IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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TERRY E. BRANSTAD
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Complaint/Incident Intake #:
57380-C
57700-C

March 1, 2016

Mr. Marc Strohschein, Administrator
Senior Star at Elmore Place AL
4500 Elmore Avenue
Davenport, IA 52807

RE: Final Complaint/Incident Investigation Report, Senior Star at Elmore Place AL, Davenport, Iowa

Dear Mr. Strohschein:

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 **February 22 & 23, 2016.** Based on review of tenant files, review of policies and procedures, review of menus, review of temperature logs, review of tenant food meetings, a tenant meeting, staff interviews, nurse interviews, Director of AL interview and monitor observations, the following was found:

1. Allegation: Food Service: It was alleged a tenant had lost weight because they could not eat the food served by the Program. The food was dry, cold, hard to cut and tasted bad.
   Findings: Not substantiated.
   Comments: Review of tenant files did not reveal any tenants with excessive weight loss. A meeting with tenants indicated the food ranged from fair to good to very good. Alternatives were available if a tenant was not happy with the entrée choice. Foods were served at the appropriate temperatures and room trays were between hot and very hot when delivered. Monitor observations revealed food was served on warm plates and delivered to the table within five seconds of being plated. Conversations with tenants in the dining room while they were eating, indicated the food was delicious. The food

appeared appetizing and a good variety of protein, vegetables and starch were served. No concerns with food service were identified.

2. Allegation: Level of Care: It was alleged a tenant needed a higher level of care.
   Findings: Not substantiated.
   Comments: Review of tenant files did not indicate any tenants exceeded level of care. Interviews with staff, nurses and the AL Director indicated there were no tenants who exceeded level of care. No concerns with level of care were identified.

3. Allegation: Structure/Life Safety: It was alleged a staff smoked an electronic cigarette in a tenant's apartment when the tenant was not there.
   Findings: Not substantiated.
   Comments: A tenant community meeting, a private tenant meeting, interviews with staff, nurses and the AL Director did not reveal anyone having seen a staff smoking an electronic cigarette within the building. No concerns with structure/life safety were identified.

4. Allegation: Staffing: It was alleged a staff hid in tenant rooms when the tenants were not present and often allowed pages to go to the third or fourth level without answering.
   Findings: Not substantiated.
   Comments: A tenant community meeting, a private tenant meeting, interviews with staff, nurses and the AL Director did not reveal anyone having any knowledge of a staff that hid out in apartments and ignored tenant pages. No concerns with staffing were identified.

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

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
	S0295	A. BUILDING: _____ B. WING _____	C 02/23/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SENIOR STAR AT ELMORE PLACE AL	4500 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. General Population Program Number of tenants without cognitive disorder: 108 Number of tenants with cognitive disorder: 2 Total Population of Program at time of on-site: 110 TOTAL census of Assisted Living Program: 110 The following regulatory insufficiency was cited during the investigation of Complaint #57380-C & Complaint #57700-C.	A 000		
A 013	481-67.3(2) Tenant Rights 481-67.3 Tenant rights. All tenants have the following rights: 67.3(2) To receive care, treatment and services which are adequate and appropriate. This REQUIREMENT is not met as evidenced by: Based on review of a tenant file, review of policies and procedures, review of bath logs, review of housekeeping logs, staff interviews, management interviews and monitor observations, a tenant did not receive the care, treatment and services which were adequate and appropriate.	A 013		

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

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A 013	Continued From page 1 Tenant #1, an 86 year old, was admitted on 9-27-15 and diagnoses included: hypertension, high cholesterol, gastric esophageal reflux disease and Alzheimer's. Tenant #1 was staged at a four on the Global Deterioration Scale which indicated moderate cognitive decline. According to a service plan dated 10-27-15, Tenant #1 required minor hands-on assistance with bathing or supervision/stand-by assistance. Tenant #1 desired staff assist twice weekly and as needed for bathing assistance. According to a 90 day Nurse Review dated 1-21-16, Tenant #1 often refused assistance with showers, also had uncontrolled incontinence in which staff assisted and reminded Tenant #1 to change protective undergarments. Tenant #1's bath logs were reviewed from 11-10-15 through 2-16-16. Tenant #1 was scheduled to have a weekly shower each Tuesday on the first shift. Each log reflected documentation that Tenant #1 refused to take a shower. On three occasions it was documented Tenant #1 was approached twice and refused both times. Tenant #1's Weekly Apartment Cleaning Checklists were reviewed from 1-1-16 through 2-11-16. Tenant #1 was scheduled to have apartment cleaned every Wednesday. Documentation on 1-3-16 indicated several stains had to be removed from Tenant #1's bedroom floor, several bowel movements (BM), extra cleaning in the bathroom, around, in and on the seat of the toilet, BM everywhere, also inside the shower, BM on wall and floor. Documentation on 1-13-16 indicated maintenance had to remove a large BM stain,	A 013		

