IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

June 27, 2008

Complaint Intake: #14760R
#14987R
#13455R2
#12444R3

Mr. Mark Thomsen, Administrator
MeadowView Memory Care Village
3005 F Ave NW
Cedar Rapids, IA 52405-2944

RE: I. Final Recertification and Complaint Investigation Revisit Report – #14760R, #14987R, #13455R2 & #12444R3
II. Immediate Sanction - Conditional Operation
III. Civil Penalty
IV. Hearings and Appeals
V. Conclusion

Dear Mr. Thomsen:

I. Final Recertification and Complaint Investigation Revisit Report – MeadowView Memory Care Village, Cedar Rapids, IA

Enclosed is the **Final Recertification and Complaint Investigation Revisit Report** completed by the Department of Inspections and Appeals (DIA) in accordance with Iowa Code section 231C.7 (2007) and Iowa Administrative Code, chapters 321—25, pertaining to assisted living programs and 321—26, pertaining to monitoring, civil penalties and complaints regarding assisted living programs. The preliminary Report notes the **Regulatory Insufficiencies** in the areas of: Service Plans and Other.

DIA is accepting the Request for Reconsideration in relation to two sections, nutritional supplements and weekly weights, under Tenant #5's Service Plan Regulatory Insufficiency. The other two areas, ATB therapy and weekly orthostatic blood pressures, under Tenant #5's Service Plan Regulatory Insufficiency, did not show adequate interventions in order to grant a Request for Reconsideration. DIA acknowledges your Request for Reconsideration in relation to the language in the cover letter; however, we are not amending the cover letter. The Plan of Correction (POC) has been accepted.

II. Immediate Sanction - Conditional Operation

As reflected in the Preliminary Report, the program failed to comprehensively follow the regulations in 321 IAC Chapter 25. Due to the program's noncompliance, current Regulatory Insufficiencies and the findings of the on-site monitoring visit of May 8 & 9, 2008, MeadowView Memory Care Village's Conditional Certificate, effective November 5, 2007, is being extended.

In addition, the program will be allowed to admit up to 8 new tenants per month and will continue to complete monthly nurse reviews. The Conditional Certificate and admission restriction remain in effect. The conditional certificate is issued as an alternative to denial, suspension or revocation pursuant to Iowa Code section 231C.10(2).

The program may appeal these sanctions by filing an appeal within 30 days of issuance of this letter.

III. Civil Penalty

If no appeal is requested within 30 days of receipt of this Final Complaint Investigation Report the civil penalty obligation, in the amount of two thousand five hundred ($2,500.00) dollars, is required.

IV. Hearings/Appeals

The Program may appeal the DIA decision as related to the sanctions in accordance with 321 IAC 26.4, within 30 days of notice, by submitting a request for hearing to the DIA. Hearings will be held pursuant to 481 IAC Chapter 10. If the program appeals, the civil penalty will be suspended, pending appeal. If the program does not appeal, the fine is due within 30 days of notice.

V. Conclusion

The Plan of Correction submitted, is accepted. The Request for Reconsideration is accepted in part as explained in section one. The Conditional Certificate and above sanctions remain. DIA may revisit the program to confirm compliance in fulfilling the POC's corrective measures. If the program wishes to appeal or request a hearing on the final findings, the program may do so within 30 days of this letter.

MeadowView Memory Care Village is being assessed a $2,500.00 civil money penalty.

If you have any questions in regard to these matters, please contact me at (515) 281-5077.

