IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
Lucas State Office Building
321 East 12th Street
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TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

DEMAND LETTER
Complaint Intake #:
53945-I
54605-C

September 1, 2015

Ms. Chelsea Stalker, Manager
Courtyard Estates at Cedar Pointe
6132 NE 12th Avenue
Pleasant Hill, IA 50327

RE: I. NOTICE OF IMPOSITION OF CIVIL PENALTY – FINAL RECERTIFICATION AND COMPLAINT/INCIDENT INVESTIGATION REPORT – COURTYARD ESTATES AT CEDAR POINTE
II. Reduction of Civil Penalty
III. Informal Conference
IV. Conclusion

Dear Ms. Stalker:

I. Final Recertification and Complaint/Incident Investigation Report – Courtyard Estates at Cedar Pointe, Pleasant Hill, IA

Enclosed is the **Final Recertification and 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 **August 24 & 25, 2015** for recertification, investigation of self-reported incident #53945-I related to an elopement, and investigation of Complaint #54605-C.

Based on observations, staff interviews, a review of tenant files, incident reports, program policies, menus, and receipts, the following was found in reference to allegations from #54605-C:

1. Allegation – Food- it was alleged meals were not balanced
Findings - Not Substantiated
Comments – The Program has an appropriately licensed kitchen and menus were reviewed and approved by a dietitian.

2. Allegation – Criteria for Admission and Retention-It was alleged tenants were urinating in hallways and had unmanageable incontinence.
Findings – Not Substantiated
Comments –Numerous observations were made during the two day onsite visit. No tenants were observed urinating in hallways. Tenant files were selected for review after interviews were completed to determine those tenants who had high needs. Based on interview, observation, and file review no tenants exceeded criteria for admission and retention in an assisted living program.

3. Allegation – Service Plans-It was alleged tenants needs for incontinence care were not met.
Findings – Not Substantiated
Comments: Based on observations interview, and tenant file review, tenant's incontinence needs were being met. Tenants were observed to be dry, and no furniture was observed to be wet. Staff was observed to toilet tenants. The Program provided documentation of regular toileting and tenant checks. Service plans identified tenant needs.

4. Allegation – Service Plans- It was alleged tenants laundry was co-mingled when washing. It was alleged clean laundry was returned to tenants wet.
Findings – Not Substantiated
Comments: Over the course of two days staff was observed doing laundry. Tenant laundry was sorted and not co-mingled with other tenant's laundry. Staff took measures to ensure each tenant's laundry was returned to that particular tenant. Laundry was returned to tenants dry, and if laundry in the dryer was not completely dry, the clothes were given more time in the dryer. Cognitively well tenants were interviewed and none reported a concern regarding either laundry not being returned or laundry being returned wet.

5. Allegation – Service Plans – It was alleged tenants who needed to be fed were not fed.
Findings – Not Substantiated
Comments: Tenants were observed during three meal times. Tenants were observed to be eating and staff was observed providing assistance as indicated in service plans.

6. Allegation – Service Plans-It was alleged tenants were dressed in the wrong clothing, specifically the wrong sized bra, and tenants were harmed
Findings – Not Substantiated
Comments: Based on observations, a review of incident reports, and interviews, no tenants sustained any injuries related to the wrong sized garment. Female tenants were observed for appropriate application of undergarments and there were no problems identified. Service plans identified tenants who required assistance with dressing. Staff interviews were conducted and staff communicated an understanding of the process of assisting a tenant with dressing.

7. Allegation – Structural (clean, safe, sanitary) It was alleged hallways were filthy, and had urine odors. It was alleged mattresses were stained/contained urine.
Findings – Not substantiated
Comments: The Program was identified as a dedicated dementia unit. Over the course of two days the hallways were observed several times. The hallways were generally clean and staff was observed using a carpet cleaner. The Program provided documentation of regular carpet cleaning by a professional. The Program reported the carpet was scheduled for replacement later this year. Mattresses were observed for six tenants identified as needing assistance with incontinence. None of the mattresses were wet and none had urine odors. Furniture was observed in the common areas and none of the furniture was observed to be wet. Staff was observed cleaning

furniture and tables in the dining room, and providing general housekeeping services. The predominant odor in the building was from multiple air fresheners in each hallway, each with a different scent. There was also odor from the beauty shop while a tenant was getting "a perm." While there was some odor of urine at times, the odor was not constant and was not strong. Cognitively well tenants were interviewed and none reported offensive odors of concern. It was reported there were odors sometimes in the public restroom following use. The evidence did not meet the preponderance standard and did not rise to the level of a regulatory insufficiency.

