IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
Lucas State Office Building
321 East 12th Street
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(515) 281-4115 Phone
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TERRY E. BRANSTAD
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KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

March 6, 2015

Complaint/Incident Intake #: 50129-I

Ms. Susan Payne, Coordinator
Davenport Lutheran AL Apartments
1128 West 53rd Street
Davenport, IA 52806

RE: Final Complaint/Incident Investigation & Recertification Monitoring Evaluation Report – Davenport Lutheran AL Apartments, Davenport, IA

Dear Ms. Payne:

Enclosed is the **Final Complaint/Incident Investigation & Recertification Monitoring Evaluation 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 a survey by DIA on **February 25 & 26, 2015.** The Report notes Regulatory Insufficiencies in the area(s) of: Notification to Department of Dependent Adult Abuse, Tenant Documents and 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.

The review of the recertification documents you submitted has been completed and the documents are accepted. In addition, the State Fire Marshal's (SFM) inspection report has been received as well as the Facility Engineer's approval of the Evacuation Plans for your program.

Also enclosed you will find the Assisted Living Program Certificate **S0033** with effective dates of **January 17, 2015** through **January 16, 2017**.

If you have any questions in regard to this 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
	S0033	A. BUILDING _____ B. WING _____	C 02/26/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAVENPORT LUTHERAN AL	1128 W 53RD ST DAVENPORT, IA 52806

(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. General Population Program: Number of tenants without cognitive disorder: 16 Number of tenants with cognitive disorder: 1 Total Population of Program at time of on-site: 17 TOTAL census of Assisted Living Program: 17 The following regulatory insufficiencies were cited during the Recertification and Incident #50129-I Iowa Code 235E.2 (3)(a) If a staff member or employee is required to make a report pursuant to this section, the staff member or employee shall immediately notify the person in charge or the person's designated agent who shall then notify the department within twenty-four hours of such notification. If the person in charge is the alleged dependent adult abuser, the staff member shall directly report the abuse to the department within twenty-four hours. (Incident #50129-I) *This RULE: is not met as evidenced by:* Based on a staff interview, the Program did not make a report to the Department regarding the possibility of dependent adult abuse within twenty-four hours of reported missing monies. Per review of Program documentation, tenant interviews and staff interviews, the first report of missing money was received on 9-3-14. The Program reported to the Department two incidents of missing money on 9-26-14.	A 000		

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A 000	Continued From page 1 1. Tenant #1, an 89 year old, was admitted on 1-16-14 and diagnoses included: arteriosclerotic heart disease, diabetes mellitus, hyperlipidemia and hypothyroidism. On 2-25-15 at 11:08 a.m., Tenant #1 was interviewed and stated Tenant #1 had $100.00 in a bank envelope in a dresser drawer and told family the money was gone. They looked for it and could not find it so it was reported to the Apartment Coordinator (AC). The AC pulled out all the drawers of the dresser and no money was found. About one week later $12.00 was taken from a birthday card in the dresser that Tenant #1 was planning to mail 2. On 2-25-15 at 11:50 a.m., the AC was interviewed and stated on 9-3-14, Tenant #1's family reported Tenant #1 was missing $100.00. Tenant #1's apartment was searched but the money was not found. The AC stated she notified the Administrator of the report of missing money.	A 000		
	3. On 2-25-15 at 11:38 a.m., the Administrator was interviewed and stated on 9-26-14 she notified the Department of money taken from Tenant #1. The Department was not notified within twenty-four hours of the possibility of dependent adult abuse and the notification of missing money.			
A 077	481-69.25(1)o Tenant Documents 481-69.25(231C) Tenant documents. 69.25(1) Documentation for each tenant shall be maintained by the program and shall include: o. Incident reports involving the tenant, including but not limited to those related to medication errors, accidents, falls, and elopements (such reports shall be maintained by	A 077		

