IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
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RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake #:
53111-I

May 19, 2015

Ms. Kristen Mouchka, Administrator
Gardens at Luther Park
2910 E. 16th Street
Des Moines, IA 50316

RE: Final Complaint/Incident Investigation Report, Gardens at Luther Park, Des Moines, Iowa

Dear Ms. Mouchka:

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 **May 13, 2015.** The Report notes Regulatory Insufficiency in the area(s) of: Program policies and procedures.

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
	S0241	A. BUILDING: _____ B. WING _____	C 05/13/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDENS AT LUTHER PARK	2910 E16TH STREET DES MOINES, IA 50316

(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:36 Number of tenants with cognitive disorder: 4 Total Population of Program at time of on-site:40 Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 12 Number of tenants with cognitive disorder: 14 Total Population of Program at time of on-site:26 TOTAL census of Assisted Living Program: 66 The following regulatory insufficiencies were cited during the investigation of Incident 53111-I.	A 000		
A 003	481-67.2 Program policies and procedures 481-67.2(231B,231C,231D) Program policies and procedures, including those for incident reports. A program ' s policies and procedures must meet the minimum standards set by applicable requirements. The program shall follow the policies and procedures established by a program. All programs shall have policies and procedures related to the reporting of incidents including allegations of dependent adult abuse. This REQUIREMENT is not met as evidenced	A 003		

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A 003	Continued From page 1 by: Based on observations, interview and record review the Program did not ensure staff followed policies and procedures related to missing tenants. One tenant file was reviewed as a result of self-reported incident 53111-I. Record review on 5/13/15 revealed an incident report dated 5/12/15 for Tenant #1 who exited the building at approximately 2:00 a.m. According to the incident report, Staff A checked the exit and did not see anyone, instead of going outside to look for a tenant, she assisted another tenant with toileting. When Staff A returned to the hallway Staff A heard knocking and yelling. Tenant #1 had tried to re-enter the building and was knocking/yelling at the door. Further review revealed Tenant #1 wore two shirts, a shirt jacket, jeans, no socks and a pair of shoes. According to the state climatologist the weather conditions at the Des Moines airport on 5/12/15 at 2:00 a.m. were as follows; the temperature measured 49 degrees with a wind from the west at 17 miles per hour (mph) with gusts to 29 mph. Skies were cloudy but there was no precipitation occurring. Tenant #1, an 81 year-old, was admitted on 4/25/15 and had diagnoses of: vascular dementia, depression, hypertension, and stroke. On 4/15/15 Tenant #1 was staged at 4 on the Global Deterioration Scale which indicated moderate cognitive decline. Tenant #1 resided with a spouse in the general population. When interviewed on 5/13/15 at 9:20 a.m., Staff A said she worked the night of the incident and was alerted to the alarm by pager when she was	A 003		

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A 003	Continued From page 2 on the third floor. Staff A said she checked all of the east doors as the page indicated the alarm had been tripped by one of the east doors. Once Staff A identified the actual door, she looked outside but did not physically open the door or go outside to check for Tenant #1. Approximately five minutes later, she heard someone yelling and knocking on the door. Staff A confirmed she had received training on the Program's missing resident policy. Staff A stated she completed an incident report and left the incident report on the nurse's desk, but did not notify either the registered nurse (RN) or the Administrator at the time of the incident. Record review revealed the Program's missing resident procedures was signed and acknowledged by Staff A on 3/5/15. Review of the Missing Resident Procedures policy dated 3/14 revealed the following statements: .....if a resident is known to be outdoors, a search of the grounds and surrounding area should be conducted as follows. After dark, two staff members will check the grounds, follow the driveway to the street, check the parking lot, and check inside cars. If it is after 11:00 p.m. call the administrator, then call the police. On 5/13/15 at 8:45 a.m. the Administrator confirmed Staff A did not follow policy when she looked out the door and did not complete a search of the grounds as directed by policy. On 5/13/15 review of the service plan dated 4/15/15, revealed the RN made the following notation under mental status, per nursing	A 003		

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A 003	Continued From page 3 judgement, the tenant is non-elopement risk. When interviewed on 5/13/15 at 11:05 a.m. the RN said she was surprised Tenant #1 had left the building. She also confirmed Staff A had received training to follow the Program's missing tenant policy as had other staff. The RN also stated she had not been notified of the incident until finding the incident report on the desk when arriving at work. The Program provided training to staff regarding missing tenants, an incident report was filled out and the Program notified the Department of Inspections and Appeals (DIA) as required. In the course of the investigation, Staff A admitted she did not follow the Program's policy when she confirmed a tenant went out the door for which the alarm sounded and the pager was activated.	A 003		

The Gardens at Luther Park Plan of Correction- May 19, 2015

A 003 481-67.2 Policies and procedures

1.) Staff member A was retrained on alarms 5/19/2015. Staff member A was also reprimanded and suspended for not following facility's policy and procedures.
2.) An all staff in-service will be held on 5/21/15 in regard to facility's missing resident procedure.
3.) Administrator or designee will discuss a mock elopement scenario monthly at all staff in-services. Also will review missing resident procedure at that time.
4.) Regulatory insufficiency will be corrected effective 5/21/2015.