IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
Lucas State Office Building
321 East 12th Street
Des Moines, IA 50319-0083
(515) 281-4115 Phone
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TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

DEMAND LETTER
Complaint Intake #: 60565-I

June 29, 2016

Ms. Nichole Will, Director
Country Manor
900 W. 46th Street
Davenport, IA 52806

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

Dear Ms. Will:

I. Final Recertification & Complaint/Incident Investigation Report – Country Manor, Davenport, 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 **June 13 & 14, 2016.** The Report notes Regulatory Insufficiencies in the area(s) of: Tenant Rights, Staffing and Record Checks.

Country Manor ("Program") is being assessed a **$4,000 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 **$4,000 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 tenant eloped from a locked dementia unit and sustained injuries.

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 **two thousand six hundred dollars (2,600)** 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 **$4,000 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 Rose Boccella, Program Coordinator, at 515/281-7039 or **Rose.Boccella@dia.iowa.gov**.

Sincerely,

Linda Kellen

Linda Kellen, MS, RN
Bureau Chief
Adult Services/Special Services
Health Facilities Division
Linda.Kellen@dia.iowa.gov

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
	S0017	A. BUILDING: _____ B. WING _____	C 06/14/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY MANOR	900 W 46TH ST DAVENPORT, IA 52806

(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. Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 2 Number of tenants with cognitive disorder: 27 Total Population of Program at time of on-site: 29 TOTAL census of Assisted Living Program: 29 The following regulatory insufficiencies were cited during the Recertification and Investigation of Incident #60565-I.	A 000		
A 013	481-67.3(2) Tenant Rights 481-67.3 Tenant rights. All tenants have the following rights: 67.3(2) To receive care, treatment and services which are adequate and appropriate. This REQUIREMENT is not met as evidenced by: Based on a review of tenant files, Tenant #1 eloped on 6-8-16. Tenant #1 failed to receive care, treatment and services that was adequate and appropriate. A staff member did not hear and respond to a door alarm. Tenant #1, a 79 year old, was admitted on 7-13-14 and diagnoses included: Alzheimer's, anxiety, depression, hypertension and chronic obstructive pulmonary disease. Tenant #1 was	A 013		

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A 013	Continued From page 1	A 013		

staged at a six on the Global Deterioration Scale which indicated severe cognitive decline. Tenant #1 ambulated independently. Tenant #1 resided in a locked dementia unit. According to a Tenant Incident Report dated 6-8-16 at 3:15 a.m., Staff A was putting a tenant back to bed when he heard a page from Staff B who yelled that a tenant was outside down on the street. Staff A did a head count and found Tenant #1 was missing.

On 6-14-16, Staff A was interviewed and stated he finished rounds at 2:00 a.m. in side D. He went to side C and saw a tenant in the hallway. He took the tenant to the northeast bathroom on side C, closed the bathroom door to empty the tenant's catheter. He did not hear any alarms while in the bathroom. He stated a fan was on in the hallway by the dining room on side D. The fan was very loud and was there to dry the floor from a water spill. After assisting the tenant to bed, he walked down the hall and heard on the intercom that a tenant was outside. He had Staff B stay by the unlocked door while he ran outside and saw Staff C with Tenant #1. He stated again that he never heard the door alarm.

According to a written statement dated 6-8-16, Staff B indicated she went outside to her vehicle at approximately 3:00 a.m. when she noticed someone walking quickly down the middle of the street. She looked down at her watch and wondered why someone was out so early. A lady across the street yelled, asking if Staff B worked there so Staff B ran down the street. She saw Tenant #1 lying face down on the pavement, approximately 6 ft. from the curb into the street. The Tenant was wearing a heavy fleece pajama top and bottom amd teenis shoes with no socks. She asked the lady if she could wait with Tenant #1, while Staff B ran to the program and alerted

