IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
Lucas State Office Building
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TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
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RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake #:
58234-I

April 11, 2016

Ms. Mary Jo Pipkin, Director
Keystone Cedars
6325 Rockwell Drive NE
Cedar Rapids, IA 52402

RE: Final Complaint/Incident Investigation Report, Keystone Cedars, Cedar Rapids, Iowa

Dear Ms. Pipkin:

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 **March 23 & 31, 2016.** The Report notes Regulatory Insufficiency in the area(s) of: Life Safety.

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
	S0195	A. BUILDING: _____ B. WING _____	C 03/31/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KEYSTONE CEDARS	6325 ROCKWELL DRIVE NE CEDAR RAPIDS, IA 52402

(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: 59 Number of tenants with cognitive disorder: 6 Total Population of Program at time of on-site: 65 Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 1 Number of tenants with cognitive disorder: 15 Total Population of Program at time of on-site: 16 TOTAL census of Assisted Living Program: 81 An investigation of Incident #58234-I was completed. A regulatory insufficiency was identified related to Incident #58234-I.	A 000		
A 138	481-69.32(2)a Life Safety 481-69.32(231C) Life safety-emergency policies and procedures and structural safety requirements. 69.32(2) An operating alarm system shall be connected to each exit door in a dementia-specific program. A program serving a person(s) with cognitive disorder or dementia, whether in a general or dementia-specific setting, shall have: a. Written procedures regarding alarm	A 138		

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A 138	Continued From page 1 systems and appropriate staff response when a tenant ' s service plan indicates a risk of elopement or a tenant exhibits wandering behavior. This REQUIREMENT is not met as evidenced by: Based on review of a tenant file, staff interviews, observation and review of Program documents, the Program failed to have an operating door alarm on each exit door in a dementia-specific program. Tenant #1, who resided in the dedicated dementia unit, left the building and entered into a secured courtyard. The alarm on the exit door in the dementia unit did not sound when Tenant #1 left the building. 1. Tenant #1, a 91 year old, was admitted on 7-3-13 and diagnoses included: dementia, hypertension and osteoporosis. Tenant #1 was staged at a five on the Global Deterioration Scale, which indicated moderately severe cognitive decline. Tenant #1 resided in the dementia unit. The service plan indicated Tenant #1 had safety rounds every two hours. A behavioral interventions document indicated Tenant #1 had exit seeking behaviors on occasion. Tenant #1 would exit the dementia unit to the courtyard area. Tenant #1 enjoyed spending as much time outside as possible all of Tenant #1's life. Tenant #1 was not to be outside unattended. If dementia unit staff was unable to remain outside with Tenant #1, they were to request assistance from general population staff or activities or office staff. The document indicated to get Tenant #1 to come back inside when needed,	A 138		

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A 138	Continued From page 2 offer a snack or engagement in an activity. According to a Nurse Review document dated 2-22-16, Tenant #1 exited the dementia unit courtyard door at 1:00 p.m. and the door did not alarm. Staff putting away the laundry basket observed Tenant #1 outside in the courtyard. Staff escorted Tenant #1 back into the building at 1:04 p.m. Tenant #1 was wearing a short sleeved T-shirt, long sleeved sweater, jeans, nylon socks and sandals. Tenant #1 had a history of exiting that door (dementia unit courtyard door) with Tenant #1's spouse when the weather was favorable. Tenant #1 had also exited that door independently in the past; however, the alarm had sounded and Tenant #1 was returned to the building. Tenant #1 had a recent increase in agitation and resistance to cares. Tenant #1's doctor had made recent medication reductions. 2. According to observation, the dementia unit was attached by structure to the general population. The dementia unit had four exit doors, including one door that went to the courtyard. The courtyard was enclosed by a fence and there was a gate, which was locked. 3. According to an Incident/Accident Report dated 2-22-16 at 1:05 p.m., staff was putting the laundry basket away and noticed Tenant #1 out on the patio walking towards the door. Staff let Tenant #1 in and touched Tenant #1's hand, which was not cold to the touch. Vital signs were obtained and indicated Tenant #1's temperature was 99 degrees, pulse was 72, respirations were 18 and blood pressure was 124/80. The Director of Nursing (DON) was notified at 1:10 p.m. Tenant #1's family and doctor were also notified.	A 138		

