Total Population of Program at time of visit: 11 TOTAL census of Assisted Living Program 39 The following insufficiencies were cited during the investigation of Incident/Complaint #49234-I:	A 000		
A 089	481-69.26(4)a Service Plans 481-69.26(231C) Service plans. 69.26(4) The service plan shall be individualized and shall indicate, at a minimum: a. The tenant ' s identified needs and preferences for assistance This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the service plan did not meet the identified needs of Tenant #1. Tenant #1 exhibited pacing, wandering, exit seeking and sexual aggression. The service plan did not identify interventions to	A 089		

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

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A 089	Continued From page 1 direct staff in the care of Tenant #1. The program reported to the department Tenant #1 eloped on 7-18-14. Tenant #1, a 91 year-old, was admitted on 9-8-10 and had diagnoses of: Hypertension, Depression, and Dementia. Tenant #1 was staged at five on the Global Deterioration Scale on 7-3-14 which indicated moderately severe cognitive decline. Tenant #1 resided in the dementia unit. Behavior Monitoring Records For June 2014 revealed Tenant #1 displayed pacing, wandering, or anxiety on four days and staff attempts at intervention were not successful on one day. On 7-18-18 Tenant #1 was outside of the dementia unit in the general population participating in a music activity. An interview with Staff A on 11-12-14 at 1:45 p.m. revealed Staff A, activities staff, was present during the music activity on 7-18-14. It was estimated the activity ended at approximately 3:35 p.m. Staff A reported there were two staff members present, as well as a family member and a private caregiver. As Staff A got tenants back to the dementia unit after the activity and a head count was being completed, it was reported Tenant #1 was observed in the parking lot of the program. On 11-12-14 at 10:16 a.m. the monitor was shown by the Administrator the approximate location where Tenant #1 was found. The monitor stepped off 39 steps to the approximate location on the sidewalk where Tenant #1 was seen. The Administrator reported Tenant #1 was a fast walker and estimated Tenant #1 was outside the building only a couple minutes. Tenant #1 was reported to be dressed and	A 089		

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A 089	Continued From page 2 wearing shoes. Tenant #1 was redirected inside the building and sustained no injury according to the incident report completed on 7-18-14. The State Climatologist was interviewed on 11-12-14 and reported the weather conditions at the Des Moines Airport on 7-18-14 at 3:54 p.m. were as follows: Temperature 80 degrees with winds out of the south at 10 miles per hours, mostly cloudy, with a heat index of 80 degrees. There was no rainfall. The behavior monitoring records for July 2014 revealed Tenant #1 displayed pacing, wandering, or anxiety on nine days and staff attempts at interventions were not successful on four days. Staff B was interviewed on 11-12-14 at 10:57 a.m. and stated Tenant #1 required redirection when asking about a car or the spouse. Staff B stated Tenant #1 was usually anxious during the evening. Staff C was interviewed on 11-12-14 at 11:10 a.m. and stated she sometimes works evening hours. Tenant #1 asks about the spouse and wants to look for a car. Staff C stated Tenant #1 has not been trying to leave as much recently. The Administrator stated redirections for Tenant #1 would include: puzzles, the brain fitness computer, the exercise bike, diverting attention by going for a walk inside the dementia unit, or a snack such as coffee and cookie. If Tenant #1 were to ask about the spouse, staff was to respond the spouse was shopping or with a family member. If those interventions did not work, staff was to call the nurse and get another person to try redirection. Medication was	A 089		

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A 089	Continued From page 3 available if necessary, but the nurse was to be called. Evaluations of function, cognition, and health were completed for Tenant #1 on 7-18-14. The health status information on the service plan identified Tenant #1 was more difficult to redirect in the evenings, was wandering more, and was exit-seeking at times. The service plan was not updated to include specific interventions to direct staff to care for Tenant #1 who verbalized wanting to find a car, was looking for a spouse, and exhibited wandering and pacing, and eloped from the program. The service plan of 7-18-14 was not individualized to meet Tenant #1's identified needs. Interdisciplinary notes dated 7-22-14 revealed the program was collecting a urine sample because of Tenant #1's altered mental status, increased agitation and anxiety. Interdisciplinary notes dated 7-28-14 and timed at 2101 documented the urine sample was negative, ruling out a urinary tract infection. The notes documented Tenant #1 had been packing belongings and wandering and was difficult to redirect. The health care provider had been contacted regarding exit seeking, wandering, anxiety and agitation, mainly during the evening hours. Interdisciplinary noted dated 7-28-14 and timed 2104 documented at 1820 staff reported to the nurse Tenant #1 was found outside the dementia unit, but not outside the building. The program reported to the department it was thought Tenant #1 followed a member of the staff outside the dementia unit door.	A 089		