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A 013	Continued From page 2 Staff C that Tenant #1 was outside. She then ran to the back building to alert Staff A. Staff A and Staff B went to the front building and met Staff C who showed them where Tenant #1 was lying. Staff B returned to the back building where a door would not lock and stayed by the door until it was able to be secured. According to a written statement dated 6-8-16, Staff C indicated after Staff B informed her Tenant #1 was outside, Staff C went outside and found Tenant #1 lying on his/her stomach on the ground on the street. She asked the neighbor lady to call 911 and had Staff A prepare paperwork while Staff B watched the building. After having Tenant #1 sit up, Staff C noticed Tenant #1 had blood coming from the left side of forehead, nose and mouth. She also noticed the Tenant's left knee was cut and bleeding. Tenant #1 complained of pain in the right arm. The paramedics arrived and transported Tenant #1. Once the paramedics left, Staff C went inside and notified Tenant #1's family. Staff A notified the Executive Director (ED). Then Staff A and Staff C did rounds again and made sure the alarm on the door in the back building was working. According to a written document by the ED, Staff A had done rounds at 2:00 a.m. and all tenants were sleeping on side D (in the back building). Roughly around 2:30 a.m. to 2:45 a.m. Staff A was helping a tenant on side C (in the back building). Around 3:00 a.m., Staff A heard Staff B paging him about Tenant #1 being found outside. The ED's report indicated Staff A informed her no door alarm was sounding and upon doing rounds/head count it was discovered that side D door was not locked. Staff A had to use a key to reset the door and it took several attempts. At the time of the documentation, the	A 013		

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A 013	Continued From page 3 door was armed and functioned properly. The ED arrived at the building at 7:00 a.m., checked side D door and it was functioning properly. At 8:05 a.m. she called the door alarm company to request they check the door. They arrived at 11:00 a.m. and inspected side D door and the door was functioning. On 6-14-16, the ED was interviewed and stated Staff A had called her about 3:20 a.m. to 3:25 a.m. and reported Tenant #1 had gotten out, had fallen and was sent to the hospital. She asked what happened and Staff A didn't know, but said side D's back door light was not blinking. It took Staff A several attempts with his key to get the door to lock. When the ED arrived at the program, she checked the door and didn't find anything wrong with it. The alarm company also checked the door and did not find anything wrong with it. Since the elopement, staff check the doors at the start of each shift. According to the Nurse's Notes dated 6-8-16 at 8:30 a.m., the Wellness Director was called at 7:00 a.m. regarding Tenant #1 's elopement around 3:00 a.m.. Tenant #1 was found on the street, two houses west of the program, approximately. Tenant #1 had fallen in the street, about five to six feet from the curb. Tenant #1 returned to the program at 7:40 a.m. An assessment indicated facial swelling, hairline fracture to the bridge of the nose, an abrasion with laceration to left frontal forehead 1 1/2 inches above brow, 2 inches by 1/4 inch; abrasions on top of nose; 1/2 by 1/4 inch bruising between upper lip and nose. Tip of chin bruising without abrasion. Had a wrist splint on right wrist, a laceration to the second digit on the left superior mid joint, 1/4 inch in length; a 1/2 inch skin tear on right second digit superior mid joint, bandage	A 013		

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A 013	Continued From page 4 applied. Three left knee abrasions, approximately 1 inch above knee, lateral 3/4 inch by 1/2 inch abrasion; abrasion 1 inch by 1/2 inch on patella and abrasion below knee laterally 1/2 inch by 1/4 inch. Tenant #1 did not remember falling. According to the State Climatologist , on 6/8/2016 at 3:00.. at the Davenport airport, it was 52 degrees, clear skies and wind from the north at four miles per hour. On 6-13-16, the Maintenance Director was interviewed and stated he made rounds every morning at 7:00 a.m., checking the bathrooms, egress doors and alarms. He pushes on the crash bar for 3-5 seconds, it takes 15 seconds to release the door. If the door beeped he knew it locked and he checked the color of the light on the bar. Side D door was checked and locked the morning of 6-7-16, all doors were functioning. He stated there had been no previous issues with the doors not being alarmed. The crash bar was less than a year old so he figured Tenant #1 leaned on the bar for 15 seconds and the door released. Once a week he completed the weekly report online indicating the door alarms were checked and worked. A copy of the Work History Report was provided and reflected weekly electronic documentation from 6-6-15 through 6-11-16 that doors, locks and alarms were tested daily. A copy of the Company Detail Work Order was provided and indicated the alarm company arrived on 6-8-16 at 11:35 a.m., the door was tested in and out and everything worked the way it should. The motion worked every time.	A 013		

