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
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TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake #:
54414-I
54603-I

August 18, 2015

Ms. Inde Miller, Executive Director
Vriendschap Village AL
2604 Fifield Road
Pella, IA 50219

RE: Final Complaint/Incident Investigation Report, Vriendschap Village, Pella, Iowa

Dear Ms. Miller:

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 **August 12, 2015.**

During the investigation of #54414-I, the Program notified the department in a timely manner that a tenant had fallen and sustained a fracture. At the time of the fall, a staff member had been assisting the tenant with a shower. Based on interviews, a review of the tenant file and incident report, and staff training files no regulatory insufficiencies were cited related to this incident. Evaluations and service plans were in place and current, and the Program was able to provide documentation of the staff member's competency as determined by the registered nurse.

During the investigation of #54603-I, the Report notes Regulatory Insufficiencies in the area(s) of: Staffing 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.

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
	S0167	A. BUILDING: _____ B. WING _____	C 08/12/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VRIENDSCHAP VILLAGE AL	2604 FIFIELD ROAD PELLA, IA 50219

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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 by Definition Number of tenants without cognitive disorder: 29 Number of tenants with cognitive disorder: 8 Total Population of Program at time of on-site: 37 Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 1 Number of tenants with cognitive disorder: 7 Total Population of Program at time of on-site: 8 TOTAL census of Assisted Living Program: 45 No regulatory insufficiencies were cited during the investigation of Incident #54414-I. The following regulatory insufficiencies were cited during the investigation of Incident #54603-I:	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:	A 055		

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

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A 055	Continued From page 1 #54603-I: The Program reported to the Department Tenant #2 eloped. Based on a interviews, incident report review, and staff training files, staff was not sufficiently trained on the baby monitor door alarm system. Tenant #2, an 85 year-old, was admitted on 1-14-14 and had diagnoses of: dementia and hypertension. On 5-5-15 Tenant #2 was staged at four on the Global Deterioration Scale which indicated moderate cognitive decline. Tenant #2 resided in the dementia unit. The Program reported on 8-10-15 Tenant #2 eloped. According to the Program, Tenant #2 exited the dementia unit, walked through the building to the independent living section of the building. Staff A, Universal Worker (UW), documented at approximately 7:15 p.m. on 8-10-15 she received a phone call at home from a relative who lived in independent living. The relative reported a tenant from the dementia unit was in independent living. Staff A arrived at the Program at approximately 7:30 p.m. Staff A shut off the alarm to the dementia unit door and then proceeded to independent living to return Tenant #2 to the dementia unit. In an interview with the Executive Director on 8-12-15 at 10:00 a.m. she reported the Program had previously identified staff could not hear the audible exit door alarm when in a tenant's apartment. Approximately 10 months ago, the Program began the use of a baby monitoring system. The base was located near the exit door, and staff was to carry the receiver so as to hear the door alarm.	A 055		

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A 055	Continued From page 2 Staff A was interviewed on 8-12-15 at 10:24 a.m. and stated the baby monitor system was put into place in October of 2014 and staff was directed to carry the receiver to the baby monitor system. Staff A stated when she returned Tenant #2 to the dementia unit, she informed Staff B, staff member working at the time of the elopement, that Tenant #2 had been out of the dementia unit. Staff A reported Staff B stated she did not have the baby monitor receiver. Staff B, UW, was interviewed on 8-12-15 at 2:30 p.m. and stated on the evening of 8-10-15 she had gone into another tenant's apartment to provide cares which included toileting and use of the bathroom. Staff B reported at approximately 7:30 p.m. she was notified by Staff A that Tenant #2 had been out of the dementia unit. Staff B reported she did not hear the door alarm. Staff B reported she had been trained by a co-worker to carry the baby monitor receiver. Staff B stated she did not carry the receiver on the evening of 8-10-15. Staff B did not demonstrate an understanding of the training received regarding carrying the baby monitor receiver. Staff C, UW, was interviewed on 8-12-15 at 12:25 p.m. Staff C reported she occasionally worked alone in the dementia unit on the weekends. Staff C reported she had not received training on the baby monitor. Staff D, UW, was interviewed on 8-12-15 at 12:38 p.m. Staff D reported she worked in the dementia unit once a week. Staff D reported she had not received training on the baby monitor.	A 055		

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A 055	Continued From page 3 In an interview with the Executive Director on 8-12-15 at 11:25 a.m. and 12:10 p.m., she stated there was no documentation that Staff B or any other staff member received training on the use of the baby monitor. Staff working in the dementia unit were not sufficiently trained on the use of the baby monitor door alarm system.	A 055		
A 083	481-69.26(1) Service Plans 481-69.26(231C) Service plans. 69.26(1) A service plan shall be developed for each tenant based on the evaluations conducted in accordance with subrules 69.22(1) and 69.22(2) and shall be designed to meet the specific service needs of the individual tenant. The service plan shall subsequently be updated at least annually and whenever changes are needed. This REQUIREMENT is not met as evidenced by: #54603-I: The Program reported to the department Tenant #2 eloped. Based on a interviews and a review of the tenant record and incident report, the service plan did not meet the specific service needs of Tenant #2. Tenant #2, an 85 year-old, was admitted on 1-14-14 and had diagnoses of: dementia and hypertension. On 5-5-15 Tenant #2 was staged at four on the Global Deterioration Scale which	A 083		

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DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Linda Miller	Executive Director	8/22/15

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A 083	481-69.26(1) Service Plans 481-69.26(231C) Service plans. 69.26(1) A service plan shall be developed for each tenant based on the evaluations conducted in accordance with subrules 69.22(1) and 69.22(2) and shall be designed to meet the specific service needs of the individual tenant. The service plan shall subsequently be updated at least annually and whenever changes are needed. This REQUIREMENT is not met as evidenced by: #54603-I: The Program reported to the department Tenant #2 eloped. Based on a interviews and a review of the tenant record and incident report, the service plan did not meet the specific service needs of Tenant #2. Tenant #2, an 85 year-old, was admitted on 1-14-14 and had diagnoses of: dementia and hypertension. On 5-5-15 Tenant #2 was staged at four on the Global Deterioration Scale which	A 083		

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