IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

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Complaint/Incident Intake #:
44982-I

September 26, 2013

Ms. Kris Ward, Administrator
Legacy Gardens Special Memory Unit
15 Silvercrest Place
Iowa City, IA 52240

RE: Final Complaint/Incident Investigation Report, Legacy Gardens Special Memory Unit, Iowa City, Iowa

Dear Ms. Ward:

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.

DIA has reviewed the Plan of Correction (POC) submitted in response to the **Preliminary Complaint/Incident Investigation Report**. Based upon a complete review of the Report and the Program's proposed actions to correct the identified Regulatory Insufficiencies, DIA accepts the POC.

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,

Rose Boccella

Rose Boccella
Program Coordinator
Adult Services Bureau

Enclosure

IOWA DEPARTMENT OF INSPECTIONS AND APPEALS
Assisted Living Program
Final Complaint/Incident Investigation Report

Assisted Living Program:

Legacy Gardens-Special Memory Unit
Kris Ward, Administrator
15 Silvercrest Place
Iowa City, IA 52240

Complaint/Incident Intake #:

44982-I

Date of Complaint/Incident Investigation:

August 26, 2013

Monitor(s):

Joyce Kix, RN

Definitions: ***The following definitions are relevant:***

Assisted Living Program – A program certified under 481 IAC 69 that provides housing with contracted services to three or more tenants in a physical structure that provides a homelike environment. Services may include but are not limited to health-related care, personal care, and assistance with instrumental activities of daily living. A General Population Program is an Assisted Living Program that is not dementia-specific but may have tenants with cognitive disorder.

Dementia-Specific Assisted Living Program - An assisted living program certified under 481 IAC 69 that serves fewer than fifty-five (55) tenants and has five (5) or more tenants who have dementia between Stages 4 and 7 on the Global Deterioration Scale (GDS), or serves 55 or more tenants and 10 percent or more of the tenants have dementia between Stages 4 and 7 on the GDS, or holds itself out as providing specialized care for persons with dementia, such as Alzheimer's disease, in a dedicated setting.

Regulatory Insufficiency - A violation of a statutory or rule provision within the Code of Iowa (2011) or the Iowa Administrative Code (IAC) governing assisted living programs. A regulatory insufficiency requires a plan of correction to be presented to and approved by the Department of Inspections and Appeals (DIA).

Plan of Correction - A written response to one or more regulatory insufficiencies that are statutory or rule violations. The plan should identify how and by what date each regulatory insufficiency will be corrected, and what measures will be taken to ensure the problem does not recur. The plan is due to DIA within ten (10) working days of the program's receipt of a Complaint/Incident Investigation Report. Depending on the circumstances, DIA may revisit the assisted living program to confirm progress in fulfilling a plan's corrective measures.

Overview: ***In preparing this report, the following information was considered:***

Current Program Census

Assisted Living Programs are defined by the type of population served. The census numbers below were provided by the Program at the time of the on-site visit.

Dementia-Specific Program by Dedication	
Number of tenants without cognitive disorder:	4
Number of tenants with cognitive disorder:	24
Total Population of Program at time of on-site	28
TOTAL census of Assisted Living Program	28

Program History – The program received regulatory insufficiencies during the Recertification and Complaint/Incident (40184-I, 40159-C, 40187-C) on-sit of August and Sept, 2012 in the areas of: Service Plan, Medications, Nurse Review, Staffing, Policy and Procedure, Tenant Rights and Tenant Documents. During the April 2013 Incident Investigation (43251-I), the program received regulatory insufficiencies in the areas of: Life Safety, Program Reporting to the Department, Criteria for Admission and discharge and Tenant Documents. During the May 7 and 9, 2013 Complaint Investigation (43438-C), the program received a regulatory insufficiency in the area of Service Plan.

