IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake #: 59770-C

July 1, 2016

Ms. Chris Marshall, Director
Sitler Center for Helpful Living
1013 South Iowa Avenue
Washington, IA 52353

RE: Final Complaint/Incident Investigation Report – Sitler Center for Helpful Living, Washington, IA

Dear Ms. Marshall:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of June 23, 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.

Based on review of tenant files, review of policies and procedures, staff interviews, nursing interviews, Director of Assisted Living interview, Executive Director (ED) interview, and monitor observations the following was found:

1. Allegation: Level of Care—It was alleged the ALP moved a tenant from independent living to a dementia specific apartment and then moved the tenant to a guest room.
   Findings: Not substantiated
   Comments: According to the ED, a tenant approached her and was concerned after a stent was placed in the tenant's brain, along with the diagnosis of Alzheimer's that resulted in memory issues and was afraid to be alone in the independent apartment. The tenant requested to move to the dementia specific unit. After some time the tenant went back to a neurologist who indicated the diagnosis of Alzheimer's was not correct and the tenant didn't need to be in an assisted living apartment. The tenant did not want to move back to an independent apartment so the Program worked with the tenant to come up with a solution. The guest rooms were classified as independent apartments and thus, a decision was made by the tenant to move into

guest room 402 and receive services from Wesley Life at Home when assistance was needed. No concerns with level of care were identified.

2. Allegation: Structure/Life Safety—It was alleged a guest room apartment did not have the accommodations for physical mobility needs, such as bathroom grab bars and the room did not have any heat.
   Findings: Not substantiated
   Comments: The monitor observed two guest apartments, #401 & #402. Both apartments had grab bars next to the toilet and another grab bar at the entrance to the walk in shower. The showers included a built in seat. The Director of Maintenance and Environmental Services was interviewed and indicated the grab bars had been in place in apartments #401 and #402 as long as he had been employed, which was over four years. The monitor observed window air conditioning (AC) units and hot water heat registers in the living rooms and bedrooms of both guest rooms. The AC was tested and worked appropriately. According to the Director of Maintenance the hot water heaters in both apartments worked. The boiler was currently turned off, thus, it was not possible to test the heaters. No concerns with Structure/Life Safety were identified.

3. Allegation: Policies and Procedures—It was alleged a staff had falsified a physician's document, indicating a tenant was in independent care instead of assisted living.
   Findings: Not substantiated
   Comments: The monitor reviewed a tenant's administrative file and found two documents for the same tenant titled "Level of Care Certification for Facility." The first form was dated 2-12-16 and was typed. The form indicated the facility was Halcyon House but did not ask if the tenant lived in independent or assisted living. It indicated the tenant was independent in ambulation, dressing, bathing/grooming and eating, thus, meaning the tenant could do these tasks without assistance. The three page form was signed by the tenant's physician. The second form was dated 3-21-16 and was handwritten. The form indicated the facility was Halcyon House but did not ask if the tenant lived in independent or assisted living. It indicated the tenant was independent in dressing and eating, thus, meaning the tenant could do these tasks without assistance. The three page form was signed by the tenant's physician. An interview with the ED indicated a nurse from the health care center completed the first form, not the accountant, at the tenant's family requested to apply for Elderly Waiver funding. It was normal practice for the Program to assist families with applications, but this form was never submitted as family had the physician complete the second application. No concerns with policies and procedures were identified.

No Regulatory Insufficiencies were identified.

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,

Linda Kellen, Bureau Chief
Adult Services/Special Services

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
	S0005	A. BUILDING: _____ B. WING _____	C 06/23/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SITLER CENTER FOR HELPFUL LIVING	1013 S IOWA AVE WASHINGTON, IA 52353

(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: 9 Number of tenants with cognitive disorder: 1 Total Population of Program at time of on-site: 10 Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 2 Number of tenants with cognitive disorder: 14 Total Population of Program at time of on-site: 16 TOTAL census of Assisted Living Program: 26 No regulatory insufficiencies were cited during the investigation of Complaint #59770-C.	A 000		

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