IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake #:
54768-C
55226-C
55463-C
55469-C

November 9, 2015

Ms. Cybil Hines, Manager
Edencrest at Riverwoods AL
2210 East Park Avenue
Des Moines, IA 50320

RE: Final Complaint/Incident Investigation Report, Edencrest at Riverwoods AL, Des Moines, Iowa

Dear Ms. Hines:

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 **October 15, 19 & 20, 2015.** Based on the review of tenant files, review of discharged files, review of incident reports, staff interviews, tenant interviews, a tenant community meeting, management interviews, review of policies and procedures and monitor observations, the following was found:

1. Allegation: Staffing
   Findings: Not substantiated
   Comments: The ALP Monitoring Entrance Form completed by the Program at the time of the onsite reflected the staffing patterns per shift in the dementia unit by definition and in the dedicated dementia unit. Two staff were interviewed and indicated there was enough staff to meet the needs of the tenants. The Manager was interviewed and stated there was enough staff to meet the needs of the tenants. Private tenant interviews were conducted and indicated staff responded "right away" or respond and say they will come back shortly. A test of the pendant call system was conducted and staff responded in less than five minutes. The Manager stated she reviews the pendant call report that is

available online and can determine the response time for pendant calls. She stated there was no concern with calls not being answered appropriately. The Manager stated staff are allowed 30 minutes weekly, per apartment, for deep cleaning housekeeping services. The universal workers will do light cleaning and pick up between the assigned housekeeping times.

2. Allegation: Tenant Rights
   Findings: Not substantiated
   Comments: Review of six tenant files, staff interviews, tenant interviews, a tenant community meeting, a manager interview and review of policies and procedures indicated no concerns with tenant rights. Staff was interviewed and indicated they were not aware of any tenants being told not to discuss certain topics in the dining room. The Manager was interviewed and was not aware of any tenants being told not to discuss certain topics in the dining room. No concerns with tenant rights were identified.

3. Allegation: Food Service
   Findings: Not substantiated
   Comments: An interview with the Manager indicated sugar free desserts are available and sugar is not added to food items. Lots of choices are offered plus they offer an "any time menu" where tenants can order alternate items if they do not like the planned menu items. A salad bar is also offered. Staff was interviewed and stated sugar free Jell-O, pudding and diabetic desserts were available. Staff also indicated the chef would always make a substitution if requested. No concerns with food services were identified.

4. Allegation: Structure/Life Safety
   Findings: Not substantiated
   Comments: An interview with the Manager indicated she was notified by a staff that bed bugs were found in a tenant's bed. She called the maintenance man and called a pest control company to come to the Program. The affected tenants were moved to another room and their apartments were locked and tenant clothing was treated with high heat, washed and dried. The pest control company came the next day and inspected the situation. Bugs were seen in two tenant rooms. These rooms as well as the serenity room and main living areas were treated. The Program's regular monthly pest control company was asked to give a second opinion and also confirmed it was bed bugs. Another treatment was provided by the original pest control company and the maintenance man applied a powdered chemical. No concerns with Structure/Life Safety were identified.

5. Allegation: Level of Care
   Findings: Not substantiated
   Comments: Based on review of five open tenant files and one closed tenant file, staff interviews and a Manager interview, there was one tenant who exceeded level of care. This tenant was given a 30 day notice due to routine assistance of two. The Program was working with the tenant's family to find a higher level of care. No concerns with Level of Care were identified.

6. Allegation: Nurse Review
   Findings: Not substantiated
   Comments: Based on review of five open tenant files and one closed tenant file, nurse reviews were completed as indicated. No concerns with Nurse Review were identified.

7. Allegation: Service Plans
   Findings: Not substantiated
   Comments: Review of six tenant files indicated Service Plans were completed appropriately.

The Report notes a Regulatory Insufficiency in the area(s) of: Tenant Documents.

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
	S0339	A. BUILDING: _____ B. WING _____	C 10/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDENCREST AT RIVERWOODS AL	2210 EAST PARK AVENUE DES MOINES, IA 50320

(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: 20 Number of tenants with cognitive disorder: 7 Total Population of Program at time of on-site: 27 Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 0 Number of tenants with cognitive disorder: 8 Total Population of Program at time of on-site: 8 TOTAL census of Assisted Living Program: 35 The following regulatory insufficiencies were cited during the investigation of Complaint #54768-C, Complaint #55226-C, Complaint #55463-C and Complaint #55469-C.	A 000		
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 the program but need not be included in the tenant ' s medical record) This REQUIREMENT *is not met as evidenced*	A 077		

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 077	Continued From page 1 by: Based on review of tenant files, review of incident reports, and staff interview, incident reports were not maintained related to identification of tenants with bed bugs. 1. Tenant #1, a 74 year old, was admitted on 12-1-14 and diagnoses included: Alzheimer's and high cholesterol. Tenant #1 was staged at a six on the Global Deterioration Scale (GDS) which indicated severe cognitive decline. Tenant #1 resided in a dementia unit. 2. Tenant #2, a 79 year old, was admitted on 5-29-15 and diagnoses included: Alzheimer's, hypolipidemia, hypothyroidism, hypotension, back pain, depression, gastric esophageal reflux disease, headache, insomnia, onoglonal gammopathy, onychomycosis, osteoarthritis, stress incontinence and dysuria. Tenant #2 was staged at a six on the GDS which indicated severe cognitive decline. Tenant #2 resided in a dementia unit. 3. On 10-19-15, Staff A was interviewed and stated about one to one and one half months ago she was getting Tenant #1 up and saw something crawling on the blanket Tenant #1 had been laying on. She scooped it up into a cup, took some toilet paper, smashed the bug and when she saw blood come out she knew it was a bed bug. One week prior to the identification of bed bugs on Tenant #1, Tenant #2 shared a room with Tenant #1. Bed bugs were seen on Tenant #2's mattress. On 10-19-15 a live bed bug was seen on Tenant #1's bed. Incident reports were not completed regarding the bed bugs.	A 077		

Disclaimer for POC

Preparation and/or execution of this plan of correction does not constitute admission or agreement by the program of the truth of the facts alleged or conclusions set forth in the statement of regulatory insufficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of state law.

Date: November 18th, 2015

Complaint/Incident Intake #54768-C, 5526-C, 55463-C, 55469-C

POC:

A: Tennant Documents 481-69.25(1)

a. 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 the program but need not be included in the tenant's medical record)

Program POC:

1. Elements detailing how the insufficiency was corrected:

   The program has educated all current staff on completing incident reports whenever there is an issue with insects/pests that involve Residents. The staff were educated on this on 11/19/2015.

2. Actions the program is taking to protect tenants in similar situations:

   All current staff have been educated and all new staff will be trained on hire regarding incident reporting involving pests/insects and Residents.

3. Measures taken to ensure policy and procedure are followed:

   The Community Manager or Program Nurse will provide this training and education on hire for all new employees. Routine in services will also be provided to staff on an annual basis after hire.