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

September 25, 2015

Incident Intake #: 54951-I
53933-I

Mr. Cole Taggart, Manager
Martina Place Assisted Living
5815 Winwood Drive
Johnston, IA 50131

RE: Final Incident Investigation & Recertification Monitoring Evaluation Report – Martina Place Assisted Living, Des Moines, IA

Dear Mr. Taggart:

Enclosed is the **Final 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 **September 2 & 3, 2015.** On 7-1-15 the Program reported to the department a tenant fell and fractured ribs following a report of water on the floor from a leaking air conditioner.

1. Allegation – Structure
   Findings- Not Substantiated
   Comments – Based on record and incident report review, a review of the internal investigation, observations, and interviews, the following was noted: The tenant had voiced concern to the Manager at approximately 4:00 p.m. on 6-30-15 of water on the floor in the tenant's bathroom. The Manager, in consultation with maintenance, determined the condensation drain tube from air conditioner, located in the ceiling of the tenant's apartment, was plugged. The Manager took steps to remediate the issue by placing an absorbent towel in the drip pan in the ceiling, and placed a bucket on the floor to catch any drips. The tenant was informed and agreed to the remediation until maintenance could fully fix the plugged drain. The floor was dried. At 7:15 p.m. the tenant called for assistance and was found sitting in the apartment. The tenant reported falling in the bathroom. In an interview with the tenant, the tenant stated after using the bathroom, the tenant stood and then realized a fall was about to occur. The tenant did not identify the bucket or water as a cause or contributing factor of the fall. Documentation by the nurse revealed the tenant was wearing socks and the socks were dry.

During the onsite visit, a recertification visit was also conducted. There were no regulatory insufficiencies related to the recertification visit.

During the onsite visit, a tenant was found to have eloped. The Report notes a Regulatory Insufficiency in the area(s) of: Program Notification to Department.

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 or a contested case hearing 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 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
	S0002	A. BUILDING _____ B. WING _____	C 09/03/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARTINA PLACE	5815 WINWOOD DR JOHNSTON, IA 50131

(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 Definition Number of tenants without cognitive disorder: 38 Number of tenants with cognitive disorder: 12 Total Population of Program at time of on-site: 50 TOTAL census of Assisted Living Program: 50 No regulatory insufficiencies were cited during the recertification conducted to determine compliance with certification for an Assisted Living Program. No regulatory insufficiencies were cited during the investigation of Incident #53933-I. The following regulatory insufficiency was cited during the investigation of Incident #54951-I:	A 000		
A 025	481-67.4(4) Program Notification to Department 481-67.4(231B,231C,231D) Program notification to the department. The director or the director ' s designee shall be notified within 24 hours, or the next business day, by the most expeditious means available: 67.4(4) When a tenant elopes from a program. This REQUIREMENT is not met as evidenced by: Based on a review of tenant records, incident reports, and interview, the Program failed to notify the Department when a tenant eloped.	A 025		

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 025	Continued From page 1 1. Tenant #2, a 90 year-old, was admitted on 1-18-14 and had diagnoses of: chronic obstructive pulmonary disease and dementia. On 4-13-15, Tenant #2 was staged at five on the global deterioration scale which indicated moderate dementia. An incident report dated 8-24-15 and timed at 5:15 a.m. documented Tenant #2 was found across the street. In an interview with Staff A, resident assistant, she stated Tenant #2 was not fitted with a bracelet, and therefore staff was not notified when Staff A left the building. Staff A reported she was working at the time and did not know how long Tenant #2 had been gone. Staff A was notified by phone by passers-by that a person was walking with a walker outside. The regulations define elopement as a tenant who has impaired decision-making ability leaves the program without the knowledge or authorization of staff. In an interview with the Manager on 9-2-15 at 3:30 p.m., he stated the elopement of Tenant #2 had not been reported to the department. The elopement of 8-24-15 was not reported to the Department by the Program until 9-3-15 and upon request of the monitor	A 025		

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A 025	481-67.4(4) Program Notification to Department 481-67.4(231B,231C,231D) Program notification to the department. The director or the director ' s designee shall be notified within 24 hours, or the next business day, by the most expeditious means available: 67.4(4) When a tenant elopes from a program. This REQUIREMENT is not met as evidenced by: Based on a review of tenant records, incident reports, and interview, the Program failed to notify the Department when a tenant eloped.	A 025	**Program Notification to the Department Regulatory Insufficiency (481-67.4(4))** Martina Place Assisted Living Elopement Policy & Procedure was updated on 9/3/15 to include the underlined: "A Resident Guard alarm bracelet will be worn by tenants determined to be at risk for elopement and/or have a GDS score of 4 or higher."	

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

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