IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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TERRY E. BRANSTAD
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RODNEY A. ROBERTS, DIRECTOR

DEMAND LETTER
Complaint Intake #:
59020-C
59298-C

May 3, 2016

Ms. Cybil Donovan, RN Director
Edencrest at Riverwoods
2210 East Park Avenue
Des Moines, IA 50320

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

Dear Ms. Donovan:

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

Enclosed is the **Final Recertification & 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 **April 21, 25 & 26, 2016.**

1. Allegation – Medications – concerns that medications were given late or not at all
Findings- Not Substantiated
Comments – Tenant files including medication records were reviewed. Tenants were interviewed related to receiving medications. Incident reports and tenant files were reviewed. Medications were given on time and there was no information during the onsite visit to suggest medications including insulins were given late or not at all without reason. There were no negative outcomes related to medications. Three staff members were observed passing medications.

2. Allegation – Structure related to a clean, safe, and sanitary environment. Concerns related to pets at the Program in the dining room and toileting inside the building.
   Findings – Not Substantiated
   Comments – Meal services were observed during all three days of the onsite visit. No pets were observed in the dining rooms during meal time. No staff members were observed to have pets in the building. A visitor brought in a pet and when a tenant's door was opened a dog ran out, and staff immediately went to retrieve the dog. Neither of the animals was observed to relieve themselves in the building.

3. Allegation – Service Plans—concerns related to the use of TED hose, sores on the foot and buttocks, and untreated urinary infection.
   Findings – Not Substantiated
   Comments: Tenant files including task sheets and medication records were reviewed. Tasks and cares including TED hose were used as prescribed. Service plans were reviewed and identified cares to be provided to tenants. Staff was observed applying cream to buttocks for skin care. The tenant identified as having urinary concerns had none during the onsite visit. The tenant file documented care of a previous urinary infection. Tenant interviews revealed tasks were completed as needed. No outcomes were identified related to cares.

4. Allegation – Level of Care – concerns tenants required too much care to remain at the Program.
   Findings – Not Substantiated
   Comments – Six tenants and their files were reviewed for level of care. Four tenants did not exceed criteria to remain in the Program. One tenant was in hospice care and actively dying. One tenant had been identified by the Program as requiring two persons for transfer and was receiving physical therapy in an attempt to restore mobility. Documentation revealed the Program had begun discussion with the family for transfer to a higher level of care. The Program was in compliance with regulations for retention of persons in an assisted living program.

5. Allegation – Staffing – concerns tenants were not receiving showers, call lights were not being answered in a timely manner, and not enough staff.
   Findings – Not Substantiated
   Comments - Staff and tenants were interviewed. There was no concern that showers were not given. During the onsite visit, the monitor asked tenants to push the call light. Staff responded in less than five minutes. The Program provided call light response logs with response times averaging around 15 minutes.

6. Allegation – Food-concerns the meals are always the same with too many eggs and too much chicken
   Findings – Not Substantiated
   Comments – Regulations require the Program have a food license and provide meals serving 100% of the daily nutritional requirements. The Program was in compliance with regulations for food service.

The Report notes Regulatory Insufficiencies in the area(s) of: Program policies and procedures and Service Plans.

Edencrest at Riverwoods ("Program") is being assessed a **$500 civil penalty** pursuant to Iowa Code section 231C.14(1)(b) and 481 IAC 67.17(1)(b).

Pursuant to Iowa Code section 231C.14(1)(b) and 481 IAC rule 67.17(1)(b), the continued failure or refusal to comply within a prescribed time frame with regulatory requirements that have a direct relationship to the health, safety, or security of tenants may result in a civil penalty of up to $5,000.

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 Report reflects that the Program failed to comply with regulatory requirements which have been cited previously by the Department. The Program previously received Regulatory Insufficiencies in the area of Service Plans.

The determination of a **$500 civil penalty** is based upon repeated in the area(s) of: Service Plans. As the enclosed Report details, service plans did not include person-centered, planned and spontaneous activities.

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 **Rose Boccella** and remit the civil penalty assessed by check or money order to the **State of Iowa** in the amount of **three hundred twenty five dollars ($325)** 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 **$500 civil penalty** pursuant to Iowa Code section 231C.14(1)(b) and 481 IAC 67.17(1)(b).

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 04/26/2016

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: 33 Number of tenants with cognitive disorder: 3 Total Population of Program at time of on-site: 36 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: 44 No regulatory insufficiencies were cited during the investigation of Complaint # 59020-C and #59298-C. The following regulatory insufficiencies were cited during the recertification conducted to determine compliance with certification for an Assisted Living Program:	A 000		
A 003	481-67.2 Program policies and procedures 481-67.2(231B,231C,231D) Program policies and procedures, including those for incident reports. A program ' s policies and procedures must meet the minimum standards set by applicable requirements. The program shall follow the policies and procedures established by a program. All programs shall have policies and	A 003		

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A 003	Continued From page 1 procedures related to the reporting of incidents including allegations of dependent adult abuse. This REQUIREMENT is not met as evidenced by: Based on observation and a review of procedures, the Program did not follow its procedures. On 4-25-16 a medication pass was observed. 1. On 4-25-16 at 4:15 p.m. Staff A entered Tenant #4's apartment. Hands were washed and gloves were applied. Staff A then proceeded to touch the wheelchair, the chair and the computer pad with the gloved hands. Staff A then administered eye drops to Tenant #4. After administration the gloves were removed but the hands were not washed. According to the eye drop administration procedure, after the gloves were removed the hands were to be washed. 2. At 4:35 p.m. Staff A entered Tenant #11's apartment and gave pill. There were no gloves in the apartment. Staff A left the apartment to get gloves. Gloves were applied in the hallway and hands were not washed prior to putting on the gloves. After re-entering the apartment, Staff A administered two inhalers. Staff A removed the gloves and did not wash hands According to the inhaler assistance procedure, hands were to be washed prior to and after the administration of the inhaler.	A 003		

