IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

June 18, 2008

Tim Hendricks, Director of Housing
Oak Park Place
1381 Oak Park Place
Dubuque, IA 52002-2286

RE: I. Final Recertification Revisit Report
II. Hearings and Appeals
III. Civil Penalty
IV. Conclusion

Dear Mr. Hendricks:

I. Final Recertification Revisit Report – Oak Park Place, Dubuque, IA

Enclosed is the **Final Recertification 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 Final Report notes the **Regulatory Insufficiencies,** as defined in the areas of: Evaluation of Tenant, Service Plan, Medications, Nurse Review and Other.

DIA is accepting the Plan of Correction (POC). DIA is accepting the Request for Reconsideration in regard to the Service Plan for Tenant #7. Nowhere in the Tenant's service plan did it indicate the Tenant moved to the Dementia area; however, the Tenant's services were anticipated, prior to the move, and the service plan was written to cover those services. DIA is denying the program's Request for Reconsideration in the areas of Evaluation of Tenant, Service Plan, Nurse Review and Other in regard to Tenants #1, #2 and #3, due to the situations presented that warranted functional, cognitive and health evaluations and/or nurse reviews.

II. Hearings/Appeals

The Program may appeal the DIA decision in accordance to 321 IAC 26.4, within 30 days of notice, by submitting a request for appeal to the DIA. Hearings will be held pursuant to 481 IAC Chapter 10.

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. Conclusion

Oak Park Place's Plan of Correction is accepted. DIA is accepting the Request for Reconsideration in regard to Service Plan for Tenant #7. DIA is denying the Request for Reconsideration in regard to Tenant's #1, #2 and #3, in the areas of Evaluation of Tenant, Service Plan, Nurse Review and Other. A civil penalty of $2,500.00 is assessed.

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.

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 Recertification Revisit Report

Assisted Living Program:

Tim Hendricks, Director of Housing Operations
Oak Park Place
1381 Oak Park Place
Dubuque, IA 52002-2286

Date of Monitoring Visit:

March 31, 2008

Monitor(s):

Stephanie Cummins, SW MA
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 25.8(3)]. 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 Recertification Monitoring Evaluation 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 this chapter 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 specialized care for persons with cognitive disorder or dementia, such as Alzheimer's disease, in a dedicated setting.

Overview:

An on-site monitoring evaluation revisit was conducted at Oak Park Place on March 31, 2008. 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:	41
Current number of tenants with cognitive disorder:	1
Total Population:	42

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:	13
Current number of tenants without cognitive disorder:	3
Total Population:	16

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

Tenant/Family Satisfaction Results – Not applicable.

Program History – There were substantiated Regulatory Insufficiencies this certification period in the areas of: Evaluation of Tenants, Criteria for Exclusion of Tenants, Service Plans, Medications, Nurse Review, Food Service and Staffing.

On-Site Monitoring Evaluation – The monitor(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)]

The program received a regulatory insufficiency in regard to Tenants #1, #2, #3, #4, #5, and #6 related to not consistently evaluating each tenants' functional, cognitive and health status within 30 days of occupancy and as needed, but not less than annually, to determine the tenants' continued eligibility for the program and to determine any modifications to the services needed. The program also received a regulatory insufficiency related to not consistently completing evaluations by a health or human service professional.

Monitoring Observation: Seven tenant files were reviewed. A review of tenant files for Tenants #4, #5, & #6, indicated the program completed functional, cognitive and health evaluations, as needed and as indicated in their Plan of Correction (POC).