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A 138	Continued From page 3 4. According to an incident reporting (incident summary) document submitted to the Department, Tenant #1 was observed by staff walking outside in a gated and locked courtyard. Tenant #1 was brought back into the building without incident and was assessed. Tenant #1's skin was warm and dry and vital signs were stable. The door alarm was in process of being converted from an audible alarm to a signal through staff pagers. The alarm did not sound or signal staff. Review of the incident report and security cameras showed Tenant #1 exited at 1:00 p.m. and returned to the building with staff at 1:04 p.m. The weather in the courtyard was sunny, the thermostat indicated 52 degrees in shaded area. Tenant #1 had a history of exiting the door when the weather was nice. The service plan included staff instruction/intervention. The alarm was reset and tested to function with an audible alarm. The alarm company was contacted and would test alarm functioning and complete the conversion. 5. According to an interview with the Maintenance Director, the dementia unit had four exit doors. One door to the general population, two doors to the outside and one door to the enclosed courtyard. Since the elopement with Tenant #1, the courtyard door was checked along with the other monthly door checks. The Maintenance Director was in the dementia unit prior to Tenant #1's elopement. The Maintenance Director said Tenant #1 came out of Tenant #1's apartment and he talked to Tenant #1. Nothing was mentioned about going outside and Tenant #1 provided no indication Tenant #1 was leaving.	A 138		

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A 138	Continued From page 4 6. According to an interview with Staff A, Staff B was doing laundry and Tenant #1 walked up to the door from the outside. Tenant #1 was in the fenced courtyard and the door alarm had not gone off. Normally the door alarm sounded and was audible. Staff A said Tenant #1 was not cool to the touch and Tenant #1 had the walker with Tenant #1. Approximately 15 to 20 minutes before the elopement Tenant #1 had finished up lunch. Tenant #1 did not have any injuries. 7. According to an interview with Staff B, she worked in the dementia unit and was cleaning up after lunch. Staff B was taking items to the laundry room and she noticed Tenant #1 outside in the courtyard walking toward the door. There was no door alarm when Tenant #1 went out of the building. Tenant #1 was wearing a long sleeved shirt, jeans and shoes. Tenant #1 had the walker with Tenant #1. Tenant #1 was not cold to the touch and the DON was notified. The DON took Tenant #1's vital signs. 8. According to an interview with the DON, Staff B saw Tenant #1 walking outside and helped Tenant #1 back inside. Tenant #1 was agreeable to return to the building and had no injuries. Staff reported the door alarm did not sound. Tenant #1 was wearing appropriate clothing. It was determined through video the time Tenant #1 was outside was four minutes or less. Tenant #1 was evaluated and Tenant #1's family and doctor were notified. 9. According to a Procedure for Egress Exit Memory Care Door Alarms document, dementia unit staff was responsible to check each exit door in the dementia unit area at each shift change to	A 138		

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A 138	Continued From page 5 ensure they were engaged and operating properly. At shift change staff attempted to exit the door by the nurse's station by pushing on the handle bar. The alarm at the nurse's station would sound. Staff continued to push on the bar until the internal horn on the handle bar sounded. Staff was to insert the key to disarm position to silence the alarm. Staff reset the door by turning the key again to engage the system. The Maintenance Director also checked each exit door for added security on a monthly basis. 10. According to the State Climatologist, the weather conditions on 2-22-16 at 1:00 p.m. at the local airport were as follows: the temperature was 40 degrees, winds were from the southeast at 6 miles per hour, the wind chill was 36 degrees, there was no precipitation and skies were cloudy. There was no snow cover on the ground.	A 138		

Keystone Cedars
Assisted Living Residence

April 20, 2016

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

Dear Ms. Boccella:

On behalf of Keystone Cedars in Cedar Rapids, I respectfully submit our Plan of Correction for your approval. Our response is specific to the Complaint/Incident Investigation Report dated April 11, 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 provisions of Iowa law.

Life Safety
An operating alarm system shall be connected to each exit door in a dementia-specific program.

1. Elements detailing how the Program will correct each regulatory insufficiency.
    - All exit doors in the memory care unit will have an operational door alarm.

2. What measures will be taken to ensure the problem does not recur.
    - Outside service workers/contractors working in the memory care areas will be notified of environmental safety requirements for the memory care unit.
    - Staff will be retrained on door alarm policies and procedures.

3. How the Program plans to monitor performance to ensure compliance.
    - Staff will perform daily door alarm checks to ensure alarms are working as required by regulation.

4. The date by which the regulatory insufficiency will be corrected.
    - Keystone Cedars will be in compliance by April 30, 2016.

Please contact us by email or at 319-393-9500 with any questions you have. Thank you.

Sincerely,

Lisa Cleland
Executive Director
lcleland@keystonesenior.com

Mary Jo Pipkin
Regional Director
mjpipkin@keystonesenior.com