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A 089	Continued From page 4 Evaluations were completed and the service plan was updated on 7-28-14. The service plan was not updated to include specific interventions to direct staff to care for Tenant #1 who verbalized wanting to find a car, was looking for a spouse, and exhibited wandering and pacing, eloped from the program, and who followed a member of the staff outside the dementia unit door. The service plan of 7-28-14 was not individualized to meet Tenant #1's identified needs. Interdisciplinary notes dated 8-16-14 and documenting events of 8-9-14 revealed Tenant #1 was very agitated and staff members were unable to redirect Tenant #1. Tenant #1 was observed digging through another tenant's pockets because Tenant #1 believed the other tenant stole Tenant #1's car keys. Interdisciplinary notes dated 8-15-14 for 8-15-14 revealed new medication orders were received for delusional behavior, anxiety, and agitation. Interdisciplinary notes dated 8-18-14 for 8-15-14 documented Tenant #1 was very anxious in the afternoon and into the evening. Tenant #1 paced "quite a bit" throughout the evening. Tenant #1 was walking from one door to the other. The notes documented Tenant #1 "continuously asked staff " where the car was, and asked to be let out. Tenant #1 was "very difficult to redirect the majority of the night." The Behavior Monitoring Record for August 2014 revealed Tenant #1 displayed pacing, wandering, or anxiety on eight days and staff attempts at interventions were not successful on one day. The service plan of 7-28-14 was not updated to	A 089		

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A 089	Continued From page 5 include specific interventions to direct staff to care for Tenant #1 who continued to exhibit delusional behavior, anxiety, agitation, and exit-seeking, and was difficult to redirect. Interdisciplinary notes dated 8-21-14 documented Tenant #1 remained anxious and agitated in the evenings. The notes documented Tenant #1 had started having sexual behaviors toward staff which included stopping a staff member from exiting the apartment and grabbing the staff member and kissing her, and grabbing a staff member's breast. The program provided written documentation dated 8-20-14 from Staff D which detailed the incident with Tenant #1 when Tenant #1 tried to kiss Staff D. The written documentation indicated Staff D "firmly pushed" Tenant #1 to get away. The documentation indicated Tenant #1 was angry. Staff D was interviewed on 11-12-14 at 11:44 a.m. Staff D reported she was frightened the first time she was approached by Tenant #1 for a kiss, and Tenant #1 was angry and not redirecting well. Staff D reported she was instructed to have two staff members present when trying to get Tenant #1 ready for bed, and to not let Tenant #1 get between staff members and the doorway. In an interview with the Administrator on 11-12-14 at 12:33 p.m., she stated staff members were to go into Tenant #1's apartment together and to avoid having Tenant #1 between staff members and the exit. Behavior monitoring records for September and October 2014 revealed Tenant #1 had one	A 089		

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A 089	Continued From page 6 instance of sexual aggression each month. The service plan of 7-28-14 was not updated to include specific interventions to direct staff to care for Tenant #1 who exhibited sexually aggressive behavior. The service plan did not meet Tenant #1's identified needs. Interdisciplinary notes dated 9-10-14 documented Tenant #1 no longer needed checks every 15 minutes and checks were changed to hourly. The current service plan dated 7-28-14 was not updated with the change and continued to indicate Tenant #1 was to be checked every 15 minutes.	A 089		
A 092	481-69.26(4)d Service Plans 481-69.26(231C) Service plans. 69.26(4) The service plan shall be individualized and shall indicate, at a minimum: d. For tenants who are unable to plan their own activities, including tenants with dementia, planned and spontaneous activities based on the tenant ' s abilities and personal interests This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the service plan did not indicate planned and spontaneous activities based on Tenant #1's abilities and interests. Tenant #1 was identified as person with dementia with a Global Deterioration Score of six on 7-18-14 and resided in the dementia unit. The service plans of 7-18-14 and 7-28-14 did not identify planned and spontaneous activities for Tenant #1 based on Tenant #1's abilities and interests. The service	A 092		