Tenant #1, a 66 year old, was admitted on 4-27-07 with a diagnosis of Parkinson 's Disease. The tenant scored a six on the Global Deterioration Scale (GDS), which indicated severe cognitive decline. The tenant resided in the dementia unit. The tenant was admitted to Hospice on 6-29-07 or 7-19-07 (two different dates provided in the tenant's file). The tenant was on a state approved Waiver of Administrative Rule. According to Interdisciplinary Progress notes on 3-15-08, the tenant had a pressure sore starting on his/her left finger and the right hand had started to contract more and the tenant's fingers were rubbing together. According to Hospice Records, Communication Notes and Interdisciplinary Progress notes the tenant had patterns of anxiety and panic attacks. According to Hospice Interdisciplinary Team Orders and Progress notes dated 1-11-08, there was an order for an air mattress and on 3-26-08 there was an order for a rolled washcloth to be placed into the tenant's left hand. Evaluations were not completed as needed.

Tenant #2 a 70 year old, was admitted on 5-12-07 and diagnoses include: Senile Dementia with Behavioral Disturbances. The tenant was staged at a five on the GDS, which indicated moderately severe cognitive decline. The tenant resided in the dementia unit. According to Interdisciplinary Progress notes dated 2-28-08, the tenant was diagnosed with Influenza A. According to Interdisciplinary Progress noted dated 3-11-08, stated staff noticed a change since the tenant had been sick and had to stay in his/her room. The tenant expressed sadness to staff. Evaluations were not completed as needed.

Tenant #3, a 68 year old, was admitted on 9-4-07 and diagnoses include: Dementia and Hyperlipidemia. The tenant was staged at a four on the GDS, which indicated moderate cognitive decline. According to Interdisciplinary Progress notes dated 11-6-07, a companion service program began twice a week. From 2-11-08 to 2-17-08 Interdisciplinary Progress notes indicate the tenant was roaming the halls consistently in the overnight to early morning hours. Evaluations were not completed as needed.

- Regulatory Insufficiency: The program did not consistently evaluate each tenants' functional, cognitive and health status within 30 days of occupancy and as needed, but not less than annually, to determine the tenants' continued eligibility for the

program and to determine any modifications to the services needed. The evaluations were not conducted by a health or human service professional. (25.23(2))

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]

The program received a regulatory insufficiency in regards to Tenants #1 and #2 related to not consistently excluding tenants who exceeded occupancy and retention criteria.

Monitoring Observation: Tenant #1 is on a Waiver of Administrative Rule. Staff interviews with Staff #4, #5, #6 and a review of Tenant #2's file indicated the tenant did not exceed occupancy and transfer criteria. Staff interviews with Staff #4, #5, #6 and review of tenant files indicated none of the tenants exceeded occupancy and transfer criteria.

- 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]

The program received regulatory insufficiencies related to Tenants #1, #2, #3, #4, #5 and #6 not consistently updating service plans when a tenant needs personal or health related care within 30 days of occupancy and as needed, but not less than annually, by a multidisciplinary team that consists of no fewer than three individuals, including a health professional and other staff appropriate to meet the needs of the tenant, in consultation with the tenant and at the tenant's request with other individuals identified by the tenant, and, if applicable, with the tenant's legal representative. The program received a regulatory insufficiency related to not consistently developing service plans that identify planned and spontaneous activities for those tenants unable to plan their own.

Monitoring Observation: Seven tenant files were reviewed. Reviews of Tenant #1, #2, #3, #4, #5, and #6's files indicated service plans were signed appropriately and activities were identified on the service plans if tenants were unable to plan their own. Reviews of Tenants #4, #5 & #6's files indicate the program completed updates to the tenants' service plans, as needed and as indicated in their POC.

Tenant #1 had a pressure sore starting on his/her left finger and the right hand was starting to contract more, according to Interdisciplinary Progress notes on 3-15-08. According to Hospice Records, Communication Notes and Interdisciplinary Progress Notes the tenant also had patterns of anxiety and panic attacks. According to Hospice Interdisciplinary Team Orders and Progress notes dated 1-11-08, there was an order for an air mattress and on 3-26-08 a rolled washcloth was to be placed in the tenant's left hand. According to the nurse, the tenant was repositioned every two hours, was offered fluids when staff were in the room and the tenant's mouth was swabbed; however, this was not reflected on the service plan. The service plan was not updated, as needed, and did not reflect the current and identified needs of the tenant.