8. Allegation – Policies and Procedures- The concern was related to the number of pets allowed in an assisted living program
Findings: Substantiated
Comments: Please see the attached report as the Program was cited for not following its own policy on pets. There are no state regulations related to the number of pets allowed at a program. Each program develops its own policies, but the regulations require a program to follow its policies. While the Program was cited during this onsite visit, the Program may change its pet policy at any time.

No regulatory insufficiencies were cited related to the recertification; however, regulatory insufficiencies were cited related to the self-reported elopement. Details can be found in the attached report.

The Report notes Regulatory Insufficiencies in the area(s) of: Program policies and procedures, Life Safety and Structural Requirements.

Courtyard Estates at Cedar Pointe ("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 tenant eloped from a locked dementia unit into a fenced courtyard. The tenant removed loose slats from the fence and left.

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 your Program Coordinator, Rose Boccella, at 515/281-7039 or **Rose.Boccella@dia.iowa.gov**.

Sincerely,

Jim Friberg

Jim Friberg, Bureau Chief
Adult Services Bureau

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
	S0220	A. BUILDING: _____ B. WING _____	C 08/25/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COURTYARD ESTATES AT CEDAR POINTE	6132 NE 12TH AVENUE PLEASANT HILL, IA 50327

(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: 4 Number of tenants with cognitive disorder: 33 Total Population of Program at time of on-site: 37 TOTAL census of Assisted Living Program: 37 No regulatory insufficiencies were cited during the recertification conducted to determine compliance with certification for an Assisted Living Program. The following regulatory insufficiencies were cited during the investigation of Incident #53945-I and Complaint # 54605-C:	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: Complaint #54605-C alleged there were too many	A 003		

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A 003	Continued From page 1 pets at the Program. Based on observation, interview, and a review of policies, the Program did not follow its own policies. 1. On 8-24-15 at 9:20 a.m. the monitor was in the hallway accompanied by Staff A, Universal Worker (UW). Two tenants were observed sitting in chairs. Three dogs were with the two tenants. Staff A stated one of the tenants was Tenant #5. Staff A reported Tenant #5 had two dogs and one cat. The occupancy agreement and addendums were reviewed with no guidance on pets. The Manager was asked to provide a copy of the Program's policy on pets. The Manager also provided three pet permit applications for Tenant #5 although Tenant #5 did not sign them. The Manager provided documentation entitled "Pet Policy" which indicated there was only one pet permitted per apartment. The Manager stated she was unaware of a pet policy limiting tenants to one pet.	A 003		
A 138	481-69.32(2)a Life Safety 481-69.32(231C) Life safety-emergency policies and procedures and structural safety requirements. 69.32(2) An operating alarm system shall be connected to each exit door in a dementia-specific program. A program serving a person(s) with cognitive disorder or dementia, whether in a general or dementia-specific setting, shall have:	A 138		

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A 138	Continued From page 2 a. Written procedures regarding alarm systems and appropriate staff response when a tenant ' s service plan indicates a risk of elopement or a tenant exhibits wandering behavior. This REQUIREMENT is not met as evidenced by: Incident #53945-I: The Program reported to the department Tenant #1 eloped on 7-7-15 at approximately 2:06 p.m. Based on interviews, the Program did not have an operating alarm system on exit doors in a dementia unit. 1. Tenant #1, an 80 year-old, was admitted on 8-23-14 and had diagnoses of: hypertension, dementia, depression, and anxiety. Tenant #1 was staged at five on the Global Deterioration Scale which indicated moderately severe cognitive decline. The Program identified itself as a dementia unit. The Program reported on 7-7-15 at approximately 2:06 p.m. Tenant #1 exited the northeast door, moved slats on the courtyard fence, and walked around the building. At approximately 2:20 p.m. an off-duty staff member who was coming to the Program, found Tenant #1 walking up the driveway and away from the building. Tenant #1 was returned to the Program without injury. Staff B, Universal Worker, was interviewed on 8-24-15 at 2:57 p.m. and stated she was just coming to work the day Tenant #1 eloped. Staff B stated she did not have a pager but was standing next to another staff member that had a pager. Staff B stated the pager did not sound to alert	A 138		

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A 138	Continued From page 3 staff Tenant #1 had exited the building. The Manager was interviewed on 8-25-15 at 10:25 a.m. and was asked about the pagers not alerting staff when Tenant #1 exited the building. The Manager stated the alarm system was new and she had asked Maintenance to re-program the system so that messages would be sent to staff pagers. The Manager stated Maintenance had programmed the system incorrectly, and set a delay of seven minutes between the time the alarm sounded and the time staff was notified. The Manager stated by the time the pagers eventually notified staff the door had been exited, Tenant #1 had been returned to the Program. The Manager stated when the door was exited the actual time of 2:06 p.m. was relayed to the system, but because the system was re-programmed for a delay, staff were not notified until seven minutes later. The Program did not have an operating alarm system at the time of the elopement that notified staff that Tenant #1 exited the building.	A 138		
A 154	481-69.35(1)b Structural Requirements 481-69.35(231C) Structural requirements. 69.35(1) General requirements. b. The buildings and grounds shall be well-maintained, clean, safe and sanitary. This REQUIREMENT is not met as evidenced by: Incident #53945-I: The Program reported to the	A 154		