Sincerely,

Ann Martin

Ann Martin, Bureau Chief
Adult Services Bureau

Enclosure

Iowa Department of Inspections and Appeals
Assisted Living Program
Final Amended Complaint & Recertification Revisit Investigation Report

Assisted Living Program:

Mr. Mark Thomsen, Administrator
Meadowview Memory Care Village
3005 F. Avenue NW
Cedar Rapids, IA 52405-2944

Complaint Intake #: 12444R3
 # 13455R2
 # 14760R
 # 14987R

Date of Investigation:

May 8-9, 2008

Monitor(s):

Hal Chase, RN BSN MPH
Lincoln Newsom, RN

Definitions:

The following definitions are relevant:

Regulatory Insufficiency - A violation of a statutory or rule provision within the Iowa Code or 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 rule violations [321 IAC 26.2(5) (a)]. The plan should identify how, and by a specific date, an insufficiency will be corrected. The plan is due to DIA within ten (10) working days of the program's receipt of a Complaint Investigation Report. Depending on the circumstances, DIA may revisit the assisted living program to confirm progress in fulfilling a plan's corrective measures.

Dementia-specific assisted living program - An assisted living program certified under 321 IAC - chapter 25 that either serves five or more tenants with dementia or cognitive disorder staged between 4 and 7 on the Global Deterioration Scale or holds itself out as providing special care for persons with cognitive disorder or dementia, such as Alzheimer's disease, in a dedicated setting.

Overview:

A complaint investigation on-site revisit was conducted at Meadowview Memory Care Village on May 8-9, 2008. In preparing this report, the following information was considered:

Current Program Census:

General Population Program (GPP)* – Not applicable

Dementia Specific Program (DSP)* – A program that is a Dementia Specific Program by definition or holds itself out as providing specialized care in a dedicated setting but may have tenants without cognitive disorder.

Current number of tenants in a DSP that holds itself out as providing specialized care in a dedicated setting:	29
Current number of tenants without cognitive disorder:	1
Total Population:	30

***These are the census numbers represented by the program to be applicable at the time of the on-site.**

Accreditation Status – Not applicable

Complaint History – There were substantiated complaints this certification period in the areas of Evaluation of Tenants, Criteria for Exclusion of Tenants, Service Plans, Medications, Nurse Review, Staffing and Other.

The complaint history during this certification period includes the complaint investigations of November 20, 2006, July 19, 2007 and October 9, 10 & 11, 2007.

The November 20, 2006 complaint investigation resulted in no fine or additional sanctions. The July 19, 2007 complaint investigation resulted in a fine of $1,500.00.

The October 9, 10 & 11, 2007 complaint investigation and revisit resulted in a fine of $8,000.00 and sanctions that include a conditional certification, no new admissions and management training for the Program Administrator and Nurse.

The January 8, 9 & 10, 2008 complaint investigation, recertification visit and revisit resulted in a fine of $10,000.00 and sanctions that include: a Conditional Certification, no new admissions, submission of monthly nurse reviews and the submission of documentation that the Administrator and Nurse have registered to attend Assisted Living Program Management training.

Complaint Investigation – The complaint investigator(s) made the observations detailed in the following areas.

A. Evaluation of Tenant - The program evaluates each tenant's functional and cognitive abilities and health status and the determination of needed services as required. [321 IAC 25.23(1) and/or (2)]

During the course of the complaint investigation #14760 on 1-8, 9 & 10-08, the program received a regulatory insufficiency related to not completing functional, cognitive and health evaluations, as needed, to determine any modifications to needed services for Tenant #8.

Monitoring Observation: Tenant #8 was discharged on 2-12-08.

During the course of the revisit of complaint investigation #12444R2 and #13455R1 on 1-8, 9 & 10-08, the program received a regulatory insufficiency related to not completing functional, cognitive and health evaluations, as needed, to determine any modifications to needed services for Tenant #5.

Monitoring Observation: Tenant #5, an 83 year old, was admitted on 3-24-06 and has diagnoses of: Seizure Disorder, Osteoporosis, Diverticulitis, Urinary Frequency, History of Cholecystectomy, History of two Hip Fractures and Transient Ischemic Attacks (TIA). A cognitive evaluation was completed on 4-23-08, staging the tenant at a four on the Global Deterioration Scale (GDS), indicating moderate cognitive decline. Functional, cognitive and health evaluations were completed, as required, on 2-20-08, 3-29-08 and 4-23-08.

