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
(515) 242-5022 Fax

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

**Complaint/Incident Intake #:**
**60626-C**

July 5, 2016

Ms. Ann Marie Habhab, Administrator
Walnut Ridge Senior Community
1701 Campus Drive
Clive, IA 50325

**RE: Final Complaint/Incident Investigation Report, Walnut Ridge Senior Community, Clive, Iowa**

Dear Ms. Habhab:

Enclosed is the **Final Complaint/Incident Investigation Report** 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, following an investigation by DIA on **June 28 & 29, 2016.**

1. Allegation – Level of Care – It was alleged a tenant was aggressive and inappropriately urinated and defecated in public places and should not be at the Program
   Findings- Not Substantiated
   Comments: The clinical records for four tenants were reviewed and observations made of the tenants including tenants identified as aggressive and displaying inappropriate toileting. There were no tenants that exceeded criteria for retention. Two tenants were identified who were exhibiting behaviors that may lead to discharge in the future. Regulations are specifically worded to indicate a program cannot discharge a tenant in certain circumstances until interventions are tried. In these two instances, it could not be substantiated that aggressive behavior or inappropriate toileting had been ongoing, or that interventions had been given enough time to determine their effectiveness. Tenants were observed during the onsite visit, and no episodes of aggression or inappropriate toileting were seen. It was also alleged that incident reports were not completed as staff was directed not to complete the form. Multiple staff was interviewed on three shifts over two days.

Incident reports were also reviewed. Concerns about the failure to complete incident reports could not be verified during the onsite visit.

The Report notes Regulatory Insufficiencies in the area(s) of: Written occupancy agreement, Evaluation of Tenant, Service Plans and Non-accredited program - application content.

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.

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. Please refer to rule 67.14 for more information.

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 |
|---|---|---|---|
| | S0289 | A. BUILDING: _____ B. WING _____ | C 06/29/2016 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| WALNUT RIDGE SENIOR COMMUNITY | 1701 CAMPUS DRIVE CLIVE, IA 50325 |

| (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: 45<br>Number of tenants with cognitive disorder: 2<br>Total Population of Program at time of on-site: 47<br><br>Dementia-Specific Program by Dedication<br><br>Number of tenants without cognitive disorder: 0<br>Number of tenants with cognitive disorder: 14<br>Total Population of Program at time of on-site: 14<br><br>TOTAL census of Assisted Living Program: 61<br><br>The following regulatory insufficiencies were cited during the investigation of Complaint #60626-C:<br><br>231C.5(2)(h) Written Occupancy Agreement - An assisted living program occupancy agreement shall clearly describe the rights and responsibilities of the tenant and the program. The occupancy agreement shall also include but is not limited to inclusion of all of the following information in the body of the agreement or in the supporting documents and attachments: Occupancy, involuntary transfer, and transfer criteria and procedures, which ensure a safe and orderly transfer.<br>During the course of the investigation, the following was noted: Based on a review of the occupancy agreement and interview, the | A 000 | | |

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

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 |
|---|---|---|---|
| | S0289 | A. BUILDING: _____ B. WING _____ | C 06/29/2016 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| WALNUT RIDGE SENIOR COMMUNITY | 1701 CAMPUS DRIVE CLIVE, IA 50325 |

| (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 | Continued From page 1<br>Program did not include all of the rights of the tenant in the occupancy agreement following regulation changes effective 4-20-16.<br>Based on review of the occupancy agreement and interview, the Program's occupancy agreement did not identify transfer criteria in the occupancy agreement following regulation changes effective 4-20-16.<br>1. Tenant #4 was admitted to the Program on 6-23-16 and had an occupancy agreement with the signature date of 6-23-16.<br>The occupancy agreement did not identify the tenant's right to be free from restraint.<br>In an interview with the Campus Administrator on 6-28-16 she stated the occupancy agreement did not include a tenant's right to be free from restraints.<br>2. Tenant #4 was admitted to the Program on 6-23-16 and according to the initial assessment, Tenant #4 had a history of urinating on the ground outside.<br>Tenant #4's occupancy agreement had a signature date of 6-23-16.<br>The occupancy agreement did not identify urination or defecation in places that are not considered acceptable according to societal norms as a reason for transfer out of the Program.<br>In an interview with the Campus Administrator on 6-28-16 she stated the occupancy agreement did not include urination or defecation in places that are not considered acceptable according to societal norms as a reason for transfer out of the Program.<br>. | A 000 | | |
| A 037 | 481-69.22(2) Evaluation of Tenant<br><br>481-69.22(231C) Evaluation of tenant. | A 037 | | |

