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
	S0228	A. BUILDING: _____ B. WING _____	C 09/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADOWVIEW MEMORY CARE VILLAGE	3005 F AVENUE NW CEDAR RAPIDS, IA 52405

(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	Initial Comments Assisted Living Programs for People with Dementia are defined by the population served. The census numbers were provided by the Program at the time of the on-site. Number of tenants without cognitive impairment: 1 Number of tenants with cognitive impairment: 43 Total census: 44 The following regulatory insufficiency was cited during the investigation of Incident #123134-I and the recertification visit conducted to determine compliance with certification rules for an Assisted Living Program for People with Dementia.	A 000		
A 635	481-69.32(2) Life Safety - Emergency Policies / Structure 69.32(2) An operating alarm system shall be connected to each exit door in a dementia-specific program. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the program failed to ensure there was an operating alarm system on each exit door, affecting 1 of 3 tenants reviewed (Tenant #3). Findings follow: Record review on 9/25/24 revealed an undated program investigation of an incident which occurred on 8/19/24. The Activity Director called the Executive Director at approximately 6:28 PM to inform her Tenant #3 was outside her home, approximately 1.5 miles from the program. Tenant #3 told the Activity Director he had money and	A 635	The Plan of Correction is attached	

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 635	Continued From page 1	A 635		

was waiting for the bus to take him home. The Assistant Director of Nursing (ADON) arrived to assess Tenant #3. He was dressed in jeans, a polo shirt and slip-on tennis shoes. He had no visible signs of distress with no sweating noted. His vitals and neurological checks were completed and were within normal limits. It was approximately 74 degrees outside and sunny according to the investigation report. Tenant #3 was transported back to the program via a program vehicle at 7:15 PM. The report revealed Tenant #3 was seen exiting the program at 5:27 PM when a visitor was entering through the front door. He had last been seen by staff at dinner less than 30 minutes prior to leaving the building.

An observation of the layout of the building on 9/26/24 at 1:26 PM revealed a set of side by side doors which led to the memory care unit. These doors were alarmed. There was a keypad that was utlized by staff and family members to disarm the alarm in order to enter or exit the memory care unit. There was a sign posted on either side of the doors alerting people to make sure they, or the group they came in with, were the only ones exiting.

There was a vestibule that lead out to the parking lot consisting of an interior and an exterior glass door. Neither of these doors had an alarm system.

A review of Tenant #3's service plan dated 6/27/24 revealed he moved to the program on 6/19/24. He had diagnoses of Alzheimer's disease with late onset and generalized anxiety disorder. Tenant #3 had a Global Deterioration Score of 6, indicating severe cognitive decline, and was known to display wandering and exit-seeking behaviors requiring routine safety

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A 635	Continued From page 2 checks every two hours. During an interview with the Executive Director (ED) on 9/26/24 at 1:05 pm, she stated she was at home on 8/19/24 when she received a Facetime call from the Activity Director who said she was with Tenant #3 on the front porch of her home. The ED placed a call to the ADON and directed her to go directly to the Activity Director's home and assess Tenant #3. The ED arrived at the program, reviewed the camera footage and discovered another tenant's family member went to the memory care unit door, punched in the code to disarm the alarm in order to open the door, and held the door open for Tenant #3 to leave the locked portion of the program. The camera footage then showed Tenant #3 exiting the building through the unlocked, unalarmed, automatic sliding front doors of the vestibule. The ED stated she later spoke with the family member who stated they were unaware Tenant #3 was a tenant of the program. The ED confirmed there had not been an alarm system on the front vestibule doors since she started working at the program approximately 3 years earlier.	A 635		

On behalf of Meadowview Memory Care Village, I respectfully submit our Plan of Correction for your approval. This response is specific to the Recertification, Investigation #123134-I, for the onsite visit 9/25/2024 – 9/26/2024. Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider of the truth of the alleged facts or conclusions set forth in the statement of insufficiencies. The Plan of Correction is executed solely because it is required by the provisions of Iowa Law.

69.32(2) An operating alarm system shall be connected to each exit door in a dementia-specific program.

1. Elements detailing how the Program will correct each regulatory insufficiency
    - An alarm system shall be connected to each exit door in a dementia-specific program.
    - An audible alarm system is connected to each exit door in the dementia-specific program.
2. Measures taken to ensure the problem does not recur
    - An audible alarm system is routinely monitored for functionality on all exit doors in the dementia-specific program.
3. How the Program plans to monitor performance to ensure compliance
    - The Director and/or Designee will routinely monitor the function of the alarms to ensure the alarms are properly sounding.
4. The date by which the regulatory insufficiency will be corrected
    - The regulatory insufficiency will be corrected on or before 12/1/2024.

If you have any questions regarding this plan of correction, please contact me at 319-294-9669.

Respectfully submitted,

Bella Curtis
Executive Director

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