During the course of the recertification revisit on 1-8, 9 & 10-08, the program received a regulatory insufficiency related to not completing functional, cognitive and health evaluations within 30-days and, as needed, to determine any modifications to needed services for Tenant #10, #16, #17, #24, #26, #27 and #28.

Monitoring Observation: Tenant #10 was discharged on 2-11-08, Tenant #24 was discharged on 9-11-07 and Tenant #26 was discharged on 2-1-08.

Tenant #16, a 62 year old, was admitted on 5-18-07 and has diagnoses of: Dementia-Frontal Lobe, Hyperglycemia and Anxiety. A cognitive evaluation was completed on 12-19-07, staging the tenant at a six on the GDS, indicating severe cognitive decline. The program completed functional, cognitive and health evaluations on 3-21-08 and 4-18-08 to determine any modifications to needed services. The program gave a 30 day written notice to transfer from the program.

Tenant #17 had functional, cognitive and health evaluations completed on 2-21-08. The tenant was discharged on 3-19-08.

Tenant # 27 had functional, cognitive and health evaluations on 1-22-08 and 2-14-08. The tenant was discharged on 3-10-08.

Tenant #28, a 68 year old, was admitted on 7-13-07 and has diagnoses of: Dementia, Hypertension (HTN), Diverticulosis, High Blood Pressure, a Pacemaker and Bleeding Ulcers. A cognitive evaluation was completed on 4-18-08, staging the tenant at a four on the GDS, indicating moderate cognitive decline. Functional, cognitive and health evaluations were completed on 2-22-08 and 4-18-08.

- Regulatory Insufficiency: None noted

B. Criteria for exclusion of tenants - Program does not admit or retain tenants that require a higher level of care, unless a written exception has been applied for and approved. [321 IAC 25.23(3); 25.24]

During the course of the complaint investigation of complaint #14760, on 1-8, 9 & 10-08, the program received a regulatory insufficiency related to not excluding Tenant # 27.

Monitoring Observation: Tenant #27 was discharged on 3-10-08.

- Regulatory Insufficiency: None noted

C. Service Plan – Program has an individualized service plan developed and updated for each tenant as required. [321 IAC 25.28]

During the course of the complaint investigation complaint #14987, on 1-8, 9 & 10-08, the program received a regulatory insufficiency related to not completing a cognitive and health evaluation to support Tenant #24's service plan of 3-16-07.

Monitoring Observation: Tenant #24 was discharged on 9-11-07.

During the course of complaint investigation revisit #13455R on 1-8, 9 & 10-08, the program received a regulatory insufficiency related to not having Tenant #10, or the tenant's legal representative, sign the service plan.

Monitoring Observation: Tenant #10 was discharged on 2-11-08.

During the course of the recertification visit on 1-8, 9 & 10-08, the program received a regulatory insufficiency related to developing service plans without completing functional, cognitive and health evaluations for Tenants #5, #16, #23, #26, #27 and #28.

Monitoring Observation: Tenant #26 was discharged on 2-1-08.

Tenant #5's service plans of 2-20-08, 4-1-08 and 4-24-08 were supported by functional, cognitive and health evaluations were completed on 2-20-08, 3-29-08 and 4-23-08.

Tenant #16's service plans dated 2-25-08, 3-21-08 and 4-18-08 were supported by functional, cognitive and health evaluations completed on 2-22-08, 3-21-08 and 4-18-08.

Tenant #23, a 78 year old, was admitted on 10-25-07 and has diagnoses of: Dementia and a history of a Hernia. A cognitive evaluation was completed on 4-17-08, staging the tenant at a four on the GDS, indicating moderate cognitive decline. Service plans of 2-22-08, 3-11-08, 3-21-08 and 4-19-08 were supported by functional, cognitive and health evaluations completed on 2-22-08, 3-17-08, 3-19-08 and 4-17-08.