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A 077	Continued From page 2 the program but need not be included in the tenant ' s medical record) This REQUIREMENT is not met as evidenced by: (Incident #50129-I) Based on review of tenant files and a staff interview, incident reports were not completed when tenants reported missing money and jewelry. Per review of Tenant #1 and Tenant #2's files and an interview with the AC, incident reports were not completed when reports of missing funds and jewelry were received. 1. Tenant #1, an 89 year old, was admitted on 1-16-14 and diagnoses included: arteriosclerotic heart disease, diabetes mellitus, hyperlipidemia and hypothyroidism. On 2-25-15 at 11:08 a.m., Tenant #1 was interviewed and stated Tenant #1 had $100.00 in a bank envelope in a dresser drawer and told family the money was gone. They looked for it and could not find it so it was reported to the AC. The AC pulled out all the drawers of the dresser and no money was found. About one week later $12.00 was taken from a birthday card in the dresser that Tenant #1 was planning to mail. 2 On 2-25-15 at 11:50 a.m., the AC was interviewed and stated on 9-3-14 Tenant #1's family reported Tenant #1 was missing $100.00. Tenant #1's apartment was searched but the money was not found. The AC stated she did not complete an incident report in regards to the reports of missing money. 3 Tenant #2, a 96 year old, was admitted on 4-26-14 and diagnoses included: hypertension,	A 077		

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A 077	Continued From page 3 hypothyroid, incontinence and constipation. On 2-25-15 at 11:25 a.m., Tenant #2 was interviewed and indicated several months ago Tenant #2 discovered approximately $200.00, three rhinestone bracelets and a string of white pearls were missing. Tenant #2 stated the money was in a wallet inside a purse left in the closet behind clothes. The jewelry was kept in a dresser drawer. Tenant #2 reported the missing items to the AC. The pearls had been in a plastic bag that was torn open. The AC looked in the closet but the money was not found. 4. On 2-25-15 at 11.50 a.m., the AC was interviewed and stated sometime in September 2014 Tenant #2 reported Tenant #2 was missing about $300.00. Tenant #2's apartment was searched but the money was not found. The AC stated she did not complete an incident report in regards to the report of missing monies The AC stated she was not aware any jewelry had been taken.	A 077		
A 085	481-69 26(3) Service Plans 481-69.26(231C) Service plans. 69.26(3) When a tenant needs personal care or health-related care, the service plan shall be updated within 30 days of the tenant ' s occupancy and as needed with significant change, but not less than annually This REQUIREMENT is not met as evidenced by: (Recertification) Based on review of tenant files, service plans were not updated as needed with significant change.	A 085		

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A 085	Continued From page 4 Per review of Tenant #2 and Tenant #3's files, service plans were not updated as needed with significant changes. 1. Tenant #2, a 96 year old, was admitted on 4-26-14 and diagnoses included: hypertension, hypothyroid, incontinence and constipation According to Tenant #2's Nurse's Notes dated 1-30-15, Tenant #2 returned from a urology appointment with an order for an antibiotic to start with one tablet a day for three days, increased to one tablet twice daily. An order for a urinalysis for culture and sensitivity for 3-2-15 was noted. According to the Nurse's Notes dated 2-2-15, urology associates called and indicated the antibiotic needed to be continued; one tablet twice a day for a urinary tract infection. According to Nurse's Notes dated 2-19-15, Tenant #2 was complaining of pain during a bowel movement and Tenant #2 wanted to go to the hospital. Tenant #2 was transported to the hospital at 1:23 p.m. and returned at 4:20 p.m. Tenant #2 was diagnosed with hemorrhoids and was to follow up with primary physician. According to Nurse's Notes dated 2-24-15 at 2:45 p.m., Tenant #2 returned from an appointment with new orders. Medication orders were to increase Miralax to twice daily and start a suppository for hemorrhoids. Tenant #2's service plan was not updated as needed with significant changes of multiple medication orders, antibiotics and new diagnoses. 2. Tenant #3, a 94 year old, was admitted on 6-4-14 and diagnoses included: benign hypertension, low back pain, mixed hyperlipidemia, osteoarthritis and fatigue. According to Nurse's Notes dated 8-18-14, Tenant #3 reported hearing voices and seeing	A 085		