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A 055	Continued From page 5	A 055		
A 055	481-67.9(1) Staffing 481-67.9(231B,231C,231D) Staffing. 67.9(1) Number of staff. A sufficient number of trained staff shall be available at all times to fully meet tenants ' identified needs. This REQUIREMENT is not met as evidenced by: Based on a review of tenant files, Tenant #1 eloped on 6-8-16. A sufficient number of trained staff was not available to meet Tenant #1's needs. Tenant #1, a 79 year old, was admitted on 7-13-14 and diagnoses included: Alzheimer's, anxiety, depression, hypertension and chronic obstructive pulmonary disease. Tenant #1 was staged at a six on the Global Deterioration Scale which indicated severe cognitive decline. Tenant #1 resided in a locked dementia unit. According to a Tenant Incident Report dated 6-8-16 at 3:15 a.m., Staff A was putting a tenant back to bed when he heard a page from Staff B who yelled that a tenant was outside down on the street. Staff A did a head count and found Tenant #1 was missing. On 6-14-16, Staff A was interviewed and stated he finished rounds at 2:00 a.m. in side D. He went to side C and saw a tenant in the hallway. He took the tenant to the northeast bathroom on side C, closed the bathroom door to empty the tenant's catheter. He did not hear any alarms while in the bathroom. He stated a fan was on in the hallway by the dining room on side D. The fan was very loud and was there to dry the floor	A 055		

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A 055	Continued From page 6	A 055		

from a water spill. After assisting the tenant to bed, he walked down the hall and heard on his pager that a tenant was outside. He had Staff B stay by the unlocked door while he ran outside and saw Staff C with Tenant #1. He stated again that he never heard the door alarm.

On 6-14-16, Staff B was interviewed and stated after Tenant #1 was found outside, she went to side D and secured the door so it was locked. She stated she couldn't get the door locked as she didn't know how to lock it. It took her several attempts to lock the door.

On 6-14-16 at 9:10 a.m., the Monitor requested the Executive Director (ED) and the Wellness Director accompany her on testing the door alarm on side D and to walk the suspected route Tenant #1 took after eloping. The exit door was alarmed. The crash bar was held for 15 seconds and the door released, the alarm sounded and staff responded immediately. A sign stating to hold the bar for 15 seconds to release the bar was posted above the bar. The Wellness Director stated Tenant #1 can read and thus most likely read the directions before exiting. She wished the sign could be posted higher but the Fire Marshall required it be placed above the bar. The Monitor and the ED walked to side C and entered the northeast bathroom, leaving the door open, while the Wellness Director set off the door alarm. The sound of the alarm was heard but was extremely faint. The bathroom door was then closed, with the Monitor and the ED inside the bathroom. The alarm was unable to be heard.

Staffs A, B and C were interviewed and stated the Program did not have enough staff to meet the needs of the tenants, there needed to be four staff on the third shift (overnight shift). Staff D

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A 055	Continued From page 7 was interviewed and stated there was enough staff to meet the needs of the tenants but the third shift could use one more staff. The Wellness Director was interviewed and stated there was not enough staff to meet the needs of the tenants and she wished there were four staff on the night shift.	A 055		
A 121	481-67.19(3)c Record Checks 481-67.19(135C,231B,231C,231D) Criminal, dependent adult abuse, and child abuse record checks. 67.19(3)c If a person considered for employment has been convicted of a crime. If a person being considered for employment in a program has been convicted of a crime under a law of any state, the department of public safety shall notify the program that upon the request of the program the department of human services will perform an evaluation to determine whether the crime warrants prohibition of the person ' s employment in the program. This REQUIREMENT is not met as evidenced by: Based on a review of staff files, Staff E did not have an evaluation performed to determine whether Staff E's crime warranted prohibition of Staff E's employment in the program. Staff E was hired on 1-4-16. A criminal, dependent adult abuse and child abuse record check was completed on 12-30-15 and indicated further research was required regarding a criminal history. The criminal history record was received on 12-31-1,5 but the program failed to complete the evaluation to determine whether the	A 121		

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A 121	Continued From page 8 crime warranted prohibition of the person's employment in the program. On 6-14-16, the Executive Director was interviewed and stated she believed the background check was finished once she received the criminal history. She was not aware that an evaluation needed to be completed.	A 121		

