IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

June 3, 2008

Complaint #16832

Ms. K'lee Latham, Administrator
Shores At Pleasant Hill
1500 Edgewater Drive
Pleasant Hill, IA 50327-0921

RE: Recertification and Complaint Monitoring Evaluation Report, Shores at Pleasant Hill, Pleasant Hill, IA

Dear Ms. Latham:

Enclosed is the **Recertification and Complaint Monitoring Evaluation Report** completed by the Department of Inspections and Appeals (DIA) pursuant to the Code of Iowa Chapter 231C and the Iowa Administrative Code Chapter 25. **No Regulatory Insufficiencies were found during this evaluation.**

The review of the recertification documents you submitted has been completed and are accepted. In addition, the State Fire Marshal's (SFM) inspection report has been received.

The recertification process entails other requirements that are not yet completed. The document review process is still ongoing and upon completion the certificate will be issued.

If you have any questions regarding this certification, please contact me at 515-281-5003

Sincerely,

Connie Schaffer

Connie Schaffer
Certification Coordinator – Central Iowa
Health Facilities Division
Adult Services Bureau

Enclosure

Iowa Department of Inspections and Appeals
Assisted Living Program
Preliminary Recertification & Complaint Investigation Report

Assisted Living Program: **Complaint Intake #: 16832**

Ms. K'Lee Latham, Administrator
Shores at Pleasant Hill
1500 Edgewater Drive
Pleasant Hill, IA 50327

Date of Investigation:

April 29, 2008
May 5, 2008

Monitor(s):

Hal L. Chase, RN BSN MPH

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 visit was conducted on April 29, 2008 and recertification on May 5, 2008 at Shores at Pleasant Hill Assisted Living. In preparing this report, the following information was considered:

Current Program Census:

General Population Program (GPP)* – A program that is not a Dementia Specific program, but may have tenants with cognitive disorder

Current number of tenants without cognitive disorder:	25
Current number of tenants with cognitive disorder:	1

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:	14
Total Population:	40

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

Tenant/Family Satisfaction Results – A community meeting was held with 26 tenants in attendance. Tenants stated they liked living at the program and didn't express any other concerns. Staff were respectful, caring and trained to give the cares they needed. Food served was good, were given variety of meats, vegetables and fruits. Tenants felt safe, were receiving the care they contracted for and enjoyed the activities offered by the program. Tenants stated they made their own decisions regarding their personal and health-care choices. Tenants stated they would recommend others to reside at the program.

Accreditation Status – Not applicable.

Program History – There were substantiated Regulatory Insufficiency in the areas of: Evaluation of Tenant, Tenant Documents, Service Plan, Medications, Nurse Review, Nursing Assistant Work Credit, Food Service, Staffing, Managed Risk and Life Safety during this certification period.

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

A. 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]

Complaint Allegation: It is alleged Tenant #1 reported medication Oxycodone was missing from the tenant's bathroom.

- Monitoring Observation: Tenant #1, an 81 year old, was admitted on 2-5-08 and has diagnoses of: Urinary Retention, Congestive Heart Failure, Osteoarthritis, Chronic Obstructive Pulmonary Disease (COPD), Hypertension (HTN), Peripheral Vascular Disease (PVD) Cerebral Vascular Accident (CVA) and Hypothyroidism. A cognitive evaluation was completed on 3-17-08 with the tenant scoring 1.22 on the Brief Cognitive Rating Scale indicating normal, no cognitive decline present. Service plan of 3-17-08 indicated the tenant self manages and administers own medications. The tenant reported on 3-7-08 Oxycodone "may" be missing from his/her bathroom. The program indicated, with the tenant confirming Oxycodone was reported missing on 3-9-08. The tenant indicated he/she called the pharmacy to renew the medication and was told it was too soon to refill, that 12 pills should be remaining. The program notified the police and a criminal investigation is ongoing. The program conducted their own investigation by interviewing staff and the tenant. The Department of Human Resources (DHS) was contacted on 3-10-08 of a suspected dependent adult abuse and the investigation is pending.

  Staff #1 and #2 stated the tenant was self medicating and had no direct information regarding the missing medications. The tenant stated he/she continues to feel safe living at the program and feels the program took the appropriate steps by conducting their own investigation and informing the local police and DHS.

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

Monitoring Observation: Tenant #2, a 77 year old, was admitted on 8-22-07 and has diagnoses of: Alzheimer's Disease, HTN and Diabetes Mellitus. A cognitive evaluation was completed on 1-3-08 with the tenant scoring 3 0 on the Brief Cognitive Rating Scale indicating mild, minimal impairment present. Service plan of 1-3-08 indicated the program administered medications to the tenant. The program uses a locked medication cart to administer medication.

On 4-7-08 Tenant #2's medication Tramadale, totaling 50 tablets, packaged in two bubble packs was missing from the medication cart when Staff went to administer the tenant's a.m. medication on 4-6-08. Staff reported the missing medication to the program's corporate nurse and a physical search was conducted, but the medications were not located. The program conducted their own investigation by interviewing staff and the tenant. The local police and Department of Human Services (DHS) were contacted on 4-7-08. The local police continue to investigate this matter and DHS indicated by letter the report of dependent adult abuse was accepted for evaluation and the county attorney was notified.

Staff #2 stated she had heard the tenant's medication was missing and didn't have any direct hand information. The tenant stated he/she continued to feel safe living at the program and feels the program took the appropriate steps by conducting their own investigation and informing the local police and DHS.

- Regulatory Insufficiency: None noted.

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

Complaint Allegation: It is alleged Tenant #1 reported $220 00 was missing from the tenant's apartment.

Monitoring Observation: Tenant #1 reported to the program he/she last saw the money was on 3-7-08 and reported to staff on 3-9-08, $220.00 was missing from his/her purse. The tenant stated he/she opened his/her purse on 3-9-08 and found $220.00 missing.

Staff #1 stated she did not know about the missing money. Staff #2 stated she had no information related to the missing money. The program notified the local police and a criminal investigation is ongoing. The program conducted their own investigation by interviewing staff and the tenant. The Department of Human Resources (DHS) was contacted on 3-10-08 of a suspected dependent adult abuse and results are pending.

- Regulatory Insufficiency: None noted.

Dated this 3rd of June, 2008