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A 085	Continued From page 5 people in Tenant #3's apartment. An order for a urinalysis with reflex culture and blood tests were received from Tenant #3's physician. According to the Nurse's Notes dated 8-22-14, the urinalysis results were negative. According to Nurse's Notes dated 8-27-14, Tenant #3 called the office at 4:00 a.m. and stated someone had been in the apartment and had "trashed" it. According to Nurse's Notes dated 9-15-14, Tenant #3's physician ordered an increase of Trazadone to 100 mg at bedtime for three nights. According to Nurse's Notes dated 1-15-15, home health orders for physical therapy, occupational therapy and nursing were received for Tenant #3. On 1-23-15, Tenant #3's family notified the AC of a drawing of a clock Tenant #3 had drawn for the home health agency. There were 12 numbers on the clock face with the 12 on the top but no numbers on the right side of the clock. According to Nurse's Notes dated 1-26-15, Tenant #3 received new orders to start Aricept 5 mg at bedtime. According to Tenant #3's service plan dated 7-9-14, an update on 1-19-15 indicated the initiation of physical therapy services. According to a Discharge/Transfer Summary dated 2-6-15, Tenant #3 was discharged from physical therapy services on 2-4-15 with occupational services continuing. Tenant #3's service plan was not updated as needed with significant changes regarding behaviors, medication changes, the initiation of nursing and occupational therapy from an outside service provider and discharge of physical therapy services.	A 085		

DAVENPORT LUTHERAN HOME COMMUNITIES AND SERVICES
24-hr Nursing Facility - Memory Care - Skilled Care
Assisted Living Apartments - Town Homes

March 19, 2015

Ms. Rose Boccell

Program coordinator

Adult Services Bureau Health Facilities Division

Lucas State Office Building

321 East 12th Street

Des Moines, IS 50319-0083

Dear Ms. Boccell:

Attached is the plan of correction from the Complaint/Incident Investigation & Recertification

Monitoring completed on February 25th and 26th, 2015. All regulatory insufficiencies will be corrected by March 27, 2015.

If you have any questions in regard to the plan of correction, please contact me at

563-386-6933 or s.payne@lhaa-e.org.

Sincerely,

Susan Payne RN, Apartment Coordinator

Susan Payne RN, Apartment Coordinator

Davenport Lutheran Assisted Living Apartments

Plan of Correction

Complaint/Incident Investigation Recertification March 19, 2015

Regulatory Insufficiency Iowa Code 235 E.2(3)(a) Dependent Adult Abuse

As of February 26, 2015 when a suspected dependent adult abuse has been reported, the Apartment Coordinator, and or designee will fill out incident report , complete an investigation report, report incident to Administrator. Administrator or designee will notify the Department of Inspections and Appeals within 24 hours of incident.

Random monitors will be completed by Administrator and or designee to insure proper procedures for reporting incidents to the Department of Inspections within 24 hours is followed.

Regulatory Insufficiency 481-69.25(1)o Tenant Documents

The Apartment Coordinator, Administrator and or designee will document incidents such as medication errors accidents, falls, elopements, abuse and missing items on incidents reports. Incidents reports will be maintained by the program. Reported incidents will be charted in tenants nurses notes in charts.

Random monitors will be completed by Administrator and or designee to insure incidents are completed in a timely manor.

Regulatory Insufficiency 481-69 26(3) Service Plans

Service Plan for tenant # 2 was updated as of February 27, 2015 to include diagnosis of hemorrhoids, signs and symptoms of hemorrhoids, self administration of suppositories for hemorrhoids, self administration of Mixalax twice daily.

Service Plan for tenant # 3 was updated as of February 27, 2015 to include discharge from Genesis Visiting nurse Association Physical Therapy as of 2/4/15, the initiation of nursing and occupational date of 1/16/2015 and the discharge date from occupational February 5, 2015 and nursing January 28, 2015. Service plan updated February 27, 2015 to include behaviors of seeing people in apartment and hearing voices, new medications

All tenant Service plans will be reviewed and updated by March 27, 2015. Service plans are completed on admission, 30 days after admission, annually, and with a significant change.

Random monitors will be completed by Administrator or designee to insure compliance.