IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
Lucas State Office Building
321 East 12th Street
Des Moines, IA 50319-0083
(515) 281-4115 Phone
(515) 242-5022 Fax

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

DEMAND LETTER
Complaint Intake #: 51146-I

March 2, 2015

Ms. Amanda Buchholz, Director
Senior Star at Elmore Place Memory Care
4504 Elmore Avenue
Davenport, IA 52807

RE: I. NOTICE OF IMPOSITION OF CIVIL PENALTY – FINAL RECERTIFICATION & COMPLAINT/INCIDENT INVESTIGATION REPORT - SENIOR STAR AT ELMORE PLACE MEMORY CARE
II. Reduction of Civil Penalty
III. Informal Conference
IV. Standard Certification
V. Conclusion

Dear Ms. Buchholz:

I. Final Recertification & Complaint/Incident Investigation Report – Senior Star at Elmore Place Memory Care, Davenport, IA

Enclosed is the **Final Recertification & Complaint/Incident Investigation Report ("Report")** issued 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 **February 17 & 18, 2015.** The Report notes Regulatory Insufficiencies in the area(s) of: Tenant Rights and Staffing.

Senior Star at Elmore Place Memory Care ("Program") is being assessed a **$500 civil penalty** pursuant to Iowa Code section 231C.14(1)(b) and 481 IAC 67.17(1)(b).

Pursuant to Iowa Code section 231C.14(1)(b) and 481 IAC rule 67.17(1)(b), the continued failure or refusal to comply within a prescribed time frame with regulatory requirements that have a direct relationship to the health, safety, or security of tenants may result in a civil penalty of up to $5,000.

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.

The factors to be considered in determining the amount of a civil penalty are contained within rule 481 IAC 67.17(3) and include:

(1) the frequency and length of time the regulatory insufficiency occurred;
(2) the past history of the program as it relates to the nature of the regulatory insufficiency;
(3) the culpability of the program as it relates to the reasons the regulatory insufficiency occurred;
(4) the extent of any harm to the tenants or the effect on the health, safety, or security of the tenants which resulted from the regulatory insufficiency;
(5) the relationship of the regulatory insufficiency to any other types of regulatory insufficiencies;
(6) the actions of the programs after the occurrence of the regulatory insufficiency;
(7) the accuracy and extent of records kept by the program which relate to the regulatory insufficiency and the availability of such records to DIA;
(8) the rights of tenants to make informed decisions; and
(9) whether the program made a good-faith effort to address a high-risk tenant's specific needs and whether the evidence substantiates this effort.

The Report reflects that the Program failed to comply with regulatory requirements which have been cited previously by the Department. The Program previously received Regulatory Insufficiency in the areas of Staffing.

The determination of a **$500 civil penalty** is based upon repeated in the area(s) of: Staffing. As the enclosed Report details, staff failed to follow program procedures resulting in a tenant eloping with a group of visitors.

II. Reduction of Civil Penalty

If, within 30 days of the notice or service of this demand letter, you (1) do not request a formal hearing or withdraw your request for formal hearing, and (2) pay the civil penalty, the assessed penalty will be reduced by thirty-five percent (35%) pursuant to IAC rule 481–67.17(5). If you do not wish to request a formal hearing or wish to withdraw your request for formal hearing, please send a cover letter to the attention of **Rose Boccella** and remit the civil penalty assessed by check or money order to the **State of Iowa** in the amount of **three hundred twenty five dollars ($325)** within 30 days after the notice or service of this demand letter.

III. Informal Conference

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.

IV. Standard Certification

The recertification process has not been completed. In addition, the State Fire Marshal's (SFM) inspection report has not been received for your program. The certificate will be sent when the process has been completed.

V. Conclusion

The Program is being assessed a **$500 civil penalty** pursuant to Iowa Code section 231C.14(1)(b) and 481 IAC 67.17(1)(b).

DIA may revisit the Program to confirm compliance in fulfilling the POC's corrective measures. If the Program wishes to appeal the final findings, the Program may do so as provided in IAC rule 481-67.14.

If you have any questions in regard to this letter and enclosed Report, please contact your Program Coordinator, Rose Boccella, at 515/281-7039 or **Rose.Boccella@dia.iowa.gov**.

