IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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RODNEY A. ROBERTS, DIRECTOR

**Complaint/Incident Intake #: 59593-C**

May 9, 2016

Ms. Sharon Lukes, Director
Windhaven Assisted Living Center
5500 South Main Street
Cedar Falls, IA 50613

**RE: Final Complaint/Incident Investigation Report – Windhaven Assisted Living Center, Cedar Falls, IA**

Dear Ms. Lukes:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of May 2, 2016, 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.

1. Allegation - Service Plans - It was alleged a tenant was unnecessarily placed in hospice and cares were not appropriate.
   Findings – Not Substantiated
   Comments: Three tenant files were reviewed for tenants who were in hospice and died. The files included hospice notes, physician orders, staff progress notes, laboratory tests, medications records, and task sheets. Staff was interviewed. The following was noted: The records documented a decline in tenants' condition over a period of time. The records documented the Program contacted the healthcare providers and the healthcare providers responded with changes to treatment. At that time, hospice care was initiated which was appropriate. The documentation revealed a continued decline in the tenants' condition and cares appropriate as the decline continued. There was no evidence to suggest care was withheld. As per usual and customary hospice practice, medications were restricted to comfort medications only as tenants' condition declined. It was well documented, as is usual in persons near end of life, to refuse food and fluids due to a lack of appetite. There was no evidence to suggest the Program did anything to hasten any of the tenants' death.

2. Allegation – Admission/Discharge
   Findings – Not Substantiated
   Comments: Three tenant files were reviewed for tenants who were in hospice and died. The files documented appropriate admission into hospice. Because the tenants were actively dying, the tenants did not exceed criteria for retention in an assisted living program.

**No Regulatory Insufficiencies were identified.**

If you have any questions regarding 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 |
|---|---|---|---|
| | S0244 | A. BUILDING: _____ B. WING _____ | C 05/02/2016 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| WINDHAVEN ASSISTED LIVING CENTER | 5500 SOUTH MAIN STREET CEDAR FALLS, IA 50613 |

| (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<br><br>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.<br><br>General Population Program<br><br>Number of tenants without cognitive disorder: 89<br>Number of tenants with cognitive disorder: 3<br>Total Population of Program at time of on-site: 92<br><br>Dementia-Specific Program by Dedication<br><br>Number of tenants without cognitive disorder: 3<br>Number of tenants with cognitive disorder: 28<br>Total Population of Program at time of on-site: 31<br><br>TOTAL census of Assisted Living Program: 123<br><br>No regulatory insufficiencies were cited during the investigation of Complaint # 59593-C. | A 000 | | |

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