IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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TERRY E. BRANSTAD
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DEMAND LETTER
Complaint Intake #: 55994-I

November 17, 2015

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

RE: I. NOTICE OF IMPOSITION OF CIVIL PENALTY – FINAL COMPLAINT/INCIDENT INVESTIGATION REPORT - EDENCREST AT RIVERWOODS AL
II. Reduction of Civil Penalty
III. Informal Conference
IV. Conclusion

Dear Ms. Hines:

I. Final Complaint/Incident Investigation Report – Edencrest at Riverwoods AL, Des Moines, IA

Enclosed is the **Final 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 **November 2 - 4, 2015.** The Report notes Regulatory Insufficiencies in the area(s) of: Service Plans and Structural Requirements.

Edencrest at Riverwoods AL ("Program") is being assessed a **$1,000 civil penalty** pursuant to Iowa Code section 231C.14(1)(a) and 481 IAC 67.17(1)(a).

Pursuant to Iowa Code section 231C.14(1)(a) and 481 IAC rule 67.17(1)(a), a program's noncompliance that results in imminent danger or a substantial probability of resultant death or physical harm to a tenant may be assessed a civil penalty of not more than $10,000.

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 determination of a **$1,000 civil penalty** is based upon noncompliance resulting in imminent danger or substantial probability of resultant death or physical harm. As the enclosed Report details, the Program failed to maintain a safe building, allowing a tenant with dementia to elope.

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 **Tamara Brockob** and remit the civil penalty assessed by check or

money order to the **State of Iowa** in the amount of **six hundred and fifty dollars ($650)** 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. Conclusion

The Program is being assessed a **$1,000 civil penalty** pursuant to Iowa Code section 231C.14(1)(a) and 481 IAC 67.17(1)(a).

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, Bureau Chief
Adult Services Bureau

Enclosure

cc: Jean Herrity, Legal Assistant
Disability Rights Iowa

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 11/04/2015

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. General Population Program Number of tenants without cognitive disorder: 21 Number of tenants with cognitive disorder: 7 Total Population of Program at time of on-site 28 Dementia-Specific Program by Dedication Number of tenants without cognitive disorder 0 Number of tenants with cognitive disorder: 7 Total Population of Program at time of on-site 7 TOTAL census of Assisted Living Program: 35 The following regulatory insufficiency was cited during the investigation of Incident 55994-I:	A 000		
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	A 083		

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A 083	Continued From page 1 by: Based on review of tenant files and Program documents, the Program failed to develop service plans that were designed to meet the specific service needs of the individual tenant. 1. Tenant #1 a 77 year old was admitted on 9-21-15 and diagnoses included: dementia and anxiety. Tenant #1 was staged at a four on the Global Deterioration Scale, which indicated moderate cognitive decline. Tenant #1 resided in the memory care unit. On 10-20-15 an incident report stated Tenant #1 was found outside by visitors to the Program around 8:00 a.m. At the time of the incident, the Tenant resided in the general population part of the Program. Tenant #1 was carrying clothes and looking for his/her vehicle. A staff statement said Tenant #1 was wearing leggings, a sweatshirt, socks and shoes. According to the State Climatologist the temperature measured 59 degrees Fahrenheit (F). Tenant #1 returned to the building. Tenant #1 moved to the memory care unit on 10-20-15, following the incident. 2. According to an incident report dated 10-27-15, Tenant #1 left the memory care unit at approximately 9:17 p.m. and walked to a convenience store approximately .2 miles away. The store notified the police at 9:41p.m. Police responded at 9:47 p.m. and called Tenant # 1's family. Family returned the Tenant to the Program at 10:25 p.m. The Tenant was assessed by the RN the following morning. Tenant #1 crossed a residential street with a speed limit of 30 miles per hour. According to the State Climatologist, the temperature measured 50 degrees F with a wind chill of 47 degrees and light rain. According to a staff statement, Tenant #1 wore jeans, shirt,	A 083		

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A 083	Continued From page 2 sweater and shoes. Based on information from Program documents, Tenant #1 had been assisted to bed and the staff went to assist another tenant. Staff were required to check on Tenant #1 every hour and based on review of documents staff completed the checks as directed. Based on the Program's investigation, the alarmed door to the memory care unit had a 30 second delay and the Program concluded Tenant #1 must have followed a staff member off the memory care unit at approximately 9:17 p.m. during the delay. After the incidents on 10-20-15 and 10-27-15, the Program did not update the service plan to include Tenant #1's exit seeking behavior after two successful elopements.	A 083		
A 154	481-69.35(1)b Structural Requirements 481-69.35(231C) Structural requirements. 69.35(1) General requirements b. The buildings and grounds shall be well-maintained, clean, safe and sanitary. This REQUIREMENT is not met as evidenced by: Based on review of tenant files and Program documents, the Program failed to maintain a safe building. The memory care unit door stayed unlocked for 30 seconds after staff left the unit, allowing a tenant with dementia to follow staff out the door and elope. 1. Tenant #1 a 77 year old was admitted on 9-21-15 and diagnoses included: dementia and anxiety. Tenant #1 was staged at a four on the Global Deterioration Scale, which indicated	A 154		

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A 154	Continued From page 3 moderate cognitive decline. Tenant #1 resided in the memory care unit. 2. According to an incident report dated 10-27-15, Tenant #1 left the memory care unit at approximately 9:17 p.m. and walked to a convenience store approximately .2 miles away. The store notified the police at 9:41p.m. Police responded at 9:47 p.m. and called Tenant # 1's family. Family returned the Tenant to the Program at 10:25 p.m. The Tenant was assessed by the RN the following morning. Tenant #1 crossed a residential street with a speed limit of 30 miles per hour. According to the State Climatologist, the temperature measured 50 degrees F with a wind chill of 47 degrees and light rain. According to a staff statement, Tenant #1 wore jeans, shirt, sweater and shoes. Based on information from Program documents, Tenant #1 had been assisted to bed and the staff went to assist another tenant. Staff were required to check on Tenant #1 every hour and based on review of documents staff completed the checks as directed. Based on the Program's investigation, the alarmed door to the memory care unit had a 30 second delay. The Program concluded Tenant #1 must have followed a staff member off the memory care unit at approximately 9:17 p.m. during the delay.	A 154		

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 17, 2015

Complaint: 5594-I

POC:

A: 481-69.2 Service Plans

a. A service plan shall be developed for each tenant based on the evaluations conducted in accordance with sub rules 69.22 and shall be designed to meet the specific service needs of the individual tenant.

Program POC:

1. Elements detailing how the insufficiency was corrected:

   On 11/18/2015 the program RN reevaluated Tenant #1's ISP and updated the service plan to direct staff more specifically how to care for Tenant #1.

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

   As of December 1, 2015 he program RN has reviewed all the current tenants ISP's and updated and changed each plan as needed. The program RN will continue to evaluate and reevaluate the service plans on a routine basis as required by state regulation.

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

   The Corporate Nurse Clinician specialist will periodically review the program RN's tenant ISP's to ensure that all service plans are appropriate and correct. The Nurse Clinician will also provide feedback to the program RN to ensure that each tenant ISP is appropriate.

B: 481-69.35 Structural Requirements

The buildings and grounds shall be will maintained, clean, safe and sanitary.

1. Elements detailing how insufficiency was corrected:

All staff were educated on November 19th to stand by the exit door until the safety alarm chirps and the door is locked down.

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

On December 15th, 2015, a new door will be installed and it will include a magnet feature that locks down immediately.