IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

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

RODNEY A. ROBERTS, DIRECTOR

DEMAND LETTER
Complaint Intake #: 60289-I

June 13, 2016

Ms. Kaylene Hoskins, Manager
Arlington Place of Grundy Center
95 D Avenue
Grundy Center, IA 50638

RE: I. NOTICE OF IMPOSITION OF CIVIL PENALTY – FINAL COMPLAINT/INCIDENT INVESTIGATION REPORT - ARLINGTON PLACE OF GRUNDY CENTER
II. Reduction of Civil Penalty
III. Informal Conference
IV. Conclusion

Dear Ms. Hoskins:

I. Final Complaint/Incident Investigation Report – Arlington Place of Grundy Center, Grundy Center, 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 **May 31 and June 2, 2016.** The Report notes Regulatory Insufficiency in the area(s) of: Program policies and procedures.

Arlington Place of Grundy Center ("Program") is being assessed a **$500 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 **$500 civil penalty** is based upon noncompliance resulting in imminent danger or substantial probability of resultant death or physical harm. As the enclosed Report details, a 94 year old tenant with dementia eloped from the Program. Staff failed to follow the Program's policies and procedures.

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)(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 me at 515/281-7039 or **Rose.Boccella@dia.iowa.gov**.

Sincerely,

Rose Boccella

Rose Boccella
Program Coordinator
Health Facilities Division

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
	S0112	A. BUILDING: _____ B. WING _____	C 06/02/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARLINGTON PLACE OF GRUNDY CENTER	95 D AVENUE GRUNDY CENTER, IA 50638

(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: 22 Number of tenants with cognitive disorder: 2 Total Population of Program at time of on-site: TOTAL census of Assisted Living Program: 24 An investigation of Incident #60289-I was completed. There was a regulatory insufficiency identified related to the investigation of Incident #60289-I.	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 procedures related to the reporting of incidents including allegations of dependent adult abuse. This REQUIREMENT is not met as evidenced by: Based on a tenant file review, staff interviews, staff statements, observations and review of Program documents the Program failed to follow their own policy and procedure regarding	A 003		

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A 003	Continued From page 1 elopement for one tenant file reviewed (Tenant #1). Tenant #1 left the building without staff knowledge and staff did not follow the elopement policy and procedure regarding thoroughly checking the areas inside and outside the area triggered by the door alarm. 1. Tenant #1, a 94 year old, was admitted on 7-21-09 and diagnoses included: cachexia, dementia without behavioral disturbance, chronic embolism and thrombosis of unspecified deep veins of unspecified lower extremity, multiple fractures of ribs, endothelial corneal dystrophy and essential hypertension. Tenant #1 was staged at a four on the Global Deterioration Scale (GDS), which indicated moderate cognitive decline. Tenant #1 had an activated legal representative. According to Progress Notes (90 day review) dated 10-5-15, Tenant #1 was often unaware of place or time. Tenant #1 enjoyed walking the halls, went outside and sat in the sunshine during fair weather. The service plan in place at the time of Tenant #1's elopement (updated 7-6-15) indicated Tenant #1 ambulated independently but sometimes required cueing about where to go. Tenant #1 had not exhibited any wandering tendencies and disliked leaving the building. The service plan indicated Tenant #1 often forgot conversations or things Tenant #1 had been instructed to do and did not retain information. The service plan was updated after Tenant #1's elopement and reflected Tenant #1 was on 15 minute checks and staff would accompany Tenant #1 if Tenant #1 wanted to go outside. Tenant #1 had mild to moderate disorientation or difficulty recalling/retaining information and	A 003		