Tenant #2 was diagnosed with Influenza A, according to Interdisciplinary Progress notes dated 2-28-08. According to Interdisciplinary Progress noted dated 3-11-08, staff noticed

a change in the tenant since the tenant had been sick with Influenza A and had to stay in his/her room. The tenant expressed sadness to staff. The service plan was not updated, as needed, and did not reflect the current and identified needs of the tenant.

Tenant #3 had a companion service program that began twice a week, according to Interdisciplinary Progress notes dated 11-6-07. From 2-11-08 to 2-17-08 Interdisciplinary Progress notes indicate the tenant was roaming the halls consistently in the overnight to early morning hours. The service plan was not updated, as needed, and did not reflect the current and identified needs of the tenant.

- Regulatory Insufficiency: The program did not consistently update a tenant's service plan when a tenant needs personal or health related care as needed, by a multidisciplinary team that consists of no fewer than three individuals, including a health professional and other staff appropriate to meet the needs of the tenant, in consultation with the tenant and at the tenant's request with other individuals identified by the tenant, and, if applicable, with the tenant's legal representative (25.28(3))

- Regulatory Insufficiency: The program did not consistently develop service plans that identified needs and the tenants' requests for assistance and expected outcomes. (25.28(4)a)

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 revisit, the following information was obtained.

Monitoring Observation: A review of seven tenant files indicated there had been medication errors in either administration of medications or in the documentation of medications. The following table indicates the errors.

Tenant #1	Weekly weight.	2-2-08, 2-9-08, 2-23-08 not recorded or not taken
Tenant #1	Ensure drink one can three times daily with every meal.	2-6-08, 2-12-08, 2-18-08, 2-20-08, 2-22-08, 2-26-08, 2-27-08, 2-28-08 at 1000 not recorded or not given 2-6-08, 2-7-08, 2-11-08, 2-12-08, 2-18-08 through 2-22-08, 2-27-08 through 2-29-08 at 1400 not recorded or not given. 3-13 at 1800 not recorded or not given. 3-18 at1400 not recorded or not given.

Tenant #1	Blood Pressure daily.	Not recorded for month of 2-08
Tenant #1	C-Collar on every one hour and off every one hour all the time, and off at bedtime.	Not recorded for month of 2-08
Tenant #2	Vitamin C, 500 mg tablet, one tablet by mouth every day.	1-17-08 at 1200, not recorded or not given.
Tenant #2	Vitamin E, 400 unit capsule, one capsule by mouth every day.	1-17-08 at 1200, not recorded or not given.
Tenant #2	Certagen Senior Tablet, one tablet by mouth every day	1-17-08 at 1200, not recorded or not given.
Tenant #6	Betamethasone Dipropionate, 0.05% cream. Apply small amount topically to rash areas twice daily until clear then use as needed (PRN) for recurrences. On 2-15-08 MAR indicates apply to left lower leg and lower back until clear, at 8:00a.m & 4:00p.m	2-17-08, 2-19-08 through 2-21-08, 2-25-08 through 2-29-08, 8:00a.m doses not applied or not documented. 2-25-08, 2-26-08 and 2-28-08, 4:00 p.m doses not applied or not documented.
Tenant #6	Vitamin C, 500mg, one daily at 8:00 a.m.	2-9-08 not given or not signed.
Tenant #6	Vitamin E, 400 units, one daily at 8:00 a.m.	2-9-0-8 not given or not signed.
Tenant #6	Effexor XR, 75mg, once daily at 8:00 a.m.	2-9-08 not given or not signed.
Tenant #6	Effexor XR, 150 mg, once daily at 8:00a.m.	2-9-08 not given or not signed.
Tenant #7	Potassium Chloride, 10MEQ, one tab, three times a day at 8:00 a.m., 12:00 p.m. & 4:00 p.m.	1-3-08, 1-8-08 & 1-11-08 at 12:00 p.m. were not given or not signed.
Tenant #7	Coumadin, 2 mg, every other day at 4:00 p.m.	1-14-08 &1-24-08 were not given or not signed
Tenant #7	Calcium Carb W/D, 600-200 tablet, twice daily at 8:00 a.m. & 4:00 p.m.	12-31-07 at 4:00 p.m. not given or not signed.
Tenant #7	Trusopt, 2% Drops, one drop each eye at bedtime at 8:00 p.m.	12-31-07 not given or not signed.
Tenant #7	Isosorbide Dinitrate, 10 mg., twice daily at 8:00 a.m. & 4:00 p.m.	12-31-07 at 4:00 p.m. not given or not signed.
Tenant #7	Xalatan, 0.005%, one drop in each eye at bedtime at 8:00 p.m.	12-31-07 not given or not signed.
Tenant #7	Coumadin, 4 mg tab, every	01-17-08 not given or not