Tenant #27's service plans of 1-22-08 and 2-15-08 were supported by functional, cognitive and health evaluations on 1-22-08, 2-14-08 and 2-15-08. The tenant was discharged on 3-10-08.

Tenant #28's service plans of 2-22-08 and 4-19-08 were supported by functional, cognitive and health evaluations on 2-22-08 and 4-18-08.

During the course of the recertification on 1-8, 9 &10-08, the program received a regulatory insufficiency related to not developing a service plan by a health care professional or human services profession in consultation with the tenant and, at the tenant request, with other individuals identified by the tenant, and, if applicable, with the tenant's legal representative for Tenants #5, #15, #16, #23, #25 and #28.

Monitoring Observation: Tenant #25 was discharged on 1-10-08.

Tenant #5's service plans of 2-20-08, 4-1-08 and 4-24-08 were signed by the tenant, a health care professional and two additional staff.

Tenant #15, an 89 year old, was admitted on 6-21-07 and has diagnoses of: Osteoporosis, Hypothyroidism, Alzheimer's Disease, Pernicious Anemia and Delusions. A cognitive evaluation was completed on 3-26-08, staging the tenant at a four on the GDS, indicating moderate cognitive decline. Service plans of 2-26-08, 3-28-08 and 4-24-08 were signed by the tenant, a heath care professional and two additional staff.

Tenant #16's service plans of 2-25-08, 3-21-08 and 4-18-08 were signed by the tenant, a health care professional and two additional staff.

Tenant #23's service plans of 2-22-08, 3-11-08 and 4-19-08 were signed by the tenant, a health care professional and two additional staff.

Tenant #28's service plans of 2-22-08 and 4-19-08 were signed by the tenant, a health care professional and two additional staff.

During the course of the recertification visit on 1-8, 9 & 10-08, the program received a regulatory insufficiency related to not individualizing and indicating, at a minimum, the tenant's identified needs and requests for assistance with expected outcomes for Tenants #17, #21, #22 and #27.

Monitoring Observation: Tenant #27 was discharged on 3-10-08.

Tenant #17's service plan was updated and individualized on 2-21-08 in response to identified needs, requests for assistance and expected outcomes. The tenant was discharged on 3-19-08.

Tenant #21, an 86 year old, was admitted on 5-14-07 and has diagnoses of: Glaucoma and Alzheimer's Disease. A cognitive evaluation was completed on 4-16-08, staging the tenant at a four on the GDS, indicating moderate cognitive decline. The program updated and individualized services plans on 4-1-08 and 4-17-08 in response to identified needs, requests for assistance and expected outcomes.

Tenant #22, an 83 year old, was admitted on 4-20-06 and has a diagnosis of Dementia. A cognitive evaluation was completed on 4-28-08, staging the tenant at a five on the GDS, indicating moderately severe cognitive decline. The program updated and individualized

service plans on 1-18-08, 3-11-08 and 4-29-08 in response to identified needs, requests for assistance and expected outcomes.

During the course of this investigation, the following information was obtained:

Monitoring Observation: In regard to Tenant #5, on 3-26-08 the physician ordered a urine analysis (UA) with culture and sensitivity (C&S) if it was positive. Laboratory results indicated it was positive for Escherichia Coli. A physician's order dated 3-28-08 initiated antibiotic therapy (ATB). Nurse's notes of 3-29-08 indicated nursing staff was to take orthostatic blood pressures weekly and to monitor for falls. Service plans of 4-1-08 and 4-24-08 did not indicate interventions related to ATB therapy and weekly orthostatic blood pressures.