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A 003	Continued From page 2 needed cueing. Tenant #1 was an elopement risk and an alarm was placed on the apartment door, according to the service plan. 2. According to an incident report, Tenant #1 was walking on the street with Tenant #1's wheeled walker. Tenant #1 said Tenant #1 was a little confused and wanted to see a neighboring town. Tenant #1 was placed in the Manager's car and returned to the Program. No injuries were observed and Tenant #1 was oriented to person. Tenant #1 recognized staff when they approached Tenant #1. There were a group of 30, 4th graders, in the dining room for activity at the time of the incident. Tenant #1 had never made an attempt to leave the Program in the past and did enjoy sitting just outside the door when the weather was warm. Tenant #1's family and physician were notified. An order was received for a urinalysis (UA). 3. According to an interview with Staff A, Food Service Coordinator, she heard the front door alarm go off twice. The second time she told the universal worker (UW) that she was responding to front door alarm. She looked out the door and the window in the living room and did not see anyone. Staff A did not go outside the building. Staff A reset the door alarm. She said 30 children from the school had come that day. Staff A was told Tenant #1 was on the road walking. Staff B responded and was with Tenant #1 and the Manager came with her vehicle. There was no one on the road when Staff A looked out. Tenant #1 had no history of elopements and had no subsequent elopements. According to Staff A's statement, Staff A heard the front door alarm go off, waited to see if the	A 003		

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A 003	Continued From page 3 UW responded, heard it a second time and Staff A went to the front door and looked out and did not see anyone. Staff A looked out the window and still did not see anyone. Staff A reset the door alarm and went back to the kitchen. 4. According to an interview with Staff B, UW, Tenant #1 had hourly checks and was checked at 2:01 p.m. and was laying on Tenant #1's couch in Tenant #1's apartment. The Healthcare Coordinator notified Staff B at 2:21 p.m. that Tenant #1 was walking on the road. Staff B left the building and Tenant #1 was at the mailbox of the first house to the west of the Program. Tenant #1 had Tenant #1's walker. Staff B got to Tenant #1 and walked approximately 20 feet and the Manager arrived in her car. Tenant #1 got into the car and went for a short drive with the Manager. Staff B brought Tenant #1's walker back to the building. Tenant #1 returned to the Program and went to Tenant #1's apartment. Tenant #1 had no visible injuries. The weather conditions were sunny and warm with no precipitation. After the elopement Tenant #1 was on 15 minute checks and a wide gap sensor was put on Tenant #1's apartment door. Tenant #1 did not have a history of elopements and there had been no subsequent elopements. According to Staff B's statement, Tenant #1 was on Tenant #1's couch on 5-25-16 at 2:01 p.m. At 2:21 p.m. the Healthcare Coordinator notified Staff B that Tenant #1 was walking west up the road via a telephone call from Staff C. Staff B immediately went up the road and stopped Tenant #1 at a mailbox. Staff B and Tenant #1 walked approximately 20 feet and the Manager picked up Tenant #1 in the Manager's vehicle. Staff B carried Tenant #1's walker to the garage.	A 003		

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A 003	Continued From page 4 5. According to an interview with Staff C, food service staff, Staff C was not working at the time; however, was traveling by vehicle near the Program and observed Tenant #1 walking on the street. Staff C called the Healthcare Coordinator and the Healthcare Coordinator said she would go right away. Tenant #1 had Tenant #1's walker. 6. According to an interview with the Healthcare Coordinator, she received a telephone call from Staff C regarding Tenant #1 walking on the street. The Manager and Staff B observed Tenant #1 across the yard and Staff B went to Tenant #1. The Manager came back and got her vehicle and met Staff B and Tenant #1. Tenant #1 was agreeable to get into the Manager's vehicle. Tenant #1 returned and did not have any injuries and was cheerful and cooperative. Tenant #1 was last seen by Staff B at 2:01 p.m. laying on Tenant #1's couch and she was notified by telephone at 2:21 p.m. regarding Tenant #1 walking on the street. The door alarm went off at 2:15 p.m. and Staff A reset the alarm. The Healthcare Coordinator said Staff A looked out the window and the door and did not see anyone. She did not believe Staff A went outside the building. After the elopement there was re-education with staff regarding the door alarm and expectations, a wide gap senor was put on Tenant #1's door and it alarmed when opened between the hours of 7:00 p.m. and 7:00 a.m. and Tenant #1 was placed on 15 minute checks. After the elopement a UA was completed, which was negative and other lab work was completed with no new orders. Tenant #1 did not have a history of elopements and had no subsequent elopements. Tenant #1 did not provide any indication Tenant #1 was leaving and did not like	A 003		