	other day at 4:00 p.m.	signed.
Tenant #7	Coumadin, 2 mg. every other day at 4:00 p.m.	12-31-08 not given or not signed.

- Regulatory Insufficiency: The administration of medications shall be provided by an Iowa-licensed registered nurse or advanced registered nurse practitioner registered in Iowa or the authorized agent in accordance with 655—subrule 6.2(5) and 655—subrule 6.3(1) and Iowa Code chapter 155A and in executing the medical regimen as prescribed by the physician, the registered nurse shall exercise professional judgment in accordance with minimum standards of nursing practice as defined in these rules: 25.29(2)a, 655-6.2(5)e(152).

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]

The program received a regulatory insufficiency in regard to Tenants #1, #2, #3, #4, #5 and #6 related to not consistently completing assessing and documenting the health status of each tenant as changes in health status occurred. The program received a regulatory insufficiency related to not consistently documenting physician orders with the time.

Monitoring Observation: Seven tenant files were reviewed. Review of tenant files indicated physician orders were consistently documented with the time. A review of tenants' #4, #5 & #6's files indicate the program completed nurse reviews, as needed, and as indicated in their POC.

Tenants #1, #2 and #3 did not have nurse review completed, as needed.

- Regulatory Insufficiency: The program did not consistently assess and document the health status of each tenant, make recommendations and referrals as appropriate, and monitor progress on previous recommendations, as least every 90 days, or if there are change in health status. (25.30 (3))

F. Food Service – Program shall provide or coordinate with other community providers to provide hot or other appropriate meal(s) at least once a day or make arrangements for the availability of meals. Menus shall be appropriately planned. If applicable, therapeutic diets shall meet all requirements. Food preparation personnel shall meet all requirements. [321 IAC 25.32]

The program received a regulatory insufficiency related to not consistently providing an orientation on sanitation and safe food handling for all staff responsible for serving or preparing food, prior to handling food and at least annually.

Monitoring Observation: Interviews with Staff #4, #5, and #6 and reviews of staff files, indicated there was an orientation on sanitation and safe food handling for all staff responsible for serving or preparing food.

- Regulatory Insufficiency: None noted.

G. Staffing - The provisions of this section address the program's staffing and training practices and associated documentation in responding to the identified needs of the tenant. [321 IAC 25.33]

The program received a regulatory insufficiency related to not consistently providing sufficient trained staff, at all times, to fully meet the tenants' identified needs.

Monitoring Observation: Interviews with Staff #4, #5 and #6 and a review of nurse delegation documents indicated tasks including: assistance with Activities of Daily Living (ADLs) and colostomy care were delegated appropriately.

- Regulatory Insufficiency: None noted.

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

Monitoring Observation: The program's Plan of Correction, submitted on November 8, 2007, indicated the program planned to make corrections in the following areas: Evaluation of Tenants, Service Plans and Nurse Review. These corrections were not fully implemented. (26.2(6)a)

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

Dated this 17th day of June, 2008.