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 |
|---|---|---|---|
| | S0289 | A. BUILDING: _____ B. WING _____ | C 06/29/2016 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| WALNUT RIDGE SENIOR COMMUNITY | 1701 CAMPUS DRIVE CLIVE, IA 50325 |

| (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 037 | Continued From page 2<br>69.22(2) Evaluation within 30 days of occupancy and with significant change. A program shall evaluate each tenant ' s functional, cognitive and health status within 30 days of occupancy. A program shall also evaluate each tenant's functional, cognitive and health status as needed with significant change, but not less than annually, to determine the tenant ' s continued eligibility for the program and to determine any changes to services needed. The evaluation shall be conducted by a health care professional or human service professional. A licensed practical nurse may complete the evaluation via nurse delegation when the tenant has not exhibited a significant change.<br><br>This REQUIREMENT is not met as evidenced by:<br>During the course of the investigation, the following was noted: Four tenant files were reviewed; two revealed tenants with a change of condition. Evaluations of cognition were not completed with a change of condition.<br><br>1. Tenant #2, a 74 year-old, was admitted on 2-19-15 and had diagnoses of: hypertension, Alzheimer's, depression, and gastroesophageal reflux disease. On 5-2-16, Tenant #2 was staged at six on the global deterioration scale (GDS) which indicated severe cognitive decline. Tenant #2 resided in the secured dementia unit.<br><br>A nursing assessment dated 6-20-16 documented evaluations were completed for a change of condition. Nurse review notes dated 6-20-16 documented Tenant #4 grabbed a staff member and pushed the staff member against | A 037 | | |

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 |
|---|---|---|---|
| | S0289 | A. BUILDING: _____ B. WING _____ | C 06/29/2016 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| WALNUT RIDGE SENIOR COMMUNITY | 1701 CAMPUS DRIVE CLIVE, IA 50325 |

| (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 037 | Continued From page 3<br>the wall.<br><br>A review of the nursing assessment revealed health and functional evaluations were completed. A cognitive evaluation was not completed with a change of condition.<br><br>The registered nurse (RN) was interviewed on 6-28-16 and stated a cognitive evaluation was not completed on 6-20-16.<br><br>2. Tenant #3, a 99 year-old, was admitted on 8-18-14 and had diagnoses of: dementia, osteoporosis, and Parkinson's. On 5-2-16 Tenant #3 was staged at four on the GDS which indicated moderate cognitive decline. Tenant #3 resided in the secured dementia unit.<br><br>Nursing assessments dated 6-14-16 and 6-27-16 documented evaluations were completed for changes of condition. Nurse review notes dated 6-14-16 documented Tenant #3 required increased assistance with cares and had lost weight. Nurse review notes dated 6-20-16, documented Tenant #3 was admitted into hospice. Review notes dated 6-27-16 documented Tenant #3 required more cares.<br><br>A review of the nursing assessments of 6-14 and 6-27-16 revealed health and functional evaluations were was completed. A cognitive evaluation was not completed with a change of condition on 6-14 and 6-27-16. | A 037 | | |
| A 092 | 481-69.26(4)d Service Plans<br><br>481-69.26(231C) Service plans.<br>69.26(4) The service plan shall be individualized and shall indicate, at a minimum: | A 092 | | |

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 |
|---|---|---|---|
| | S0289 | A. BUILDING: _____ B. WING _____ | C 06/29/2016 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| WALNUT RIDGE SENIOR COMMUNITY | 1701 CAMPUS DRIVE CLIVE, IA 50325 |

| (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 092 | Continued From page 4<br>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<br><br>This REQUIREMENT is not met as evidenced by:<br>Complaint #60626-C: It was alleged service plans did not meet the needs of tenants with dementia.<br><br>Two files were reviewed for tenants recently admitted to the dementia unit. Based on a review of tenant files, service plans for persons with dementia did not indicate person-centered planned and spontaneous activities based on the tenant's abilities and interests.<br><br>1. Tenant #1, and 89 year-old, was admitted on 5-23-16 and had diagnoses of: diabetes and hypertension. On 6-21-16 Tenant #1 was staged at five on the global deterioration scale which indicated moderately severe cognitive decline. Tenant #1 resided in the secured dementia unit.<br><br>A review of the service plans dated 5-19 and 6-21-16 revealed the tenant was to receive an activity calendar and perform own spontaneous activities. The service plans did not identify person-centered planned and spontaneous activities based on Tenant #1's abilities and interests<br><br>2. Tenant #4, a 73 year-old, was admitted on | A 092 | | |

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 |
|---|---|---|---|
| | S0289 | A. BUILDING: _____ B. WING _____ | C 06/29/2016 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| WALNUT RIDGE SENIOR COMMUNITY | 1701 CAMPUS DRIVE CLIVE, IA 50325 |

| (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 092 | Continued From page 5<br>6-23-16 and had diagnoses of: dementia, hypertension, depression, osteoarthrosis, heart disease, and urinary incontinence. On 6-16-16 Tenant #4 scored five on the brief interview for mental status which indicated severe impairment. Tenant #4 resided in the secured dementia unit.<br><br>A review of the service plan dated 6-23-16 revealed the tenant was to receive an activity calendar and perform own spontaneous activities. The service plan did not identify person-centered planned and spontaneous activities based on Tenant #4's abilities and interests. | A 092 | | |
| A 222 | 481-69.4(20) Nonaccredited program - app. content<br><br>69.4(20) The policy and procedure for addressing sexual relationships between tenants and staff or between tenants with dementia greater than Stage 5 on the Global Deterioration Scale.<br><br>This REQUIREMENT is not met as evidenced by:<br>During the course of the investigation the following was noted: Based on interview, the Program did not have a policy and procedure for addressing sexual relationships between tenants and staff and between tenants with dementia.<br><br>1. Tenant #4 was admitted 6-23-16 and resided in the dementia unit. Upon review of the occupancy agreement, it was revealed regulation changes of 4-20-16 were not included in the agreement. | A 222 | | |