Tenant #23's nurse's notes dated 2-16-08 through 5-8-08 indicated the tenant was scratching and picking at a rash on his/her arms, face and neck. A physician's order dated 2-14-08 indicated the program notified the physician of the tenant's condition on 2-13-08 and the physician ordered hydrocortisone cream to be applied twice daily until healed. Treatment continued until 4-15-08 when the physician discontinued the hydrocortisone cream and ordered zinc oxide to be applied to the open areas twice daily. Nurse's notes of 3-10-08 indicated the tenant continued to pick at the scabs and the tenant stated "I get the bugs from here." On 3-11-08 the tenant's physician ordered the tenant's arms wrapped in "kling" twice daily until they were healed. Nurse's notes of 4-19-08 indicated the tenant's arms and torso were clearing up and the zinc oxide treatment was change to be used on an as needed basis.

Nurse's notes of 3-17-08 indicated the tenant bruised the right middle finger. An x-ray indicated a dislocated right middle phalanx. An Advanced Registered Nurse Practioner (ARNP) ordered a splint to remain in place and keep the area clean and dry, have the physician recheck the finger in five days, give Tylenol every six hours, as needed, and to elevate the hand. Nurse's notes of 3-20-08 indicated the tenant removed the splint and the Director of Nursing (DON) ordered the RN to wrap the right hand with an ace wrap and Kerlex bandage to support the splint and to call the ARNP in the morning. The ARNP was called and ordered the program to keep the ace wrap around the splint and the ARNP would see the tenant on 3-25-08. Occupational therapy (OT) was ordered for the tenant's finger from 3-20-08 through 4-19-08.

Nurse's notes of 5-5-08 indicated the tenant's physician was contacted due to increased agitation, inappropriate and rude verbal behavior and picking at his/her skin again. An appointment was made for 5-9-08.

Service plans were updated on 2-22-08, 3-11-08 and 3-21-08, but did not reflect the interventions related to the tenant's continued behavior of picking at scabs, open sores and wound care treatments. Service plans of 3-21-08 and 4-18-08 did not have interventions related to the dislocated right middle finger and OT.

- Regulatory Insufficiency: The program did not update the tenant's service plan with a change in condition (35.28(3))

D. Medications – Program has a comprehensive written medication policy that allows tenant self-administration, but accommodates the need for tenant medication assistance via nurse delegation. The medication assistance is appropriately supervised and administered. Medications are appropriately stored. [231C.16A]

During the course of the recertification visit on 1-8, 9 & 10-08, the program received a regulatory insufficiency related to not following an acceptable medication protocol for Tenants #16, #27, #29, #30, #31, #32, #34 and #35.

Monitoring Observation: Tenant #30 was discharged on 3-14-08 and Tenant #31 was discharged on 2-22-08. A review of Medication Administration Records (MAR's) from 1-20-08 through 5-8-08 for Tenants #16, #27, #30, #31, #32, #34, and #35, indicated documentation were completed according to acceptable medication protocol.

- Regulatory Insufficiency: None noted.

E. Nurse Review - Program provides a registered nurse to ensure the appropriate administration and documentation of medications, ensure that physician orders are current, and assess and document the tenants' health related activities. [321 IAC 25.30]

During the course of the recertification visit on 1-8, 9 & 10-08, the program received a regulatory insufficiency related to not having written documentation showing signature, date and time of physician orders for Tenants #10, #16, #23, #24 and #28.

Monitoring Observation: A review of Tenant files #10, #16, #23, #24 and #28 indicated physician orders had written documentation showing signature, date and time.

- Regulatory Insufficiency: None noted.

F. Other – The provisions of this section address the program's noncompliance with other applicable statutory and administrative rule requirements.

During the course of the complaint investigation #13455R on 1-8, 9 & 10-08, the program received a regulatory insufficiency related to not implementing the Plan of Correction submitted.

Monitoring Observation: The program did not consistently follow their plan of correction in regard to service plans. The service plans were not individualized and did not indicate, at a minimum, the tenant's identified needs and the tenant's requests for assistance and expected outcomes.

- Regulatory Insufficiency: The program did not fully implement the Plan of Correction submitted. (26.2(6)(a))

Dated this 27th day of June, 2008.