Sincerely,

Jim Friberg

Jim Friberg, Acting Bureau Chief
Adult Services Bureau

Enclosure

cc: Jean Herrity, Legal Assistant
Disability Rights Iowa

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KIM REYNOLDS
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RODNEY A. ROBERTS, DIRECTOR

June 1, 2015

Ms. Amanda Buchholz, Director
Senior Star at Elmore Place Memory Care
4504 Elmore Avenue
Davenport, IA 52807

Dear Ms. Buchholz:

DIA has completed the review of your Plan of Correction (POC) in response to the **Final Recertification & Complaint/Incident Investigation Report**. Based upon a complete review of the Report and your actions to correct the identified Regulatory Insufficiencies, DIA accepts your POC.

The report has been amended pursuant to the Informal Conference Decision. Pursuant to the Decision, the Regulatory Insufficiency for Tenant Rights as it relates to Tenant #1 has been removed.

Enclosed you will find the Assisted Living Program Certificate **S0292** with effective dates of **April 17, 2015** through **April 16, 2017**.

If you have any questions in regard to this certification, 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
	S0292	A. BUILDING: _____ B. WING _____	C 02/18/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SENIOR STAR AT ELMORE PLACE	4504 ELMORE AVENUE DAVENPORT, IA 52807

(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: 35 Total Population of Program at time of on-site: 35 TOTAL census of Assisted Living Program: 35 The following regulatory insufficiencies were cited during the Recertification and Incident Investigation #51146-I conducted to determine compliance for an Assisted Living Program.	A 000		
A 055	481-67.9(1) Staffing 481-67.9(231B,231C,231D) Staffing. 67.9(1) Number of staff. A sufficient number of trained staff shall be available at all times to fully meet tenants ' identified needs. This REQUIREMENT is not met as evidenced by: Based on tenant file reviews, review of incident reports, Program documents, in-service documents, staff statements and staff interviews, the Program failed to have a sufficient number of trained staff available at all times to meet the tenants' identified needs. Per review of Tenant #1's file, review of incident reports, Program documents, in-service	A 055		

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

DEPARTMENT OF INSPECTIONS AND APPEALS

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A 055	Continued From page 1 documents, staff statements and staff interviews, Tenant #1 left the Program without staff knowledge. (Incident #51146-I) 1. Tenant #1, a 69 year old, was admitted on 3-3-14 and diagnoses included: hypertension, benign prostatic hypertrophy, atrial fibrillation, chronic anticoagulation, mixed hyperlipidemia, duodenal ulcer, dementia and mild stroke. Tenant #1 was staged at a six on the GDS which indicated severe cognitive decline. According to Tenant #1's service plan dated 12-3-14, Tenant #1 would often follow other tenants when they were walking to their rooms or other places. Tenant #1 did not speak to them or try to touch them, however would follow behind others, causing them to become nervous at times. Tenant #1 would try to follow people out the doors of the building. 2. According to an Incident Report Form dated 12-14-14 at 3:40 p.m., Tenant #1 went out the front door with carolers and was easily redirected back into the building. Tenant #1 was wearing a jumpsuit with a tee shirt over it. The weather temperature at the time was 52 degrees and no injuries noted. The DON and the physician were notified. 3. According to Nurse's Notes dated 12-14-14 at 3:40 p.m., Tenant #1 followed a group of people out the front door and was easily redirected back into the building. No injuries noted. 4. On 2-17-15 at 3:10 p.m., Staff A was interviewed and stated she was passing medications on the day the carolers were at the Program. At 3:45 p.m., she administered medications to Tenant #1 in the dining room. She stated at 2:00 p.m. she had checked the	A 055		

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A 055	Continued From page 2	A 055		

electronic monitoring device worn by Tenant #1 and it functioned properly. Tenant #1 was wearing a jumpsuit with a long sleeve shirt under the jumpsuit, shoes, socks and a hat. She stated it wasn't real cold that day. Tenant #1 had not previously left the Program and did not have any exit seeking behaviors.