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A 003	Continued From page 5 to leave the building. According to the Healthcare Coordinator's statement, at 2:21 p.m. the Healthcare Coordinator received a telephone call from Staff C regarding Tenant #1 on the street in front of the Program walking towards the west. She immediately notified staff per pager and immediately went to the front of the building. Staff B and the Manager went outside while the Healthcare Coordinator stayed in the building to respond to pages from other tenants. Tenant #1 was found immediately walking up the street with Tenant #1's wheeled walker. Staff B reached Tenant #1 when Tenant #1 had just reached the driveway of the home on the north side of the road (just west of the Program). Tenant #1 greeted Staff B, turned Tenant #1's walker and they began to walk back to the Program. The Manager met them with her car. Tenant #1 told the Manager Tenant #1 was going to a neighboring town and Tenant #1 thought it was just at the top of the hill. Upon return to the Program Tenant #1 had no complaints of discomfort and returned to Tenant #1's apartment to take a nap. 7. According to an interview with the Manager, she was in the living room when Staff B came out and said a telephone call was received regarding Tenant #1 walking up the street. They left and could see Tenant #1 by the mailbox of the house on the north side of the street. Tenant #1 was walking next to the curb with Tenant #1's walker. Staff B went to Tenant #1 and the Manager got her car. Tenant #1 got into the Manager's car. Tenant #1 said Tenant #1 wanted to see a neighboring town. The Manager drove Tenant #1 around and returned to the Program.	A 003		

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A 003	Continued From page 6 The Healthcare Coordinator checked Tenant #1 over and Tenant #1 did not have any injuries. Tenant #1 was last seen by Staff B at approximately 2:00 p.m. and a telephone call was received at approximately 2:20 p.m. regarding Tenant #1 walking up the street. After Tenant #1's elopement, a wide gap sensor was put on Tenant #1's door that alarmed between the hours of 7:00 p.m. and 7:00 a.m., staff was re-educated regarding door alarms and Tenant #1 was placed on 15 minute checks. Tenant #1 was dressed appropriately at the time of the elopement. Tenant #1 had given no indication about leaving and Tenant #1 did not have any unusual activity that day. The Manager said Staff A looked outside (when the front door alarm went off); however, did not step outside. Tenant #1 did not have a history of elopements and had no subsequent elopements. There were 30, 4th graders, in the building around 2:00 p.m. According to the Manager's statement, the Manager was in the living room when Staff B reported a telephone call was received and Tenant #1 was walking in the street, heading west from the Program. Staff B and the Manager immediately went outside to visualize Tenant #1. Staff B ran up the street to the west and the Manager went to get her car to to bring Tenant #1 back to the building. Tenant #1 was located about a 1/2 to 3/4 of a block from the Program. Tenant #1 said Tenant #1 was just checking out a neighboring town and did not mean to cause any worry to anyone. Tenant #1 got into the Manager's vehicle and was concerned Tenant #1 had upset everyone with Tenant #1's walk. Tenant #1 returned to the Program, was evaluated and did not have any injuries. Tenant #1 returned to Tenant #1's apartment for a nap.	A 003		