COUNTRY MANOR
MEMORY CARE

900 West 46th Street | Davenport, Iowa | p: 563-391-1111 | f: 563-391-6267

Wednesday July 6, 2016

Complaint/Incident Intake #60565-I

Iowa Department of Inspection & Appeals
Linda Kellen
Bureau Chief
Adult Services/ Special Services
Lucas State Office Building
321 East 12th Street
Des Moines, IA 50319-0083

Dear Mrs. Kellen,

Please consider this our plan of correction for the regulatory insufficiencies cited on June 13 & 14, 2016 with the **Final Complaint/ Incident Investigation, Country Manor, Davenport, IA** completed by the Department of Inspection and Appeals (DIA) in accordance with the Code of Iowa, section 231C and Iowa Administrative Code, chapters 481-67 and 481-69, pertaining to regulatory insufficiency in the areas of tenant rights, staffing and record checks.

Tenant Rights

481.67.3 Tenant rights. All tenants have the right to the following rights. 67.3 (2) To receive care, treatment and services which are adequate and appropriate.

1. Elements detailing how the program will correct the regulatory insufficiency.
    a. Prior to tenant #1 eloping from the program, the Maintenance Director completed door checks daily. Effective 6-9-2016 staff members began checking the doors at the start of each shift.

2. What measures will be taken to ensure the problem does not recur?
    a. In addition to completing door checks at the start of each shift, we have started to research resident monitor/security systems to put in place at the location of each exit. A meeting with the fire marshal has been set-up on 6-21-2016 to explore alternatives that still meet code.

3. How the program plans to monitor performance to ensure compliance.
    a. As staff members are checking the doors at the start of each shift they are signing off that the door is functioning properly.

4. Date by which the regulatory insufficiency will be corrected?
    a. We began completing door checks at the start of each shift, effective 6-9-2016.

Staffing

481-67.9(231B, 231C, 231D) Staffing. 67.9 (1) Number of staff. A sufficient number of trained staff shall be available at all times to fully meet tenants' identified needs.

1. Elements detailing how the program will correct the regulatory insufficiency.
    a. Prior to the incident of tenant #1 eloping from the program we were staffed with three staff members during the night shift. Following the elopement, starting on 6-14-2016 we have added a fourth staff member to the night shift. Due to the change in our staffing pattern, the alarm will be heard from all areas of the building.

2. What measures will be taken to ensure the problem does not recur?
    a. Audits will be conducted on the night shift quarterly by the Wellness Director to assess staff activity and ability to meet night shift needs based on the acuity level of current residents. Staffing will be adjusted based on resident needs and acuity.

3. How the program plans to monitor performance to ensure compliance.
    a. Payroll audits will be conducted by the Executive Director on a quarterly basis to ensure night shift is being staffed in accordance with current assessed needs.

4. Date by which the regulatory insufficiency will be corrected?
    a. The fourth staff member was added to the night shift starting on 6-14-2016.

Record checks

481-67.19 (135C, 231B, 231C, 231D) Criminal dependent adult abuse and child abuse record checks. 67.19(3c). If a person considered for employment has been convicted of a crime. If a person being considered for employment in a program has been convicted of a crime under a law of any state, the department of public safety shall notify the program that upon the request of the program the department of human services will perform an evaluation to determine whether the crime warrants prohibition of the person's employment in the program.

1. Elements detailing how the program will correct the regulatory insufficiency.
    a. Upon learning that staff member E did not have all components of the record check complete, a new record check and evaluation was completed on 6-14-2016 and submitted. Additionally, staff member E was taken off of work for the program until all components were complete.

2. What measures will be taken to ensure the problem does not recur?
    a. The program will complete required criminal background check and dependent adult abuse check prior to hire.

3. How the program plans to monitor performance to ensure compliance.
    a. The Executive Director or designee will complete a bi-annual audit of all staff files checking to ensure that all components of record checks are in completion. This will ensure the problem does not recur therefore we will be in compliance.

4. Date by which the regulatory insufficiency will be corrected?
    a. A new record check and evaluation were submitted on staff member E on 6-14-2016 and all components will be in place before she is able to work for the program.

Thank you for your consideration and please do not hesitate to contact me at 563-391-1111 if any further information is required. Additionally, please find enclosed payment of our civil penalty.

Sincerely,

Nichole Will, BSW
Executive Director