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 |
|---|---|---|---|
| | S0289 | A. BUILDING: _____ B. WING _____ | C 06/29/2016 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| WALNUT RIDGE SENIOR COMMUNITY | 1701 CAMPUS DRIVE CLIVE, IA 50325 |

| (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 222 | Continued From page 6<br>The Program was asked to provide a copy of its policy and procedure for addressing sexual relationships effective with the 4-20-16 regulation changes.<br><br>In an interview with the Director of Nursing and the Campus Administrator on 6-28-16, they confirmed the Program did not have a sexual relationship policy and procedure and were unable to provide the policy and procedure requested. | A 222 | | |

**A. Written Occupancy Agreement**

**Regulatory Insufficiency:** An assisted living program occupancy agreement shall clearly describe the rights and responsibilities of the tenant and the program. The occupancy agreement shall also include but is not limited to inclusion of all the following information in the body of the agreement or in the supporting documents and attachments: Occupancy, involuntary transfer, and transfer criteria and procedures, which ensure a safe and orderly transfer.

**Plan of Correction:**

1. The program corrected the occupancy agreement on June 28, 2016 by adding 67.3(9) To be free from restraints. The program also added to the agreement on June 28th 69.23(1) Persons who may not be admitted or retained. A program shall not knowingly admit or retain a tenant who: j. Despite intervention, chronically urinates or defecates in places that are not considered acceptable according to societal norms, such as on the floor or in a potted plant.

2. Each tenant received an addendum to the occupancy agreement sent June 29, 2016 stating the following additions: 67.3(9) To be free from restraints and 69.23(1) j. Despite intervention, chronically urinates and defecates in places that are not considered acceptable according to societal norms, such as on the floor or in a potted plant.

3. When regulatory changes are made, the program will make necessary changes to the occupancy agreement and provide notices to the residents.

4. The Campus Administrator corrected the occupancy agreement on June 28, 2016.

**B. Evaluation of Tenant**

**Regulatory Insufficiency**: Evaluation within 30 days of occupancy and with significant change. A program shall evaluate each tenant's functional, cognitive and health status within 30 days of occupancy. A program shall also evaluate each tenant's functional, cognitive, and health status as needed with significant change, but not less than annually, to determine the tenant's continued eligibility for the program and to determine any changes to the services needed. The evaluation shall be conducted by a health care professional or human service professional. A licensed practical nurse may complete the evaluation via nurse delegation when the tenant has not exhibited a significant change. (IAC r. 481-69.22(2)) (481-69.22(231C).

**Plan of Correction**:

1. Walnut Ridge policy requires that the program evaluate a tenants functional, cognitive and health status within 30 days of occupancy, every 90 days and with significant change. Nursing staff have reviewed the process for doing the assessments and documenting outcomes as they occur.

   The complaint identified tenants #4 and #3 as being tenants with clinical records that lacked documentation of cognitive evaluations. Tenant #4 has been assessed at their current assessment level, including a history of past events with provided follow-up. Tenant #3 moved to hospice house and passed away.

2. Tenant charts will be reviewed on a quarterly basis by RN or RN designee. Any regulatory insufficiencies identified as a result of the review will be corrected immediately.

3. The review of policy and process has been completed with current staff. Clinical record review of identified tenant with documented concerns has been completed.

**C. Service Plans**

**Regulatory Insufficiency**: A Service plan shall be individualized and shall indicate, at 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.

**Plan of Correction:**

1. Walnut Ridge has added a tenant profile to all admission packets to be completed prior to move in. Upon receiving all admission paperwork the Life Enrichment Coordinator and the RN will meet to review the tenant profile. This will ensure that person-centered planned and spontaneous activities are added to Service Plan prior to admit. Person-centered and spontaneous activities will be added and updated as needed to the Service Plan.

2. Tenant #1 has moved out to a higher level of care and tenant #4 Service Plan has been updated to include person-centered and spontaneous activities.

3. The review of the policy and process has been reviewed with admission and programming staff on July 14, 2016.

**D. Nonaccredited program – app. Content**

**Regulatory Insufficiency:** The policy and procedure for addressing sexual relationships between tenants and staff or between tenants with dementia greater than Stage 5 on the Global Deterioration Scale.

**Plan of Correction:**

1. A policy and procedure will be created for addressing sexual relationships between tenants and staff or between tenants with dementia greater than Stage 5 on the Global Deterioration Scale.
2. When a new policy and procedure is required by the Department of Inspections and Appeals the Campus Administrator and Clinical Administrator will be responsible to create and implement the policy.
3. The program's policies and procedures will be reviewed by the administrative staff.
4. The regulatory insufficiency will be corrected by July 27, 2016.