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A 003	Continued From page 7 8. According to the Program's policy and procedure regarding elopement, elopement was defined as a tenant with impaired decision making ability (GDS of four or above) leaving the Program without supervision and posing a risk to self. Elopement differed from a walk in that the tenant was purposefully leaving and putting them at risk for falls, hyperthermia, hypothermia, traffic accident and assaults. Visual checks would be completed on tenants with confusion at or above a stage four on the GDS. For tenants who might be at a risk of wandering a door alarm would be installed in individual apartments. If the tenant went out of the apartment the emergency call would be activated notifying staff to check on the tenant. The system also included visual checks eight times a shift and prompting for meal and activities. If any door alarm sounded staff checked alarms promptly and thoroughly checked inside and outside areas triggered by the alarm. 9. The Program was a general population Program; however, the building had door alarms. According to door alarm records, the front door alarmed at 2:15 p.m. and was reset at 2:17 p.m. The front door alarmed at 2:23 p.m. and was reset at 2:24 p.m. According to Program documents, prior to the elopement on 5-25-16 Tenant #1 was on hourly checks and after the elopement Tenant #1 had checks every 15 minutes. According to a Program document, Tenant #1 was last checked prior to the elopement at 2:01 p.m. on 5-25-16. Tenant #1's elopement was not witnessed; however, possible terrain Tenant #1 traveled	A 003		

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A 003	Continued From page 8 included: a paved street, the Program's parking lot and grass. Tenant #1 was found walking on a paved road with a posted speed limit of 25 miles per hour (mph). The distance from the Program's parking lot to the approximate location Tenant #1 was found was less than 0.1 of a mile. According to a Program document dated 5-25-16, it was discussed with employees that when doors alarmed, staff looked outside to see if a tenant had gone out. If staff did not see anyone, then to step outside to do a visual of the area. If staff did not see anyone, to check and make sure the tenants with a GDS of four or greater were secure in the building. 10. According to the State Climatologist, the weather conditions at the Waterloo Regional Airport on 5-25-16 at 2:30 p.m. were as follows: the temperature was 74 degrees, winds were from the south at 14 miles mph with gusts to 27 mph, there were scattered clouds and no precipitation.	A 003		

Arlington Place Assisted Living
95 D Avenue
Grundy Center, IA 50638
Ph: 319-824-5674
Fx: 319-824-5676

Date: June 22, 2016

Complaint Intake #: 60289-1

Plan of Correction (POC) Submitted For:
- Investigation Date: May 31 and June 2, 2016
- Monitor: Stephanie Cummins

POC:

A. DISCREPANCY: POLICIES AND PROCEDURES

a. Regulatory Insufficiency: 481-67.2 (231B, 231C, 231D)
General requirement: The program shall follow the policies and procedures established by the program.

Program POC:

1. **Elements detailing how the program will correct the insufficiency as it relates to the tenant:**

   A. All staff will follow the policies and procedures for the Elopement Policy and Procedure for all exit door alarm notifications.
   B. All staff received re-education on the Elopement Policy and Procedure on May 26, 27 and June 16 from the Program Manager and Health Care Coordinator.
   C. Staff will complete visual checks on Tenant 1 as indicated on the ISP. A wide-gap transmitter alarm has been placed on the apartment door to alert staff when Tenant 1 has exited her apartment.
   D. Tenant 1 will remain under visual observation of staff when she is outside of the building.

2. **Actions program is taking to protect tenants in similar situations:**
   A. All residents with a GDS of 4 or higher will have visual checks as indicated on the ISP.

B. All staff will ensure each resident is issued and is wearing a pendant.
C. The Manager will ensure that all door alarms are responded to in a timely manner.

3. Measures taken to ensure problem does not recur:

A. The Manager and RN will ensure that all new employees receive and complete training on Elopement Policies and Procedures and that all staff receive ongoing education/in-service training per the community In-service Training Schedule.
B. Training will be on file and annual training will be completed will all staff on-going.
C. The Manager and RN will conduct elopement drills with the staff as it relates to the policies and procedures manual.
D. The Manager and RN will continue reviewing policies and procedures for elopement during staff in-service meetings periodically.

4. Date by which the regulatory insufficiency will be corrected:

A. The regulatory insufficiency will be corrected and in place immediately. Staff re-education was provided on May 26, 27 and at the June 16 staff meeting.

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 regulatory insufficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of state law.