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A 013	Continued From page 2 extra cleaning throughout entire apartment, floor in bathroom was sticky with urine, walls, bathroom floors and bedroom had BM on them. Documentation on 1-21-16 indicated an hour was spent due to dried up BM on bathroom, bedroom and front area floor. Documentation on 2-11-16 indicated one hour and 15 minutes was spent for extra cleaning all over, had to clean BM from the shower (a lot of it), had to clean it from the walls, floors and carpets, bathroom floor was sticky with urine as well, bad odor throughout whole apartment. On 2-22-16, Staff A was interviewed and stated Tenant #1's apartment was cleaned once a week. Tenant #1's apartment was always found with BM on the carpets, bathroom and bedroom floors, toilet and shower. On 2-22-16, Staff B was interviewed and stated Tenant #1 refused personal and health related cares. Tenant #1 was hard to keep clean with bathing and changing clothes. She stated Tenant #1 smelled; she could smell an odor after Tenant #1 left the elevator. Staff B had been unsuccessful getting Tenant #1 to take a shower. Tenant #1 refused to change into clean clothes. On 2-22-16, Staff C was interviewed and stated Tenant #1 had only taken two showers since being admitted and had an odor. She reported this to the nurses and to management. She stated the elevator smells after Tenant #1 is in it. She had seen BM on Tenant #1's hands, Tenant #1 had a BM accident in bed and on the floors of the apartment. On 2-23-16, Staff C was interviewed and stated Tenant #1 did everything for self but didn't bathe or keep self clean. Last time she was able to get Tenant #1 in the shower	A 013		

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A 013	Continued From page 3	A 013		

was about one month ago. When Tenant #1 refused showers she notified the nurses. One week ago there was a bad smell in the dining room and tenants started leaving. The bad smell was from Tenant #1. She had witnessed BM on Tenant #1's apartment floor, Tenant #1's clothes and shoes. She had only been able to get Tenant #1 to change into clean clothing twice. She described the odor she had detected on Tenant #1 like the smell of a hamster cage.

On 2-22-16, Staff D was interviewed and stated Tenant #1 refused showers often. She stated Tenant #1 definitely had a shower a couple weeks ago, knows of two times in December and twice in January but didn't remember the dates. She was last in Tenant #1's apartment around Christmas and did not detect an odor. Recently she had detected odors and stated Tenant #1 seldom showered.

On 2-23-16, Staff E was interviewed and stated Tenant #1 refused bathes all the time so she assigned other staff to attempt the shower and to re-direct. The past few weeks staff had complained of Tenant #1 having an odor. She stated Tenant #1 seldom showered and didn't change clothes.

On 2-23-16, Staff F was interviewed and stated Tenant #1 had a shower about two weeks ago. She stated Tenant #1 took lightbulbs out of lamps in the general areas and would take them to apartment.

On 2-23-16, the Assisted Living Director was interviewed and stated Tenant #1 seldom showered and was not sure when this started. Tenant #1 was a challenge in regards to getting

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A 013	Continued From page 4 Tenant #1 to change clothes. On 2-22-16, Staff G was interviewed and stated Tenant #1's laundry was done every Wednesday. Sheets, underwear and socks were the primary items laundered. Tenant #1 was resistant to taking off clothes. If Tenant #1 had an accident, laundry was bagged and brought to her right away so the laundry could be completed and returned. Night shift would do laundry if Tenant #1 took off clothes. On 2-23-16 at 11:22 a.m. the monitor walked down the hall by Tenant #1's apartment and did not detect any odors in the hallway. After ringing the doorbell, Tenant #1 invited the monitor into the apartment. A stale odor was detected, but the apartment did not smell like urine or BM. At 12:05 p.m. the monitor observed Tenant #1 sitting at a table with four other tenants in the dining room. When the monitor walked towards the table there was a strong urine odor detected before reaching the table. The monitor looked down and noted the odor was coming from a seated, wheeled walker that had Tenant #1's name on the handlebar. Walking towards the table, but still four feet away from the tenant, a strong urine odor was detected coming from Tenant #1. The odor could be detected from four feet on either side of Tenant #1, smelling the strongest when the monitor stood behind Tenant #1. Tenant #1 had consistently refused taking showers or removing soiled clothing. Tenant #1 had a strong odor detected in apartment and public areas within the Program. Tenant #1, a tenant with dementia, did not receive care and services which were adequate and appropriate to	A 013		

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A 013	Continued From page 5 meet Tenant #1's needs.	A 013		

March 7, 2016

Rose Boccella
Department of Inspections and Appeals
Lucas State Office Building
321 East 12th Street
Des Moines, Iowa 50319

Dear Ms. Boccella:

On behalf of Senior Star at Elmore Place AL, I respectfully submit our Plan of Correction outlining corrective measures for the Complaint/Incident Report dated March 1, 2016. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of insufficiencies. The plan of correction is prepared and/or executed solely because it is required by the provision of state law.

Tenant Rights – To receive care, treatment and services which are adequate and appropriate.

1. Elements detailing how the program will correct each regulatory insufficiency.

    - The RN will complete a nurse review, health/functional/cognitive evaluation, and update the service plan for Tenant #1. Updates to the service plan will include interventions specific to bathing and incontinence.
    - The RN has discussed transition to memory care with the DPOA. DPOA has agreed to transfer to memory care as soon as apartment is available.

2. What measures will be taken to ensure the problem does not recur.

    - The RN will be retrained on Tenant Rights specific to ensuring care, treatment and services are adequate and appropriate. Training will focus on program responsibility if an identified need is known and tenant noncompliance is not in the tenant's best interest.

3. How the program plans to monitor performance to ensure compliance.

    - Interventions will be reviewed for effectiveness when completing the 90-day nurse review.

4. The date by which the regulatory insufficiency will be corrected.

    - The regulatory insufficiency will be corrected on or before March 30, 2016.

Please feel free to contact me 563-359-0100 with any questions you may have. Thank you.

Sincerely,

Robert Brown
Director of Assisted Living