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A 003	Continued From page 2 3. On 4-25-16 at 4:38 p.m. Staff A administered medications to Tenant #8. Staff A left the apartment but did not wash hands. Staff A went directly to Tenant #9's apartment and did not wash hands upon entering. Staff A administered medications to Tenant #9 and left the apartment without washing hands. At 4:58 p.m. Staff A went directly from Tenant #9's apartment to Tenant #10's apartment. Staff A did not wash hands, applied gloves, broke a potassium pill in half, removed the gloves, and left the apartment without washing hands. According to the medication management procedure, hands were to be washed prior to administering medications. 4. On 4-25-16 at 5:13 p.m. Staff A entered Tenant #5's apartment and does not wash hands. Gloves were applied, Staff A's finger was swabbed with alcohol, and Staff A then used the gloved hands to replace the trash bag in the garbage can. Gloves were removed but hands were not washed. New gloves were applied. Tenant #5's blood sugar was checked and insulin was given. Staff A removed gloves but did not wash hands. New gloves were applied and eye drops were administered. Gloves were removed and hands were not washed. According to the glucometer test procedure, the insulin administration procedure, and the eye drop administration procedure hands were to be washed with the removal of gloves.	A 003		
A 092	481-69.26(4)d Service Plans 481-69.26(231C) Service plans.	A 092		

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A 092	Continued From page 3 69.26(4) The service plan shall be individualized and shall indicate, at a minimum: d. For tenants who are unable to plan their own activities, including tenants with dementia, a list of person-centered planned and spontaneous activities based on the tenant ' s abilities and personal interests This REQUIREMENT is not met as evidenced by: Based on observation and record review, service plans for persons with dementia did not include a list of person-centered activities. Seven tenant files were reviewed. Three of the seven files were for tenants with a global deterioration scale of four or more. Of the three tenants with cognitive impairment, three files were lacking person-centered activities. 1. Tenant #1, an 81 year-old, was admitted on 11-4-14 and had diagnoses of: vascular dementia, diabetes, hypertension, and acid reflux. On 11-4-15 Tenant #1 was staged at four on the global deterioration scale which indicated moderate cognitive decline. On 4-21-16 Tenant #1 was observed in the dementia unit. The service plan with a signature date of 11-4-15 did not identify a list of of person-centered planned and spontaneous activities. 2. Tenant #2, an 82 year-old, was admitted on 1-25-16 and had diagnoses of: diabetes, dementia, and hypertension. On 2-25-16 Tenant	A 092		

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A 092	Continued From page 4 #2 was staged at four on the global deterioration scale which indicated moderate cognitive decline. Tenant #2 moved from the Program on 3-7-16. Tenant #2 had resided in closer care. The service plan initiated on 1-25-16 and updated 2-25-16 did not identify a list of of person-centered planned and spontaneous activities. 3. Tenant #6, a 90 year-old, was admitted on 1-29-16 and had diagnoses of: Alzheimer's disease, epilepsy, cardiac arrhythmia, and osteoporosis. On 4-6-16 Tenant #6 was staged at five on the global deterioration scale which indicated moderately severe cognitive decline. On 4-21-16 Tenant #6 was observed in the dementia unit. The service plan with revisions dated 4-6 and 4-7-16 did not identify a list of of person-centered planned and spontaneous activities.	A 092		

Edencrest at Riverwoods

2210 East Park Avenue

Des Moines, Iowa

May 16, 2016

Re: Complaint Investigation April 21, 25 & 26, 2016

Intake# 59020-C, 59298-C

POC:

A: Program Policy and Procedures 481-67.2

a. Program policies and procedures, including those for incident reports. A programs policy and procedures must meet the minimum standards set by applicable requirements. The program shall follow the policies and procedures established by a program. All programs shall have policies and procedures related to the reporting of incidents including allegations of dependent adult abuse.

Program POC:

1. **Elements detailing how insufficiency was corrected:**

   With respect to staff A she was reeducated about policy and procedure for hand washing technique on 4/27/16.

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

   All staff will receive hand washing policy education by an RN by 5/25/16.

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

   The Community Manager and Program RN will continue to provide this education on hire for all new employees. Routine in services will also be provided to staff. The RN will do random audits on staff to ensure that policy are being followed.

B: Service Plans 481-69.26(4)

a. The service plan shall be individualized and shall indicated at a minimum: for tenants who are unable to plan their own activities, including tenants with dementia, a list of person-centered planned and spontaneous activities based on the tenant's abilities and personal interests.

Program POC:

1. **Elements detailing how the insufficiency was corrected:**

   With respect to tenants 1 their ISP's were reviewed and amended on 5/6/16.
   Tenants #2 and #6 have discharged.

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

   All current tenants ISP's were reviewed by RN and Life Enrichment Coordinator and each one was amended to reflect all Resident's specific activities of choice on 5/25/16.

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

   Program RN has been educated by Nurse Clinical RN to work with the Life Enrichment Coordinator to ensure that all new admits will have specific activities of choice on their ISP. The community manager and/or designee will review each new tenant ISP on admit to ensure that this is followed.

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