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A 092	Continued From page 7 plan of 7-28-14 was not updated to include the changes to Tenant #1's activities as discussed at the care conference. Interdisciplinary notes dated 7-18-14 through 8-21-14 documented Tenant #1's anxiety, pacing, exit-seeking, elopement, and sexual aggression. Behavior monitoring records for June through August 2014 also documented wandering, pacing, and anxiety by Tenant #1. The Administrator stated redirections for Tenant #1 would include puzzles, the brain fitness computer, the exercise bike, diverting attention by going for a walk inside the dementia unit, or a snack such as coffee and cookie. The Interdisciplinary notes dated 8-21-14 also documented a care conference with Tenant #1's family which included increasing Tenant #1's activities during the day and more social interaction but refraining from taking Tenant #1 to evening activities since it increased Tenant #1's evening anxiety.	A 092		

Edgewater
A WESLEYLIFE
COMMUNITY

November 25, 2014

Dear Ms. Boccella,

Attached you will find our plan of correction for our self-report assisted living survey at Edgewater, A Wesley Active Life Community in West Des Moines. This credible allegation of compliance has been prepared and timely submitted and is not a legal admission that an insufficiency exists or that the statement of insufficiencies were correctly cited, and is also not to be construed as an admission against the interest of the community, its Administrator or any employees, agents or the individuals who may draft or may be discussed in this document.

In addition, preparation and submission of this credible allegation of compliance does not constitute an admission or agreement of any kind by the community of the truth of any facts alleged or the correctness of any conclusion set forth in this allegation by the survey agency. Accordingly, we are submitting this credible allegation of compliance solely because state and federal law mandate submission of this within 10 working days days of receipt of the statement of deficiencies as a condition to participate in the Medicare and medical Assistance Programs. The submission of the credible allegation of compliance within this time frame should in no way be considered or construed as agreement with the allegations of non-compliance or admissions by the community.

Please advise me of receipt of this e-mail and attachment and if you have any further questions or follow up. Please direct questions to myself hfrank@wesleylife.org or call 515-978-2610. In my absence you may also contact Janet Simpson, Executive Director at JSimpson@Wesleylife.org.

Thank you,

Heather Frank
Director of Assisted Living-Edgewater

November 25, 2014

Plan of Correction

Edgewater, A Wesley Life Community, 9225 Cascade Ave West Des Moines, Iowa 50265

The following Plan of Correction is made in response to the insufficiencies cited on the intake form #43752-C received June 4, 2013.

Initial Comments: Preparation and execution of the Plan of Correction does not constitute admission or agreement by the Provider of the truth of the facts alleged or conclusion set forth in the Statement of Deficiencies. The Plan of Correction is prepared and/ or executed solely because it is required by the provision of the State of Iowa.

Insufficiency #1. 481-69.26(231C) Tag A089: Service plans will be individualized and will indicate, at a minimum the tenants identified needs and preferences for assistance. The assisted living nursing team has been educated on this and will ensure residents, particularly those in the assisted living memory care unit, have on their service plans specific interventions regarding redirection of a resident.

Tenant #1 service plan was updated to reflect particular redirection techniques that can be used by staff during times of anxiety which would include: puzzles, call daughters, Dakim brain fitness computer, exercise bike, diverting attention by going for a walk inside the dementia unit or a snack and explain that his wife (who has passed) is with her sister in Huxley or out shopping with his daughters. This service plan was updated on November 13, 2014.

An audit will be competed one time per month for the next 90 days on service plans through the QA process to ensure compliance.

Compliance: 12/11/2014

Insufficiency #2. 481-69.26(231C) Tag A092: Service plans will be individualized and will include, at a minimum: for tenants who are unable to plan their own activities, including tenants with dementia, planned and spontaneous activities based on the tenant's abilities and personal interests. The assisted living nursing team has been educated and will ensure that specific activity preferences are added to the service plan as well as an indication on the service plan that there is more information stored in an activities binder.

On November 13, 2014, it was also indicated on all resident service plans in our memory care area, for staff to reference the Personal History Questionnaire that is completed by a family member of all residents upon move-in to our memory care unit.

An audit will be competed one time per month for the next 90 days on service plans through the QA process to ensure compliance.

Compliance: 12/11/2014

November 25, 2014

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Compliance: 12/11/2014

Insufficiency #2. 481-69.26(231C) Tag A092: Service plans will be individualized and will include, at a minimum: for tenants who are unable to plan their own activities, including tenants with dementia, planned and spontaneous activities based on the tenant's abilities and personal interests. The assisted living nursing team has been educated and will ensure that specific activity preferences are added to the service plan as well as an indication on the service plan that there is more information stored in an activities binder.

Compliance: 12/11/2014