5. According to a written statement signed by Staff B, on 12-14-14 at 3:35 p.m. Tenant #1 followed a group of carolers out of the building. She indicated another tenant was at the desk so when the alarm sounded she thought it was because of the other tenant. She walked out the entrance door ahead of the carolers to turn off the alarm. Tenant #1 walked out the door with the carolers when her back was turned. One of the carolers brought Tenant #1 back into the building. Tenant #1 did not resist redirection into the building.

6. On 2-18-15 at 12:55 p.m., the DON was interviewed and stated she was the on call nurse when Tenant #1 left the Program. She was contacted by staff who informed her Tenant #1 walked out the front door with some carolers. As part of her investigation, she contacted the group that provided the carolers and obtained the names of the people who were with Tenant #1. She stated the door alarm pad was relocated from the entry area to the wall behind the front desk. Staff were re-educated regarding elopements.

7. According to a Program document dated 12-15-14, a memo was sent to Program staff regarding Disarming the Door Alarm and Elopement Procedures. The document indicated "When letting guests out through the front door, be sure to watch for tenants that might get in with

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A 055	Continued From page 3 the flow of traffic. Watch and wait for all of the guests to leave before resetting the alarm. Do not turn your back to the flow of traffic." The document was signed by all staff. 8. According to an In-Service Training Log dated 12-17-14, an in-service training was conducted to inform and educate staff on Missing Tenants, Door Alarm System and Safety Check Policies. The Training Log was signed by all staff in attendance. 9. According to an alarm company invoice dated 1-16-15, the alarm control keypad was relocated from the front entrance area to behind the front desk. The system was verified to work and staff was trained on the features of the keypad. 10. According to the State Climatologist, on 12-14-14 at 3:48 p.m. at the Davenport airport it was 52 degrees, winds from the south at 11 miles per hour and cloudy skies.	A 055		

Plan of Correction – Senior Star at Elmore Place 3/2/15

Date: 3/2/15
To: Iowa Department of Inspections & Appeals (DIA)
From: Amanda Buchholz, Director of Memory Care
RE: DIA Visit on February 17th & 18th, 2015

Enclosed is the Plan of Correction (POC) in response to on-site monitoring visit by DIA monitor Margaret Kaltefleiter on February 17th & 18th, 2015, to Senior Star at Elmore Place Memory Care. Regulatory Insufficiencies in the area(s) of: Staffing and Tenant Rights, and provides specific information regarding the regulatory insufficiency and how the Program failed to comply with regulations. Each area of regulatory Insufficiency is noted in this document including a detailed POC.

PLAN OF CORRECTION

Area: Tenant Rights

Regulatory Insufficiency #1: All tenants have the following rights (1) to be treated with consideration, respect and full recognition of personal dignity and autonomy. (IAC r. 481-67.3(1)

POC:

1. **The Program will correct the regulatory insufficiency by:** Tenant #1 will be treated with respect and full recognition of personal dignity and autonomy.
2. **The following measures will be taken to ensure the problem does not recur:** The physician and family will be notified that the jumpsuit cannot be used for behavioral modification. Staff will be re-educated on Tenant Rights.
3. **The Program plans to monitor performance to ensure compliance by:** Staff will be educated on Tenant Rights at least annually. The RN and or designee will review tenant rights for tenants at least annually.
4. **The regulatory insufficiency will be corrected by:** March 27, 2015

Area: Staffing

Regulatory Insufficiency #2: A sufficient number of trained staff shall be available at all times to fully meet tenants' identified needs. (IAC r.481-67.9(1)

POC:

1. **The Program will correct the regulatory insufficiency by:** Staff A will be re-educated on door alarm policy and requirements for monitoring exit door. Tenant #1 service plan will be updated to provide interventions for staff specific to monitoring tenants when visitors are in the building to ensure tenant does not exit with guests.
2. **The following measures will be taken to ensure the problem does not recur:** All staff will be re-educated on tenant safety and door alarms.
3. **The Program plans to monitor performance to ensure compliance by:** The RN or designee will monitor for compliance at least every 90-days when completing the 90-day nurse review. This will ensure the tenant's service plan is appropriate for wandering behaviors. The RN or designee will monitor staff training at least annually.
4. **The regulatory insufficiency will be corrected by:** March 27, 2015