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A 154	Continued From page 4 department Tenant #1 eloped on 7-7-15 at approximately 2:06 p.m. Based on interviews and a review of incident reports, the Program courtyard was not safe and secure as Tenant #1 was able to move the slats on the courtyard fence and exit the courtyard. 1. Tenant #1, an 80 year-old, was admitted on 8-23-14 and had diagnoses of: hypertension, dementia, depression, and anxiety. Tenant #1 was staged at five on the Global Deterioration Scale which indicated moderately severe cognitive decline. The Program identified itself as a dementia unit. The Program reported on 7-7-15 at approximately 2:06 p.m. Tenant #1 exited the northeast door, moved slats on the courtyard fence, and walked around the building. At approximately 2:20 p.m. an off-duty staff member who was coming to the Program, found Tenant #1 walking up the driveway and away from the building. Tenant #1 was returned to the Program without injury. On 8-24-15 at 9:30 a.m. the Manager was interviewed and stated at the time of the elopement the upright slats of the fence should have been secured to the support boards at the top and the bottom, but were not at the time of the elopement. The Manager stated Tenant #1 was a small person, moved the slats at the bottom, and must have bent over to walk through the fence. The Manager reported all slats on the fence were secured immediately following the elopement. Both the Registered Nurse and the Manager thought the fence and the courtyard was a secure area prior to the elopement.	A 154		

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A 154	Continued From page 5 On 8-25-15 at 10:25 a.m. the Manager was asked if there had been regular maintenance on the fence. The Manager stated if there had been, someone would have discovered the slats were loose and would have fixed it.	A 154		

Courtyard Estates at Cedar Pointe
6132 NE 12th Avenue
Pleasant Hill, IA 50327

Date: 09/14/2015

Complaint Intake #: 53945-I, 54605-C

Plan of Correction (POC) Submitted For:
- Investigation Date: August 24th & 25th 2015
- Monitors: Lori Miner, RN BSN

POC:

A. Program Policies and Procedures

a. **Regulatory Insufficiency:** Complaint #54605-C alleged there were too many pets at the Program.

i. **Program POC:**

1. Program edited its Pet Policy to state "Pets will be permitted at the discretion of the Community Manager."
~~1.~~2. Program staff has been educated on renewed Pet Policy leaving it to the discretion of the Community Manager.
~~2.~~3. Program Manager will make sure be knowledgeable in all Community Policies and properly educate the Program staff to be knowledgeable of the policies in accordance.
~~3.~~4. Program's Pet Policy was edited and activated on August 28, 2015.

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B. Life Safety:

a. **Regulatory Insufficiency:** An operating alarm system shall be connected to each exit door in a dementia-specific program. A program serving a person(s) with cognitive disorder or dementia, whether in a general or dementia-specific setting, shall have: Written procedures regarding alarm systems and appropriate staff response when a tenant's service plan indicates a risk of elopement or a tenant exhibits wandering behavior.

i. **Program POC:**

1. Program Manager called Stanley Support Technicians to get the alarm system to properly relay alarms to the radios so Program staff is aware when someone enters/exits the building.
2. Program Manager had one-on-one training with Stanley Technicians on the Stanley Arial 9.1 system and made it so no other individual changes anything in the system without the Program Manager's consent.
3. Program Manager and Nurse have educated the staff on elopement policies and procedures and reiterated the importance of responding to the radio alarms within the designated 5 minute response time.
4. Program corrected this regulatory insufficiency on July 7, 2015 and Program Manager completed individual training on August 13, 2015. Stanley Technicians visited the Community on August 24th to make sure system was in proper working order.

C. **Structural Requirements:**

a. **Regulatory Insufficiency:** The buildings and grounds shall be well-maintained, clean, safe and sanitary.

i. **Program POC:**

1. Program Manager contacted maintenance personnel on staff to fix the loose slats in the Courtyard immediately after the incident.
2. Program will educate maintenance staff to make sure routine maintenance is being done on Courtyard fence.
3. Program Maintenance personnel will document the routine maintenance done on the fence.
4. Program fixed the loose fence slats on July 7, 2015 within an hour of the incident.