Complaint/Incident Investigation – The Complaint/Incident investigator made the observations detailed in the following areas:

A. Staffing

Complaint/Incident Allegation: The program reported a staff member responded to a door alarm and cleared the alarm when they noticed a tenant's family member leaving through the door. Later, Staff noticed a tenant was missing.

- Monitoring Observation: Tenant #1, a 75 year old, was admitted to the secured memory unit on 6-27-11 with diagnoses of: Hypertension, Hyperlipidemia, Hypothyroidism, Pain and Agitation. Tenant #1 was evaluated as a 4 on the Global Deterioration Scale completed 8-12-13 which indicated moderate cognitive decline. Tenant #1 was independently ambulatory. An Incident Report completed by Staff #2, Registered Nurse (RN) on 8-11-13 documented Tenant #1 was discovered to be missing from the program when staff gathered tenants for the evening meal around 4:30 p.m. Staff #1, CNA, documented in a written statement, that he was administering medication on the west portion of the building about 4:25 p.m. when he heard the Lobby West Exit alarm sound followed by the Front Exit alarm. Staff #1 went to the door and noted a family member standing near the front door. Staff #1 assumed they had set the alarm off and so he cleared the alarm and radioed to all staff that the alarms were clear. Approximately ten minutes later, Staff #1 noticed that Tenant #1 was not present for the evening meal and he remembered that Tenant #1 had been around the west exit door earlier. Staff #1 paged for assistance and Staff #3

located Tenant #1 outside the building at approximately 4:45 p.m. Tenant #1 returned to the building without incident with Staff #2 who assessed him/her to have no injuries.

During interview, Staff #1 stated that the program alarm policy at the time of the elopement, directed staff to check the alarms, follow-up by going to the door and looking and then reset the alarm. Staff #1 said he incorrectly assumed that a family member in the area set off the alarm and did not investigate further.

Tenant #1 was located in the parking lot near the dumpster on the west side about 150 yards from the front entrance of the building. According to internet sources, the temperature at 4:52 p.m. on 8-11-13 in Iowa City was 82.9 degrees with clear skies.

The Regional RN provided a policy for Delayed Egress Doors which is provided to staff at hire, for their review and signature. The policy directed that all doors leading to the outside of the building are delayed egress doors (doors automatically open after 15 seconds and an alarm will sound if a code is not punched into the keypad) This policy directed staff how to reset the alarm with a key until a red light ensures it is relocked. The policy did not direct staff how to proceed if the alarm sounded and a tenant had left the building unsupervised setting off the alarm.

The Regional RN provided documentation of re-training for Staff #1 on 8-16-13 regarding the process in response to a door alarm to physically check the area around the alarming door and then perform a head count to ensure all tenants are present.

The program did not sufficiently train staff in proper procedures in the event a door alarm sounded to ensure the safety of all tenants.

Regulatory Insufficiency: A sufficient number of trained staff shall be available at all times to fully meet tenants' identified needs. (IAC r. 481-67.9(1))

During the course of the investigation, the following information was identified.

B. Policies and Procedures

Monitoring Observation: The Regional RN stated the program did not have a policy regarding procedures to implement in the event of an elopement. The Regional RN provided a policy for Delayed Egress Doors which is provided to program staff at hire for their review and signature. The policy directed that all doors leading to the outside of the building are delayed egress doors (doors automatically open after 15 seconds and alarm will sound if a code is not punched into the keypad) This policy directed staff how to reset the alarm with a key until a red light ensures it is relocked. The policy did not direct staff in the event a tenant eloped.

The program implemented a policy for Alarmed Doors on 8-12-13. This policy directed staff members to immediately perform a physical check of the area outside where the door alarmed to ensure that no tenant is outside of the building. Then staff

members are directed to perform a physical check of each tenant to ensure that tenants are present and have not exited through the alarm

Prior to 8-12-13 when Tenant #1 left the program without supervision, the program did not have a policy in place to ensure the safety of tenants after a door alarm sounded.

Regulatory Insufficiency: 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 the program. (IAC r. 481-67.2)