IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

September 23, 2008

Jean Greeley, Administrator
Prairie Hills Assisted Living at Clinton
1701 13th Ave North
Clinton, IA 52732-3300

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

Dear Ms. Greeley:

I. Final Recertification Monitoring Report – Prairie Hills Assisted Living, Clinton, IA

Enclosed is the **Final Recertification Monitoring 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, Medication, Food Service and Life Safety.

DIA is accepting the Plan of Correction (POC).

II. Civil Penalty

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

III. 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. 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.

IV. Conclusion

Prairie Hills at Clinton is being assessed a $500.00 civil money penalty.

The Plan of Correction is accepted. 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 Recertification Monitoring Evaluation Report

Assisted Living Program:

Jean Greeley, Administrator
Prairie Hills Assisted Living at Clinton
1701 13th Ave North
Clinton, IA 52732-3300

Date of Monitoring Visit:

August 13, 2008

Monitor(s):

Lincoln Newsom, RN
Stephanie Cummins, SW MA

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 was conducted at Prairie Hills Assisted Living at Clinton on August 13, 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:	45
Current number of tenants with cognitive disorder:	10
Total Population:	**55**

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. *(Delete the DSP statement that is not applicable.)*

Current number of tenants in a DSP that serves 5 or more tenants with dementia or cognitive disorder staged between 4 and 7 on the Global Deterioration Scale (GDS):	8
Current number of tenants without cognitive disorder:	0
Total Population:	**8**

***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 with five tenants and one tenant interview were held. Tenants had no concerns with housekeeping, laundry or maintenance. They described staff as nice and stated they were getting their needs met. The tenants estimated when the call pendants were used a staff member responded in approximately three minutes. One tenant requested a person at the front desk on weekends or a pendant for visitors to use to call staff. Tenants indicated the temperature, quantity and quality of the food were appropriate. One tenant requested more diabetic options for food alternatives. They indicated certain tables were served last at meals; however, a new serving style was planned for the fall. Tenants stated they received a monthly calendar and activities were sufficient though few tenants attended. Tenants stated they had routine fire drills and felt safe at the program; however, the evacuation area was hot and crowded when full. Tenants felt they made their own decisions and would recommend the program to others. They indicated they were generally satisfied. A tenant interview was also held and the tenant stated the building is kept up well and staff are kind and helpful. The program respects the tenant's privacy and visitors are treated well. Food is good and the tenants believe they are getting what they are paying for.

Program History – There were no substantiated Regulatory Insufficiencies this certification period.

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)]

Monitoring Observation: Tenant # 1, a 79 year old, was admitted on 3-4-08 with diagnoses of: History of Oral Cancer, Alzheimer's Dementia, Hypertension (HTN) and Psoriasis. The tenant was staged at a four on the Global Deterioration Scale (GDS) indicating moderate cognitive decline. A 30 day evaluation was completed on 4-4-08 and included functional and health evaluations but did not include a cognitive evaluation.

Tenant #2, an 88 year old, was admitted on 3-2-08 and diagnoses include: HTN, Osteoporosis, Depression and Gastroesphageal Reflux Disease (GERD). The tenant was staged at a four on the GDS, which indicated moderate cognitive decline. According to the tenant's service plan, an update was made on 7-14-08 that stated the tenant needed late afternoon care givers to assist with sundowning behaviors, increased confusion and agitation. Evaluations were not completed when the service plan was updated on 7-14-08.

Tenant #3, a 64 year old, was admitted on 11-25-06 and diagnoses include: HTN, Alzheimer's Disease and Chronic Renal Disease. The tenant was staged at a four on the GDS, which indicated moderate cognitive decline. The tenant resided in the dementia unit. According to health and functional evaluations dated 7-17-08, the tenant required assistance in dressing and incontinence management which was a change. Functional and health evaluations were completed on 7-17-08; however, a cognitive evaluation was not completed, as needed.

- Regulatory Insufficiency: The program did not consistently evaluate each tenants' functional, cognitive and health status, as needed, to determine the tenants' continued eligibility for the program and to determine any modifications to the services needed. (25.23(2))

- Regulatory Insufficiency: The program did not complete a cognitive evaluation within 30-days and, as needed, to determine the tenant's continued eligibility for the program and to determine any modifications to needed services. (25.23(2))

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

Monitoring Observation: Tenant #2's service plan dated 3-4-08 does not indicate planned and spontaneous activities as it relates to those with dementia. Tenant #2's service plan was updated on 7-14-08 and stated the tenant needed late afternoon care givers to assist with sundowing behaviors, increased confusion and agitation. The service plan update was not based on evaluations and was not signed by a nurse, two staff and the tenant when the update occurred.

Tenant #3's service plan was updated on 7-17-08 to reflect changes in the areas of dressing and toileting; however, the service plan update was not based on a cognitive evaluation. The tenant's service plan did not address planned and spontaneous activities.

- Regulatory Insufficiency: The program did not, when the tenant needs personal care or health-related care, update the service plan, as needed, by a multidisciplinary team that consists of no fewer than three individuals, including a health care professional and other staff appropriate to meet the needs of 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 a service plan for each tenant based on evaluations conducted in accordance with 25.23(1) and 25.23(2) and shall be designed to meet the specific service needs of the individual tenant. (25.28(1))

- Regulatory Insufficiency: The program did not individualize the service plan and indicate, at a minimum, tenants who are unable to plan their own activities, including tenants with dementia, planned and spontaneous activities based on the tenant's abilities and personal interests. (25.28(4)(d))

C. 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]

Monitoring Observation: The following table illustrates medications either not being given or not documented as being given by the program.

Tenant #1	Clobex, 0.05%, Lotion apply twice a day to elbows, knees and top of head.	8-1-08 and 8-8-08, 6-2 shift, not given or not documented.
Tenant #3	Aspirin, 81mg, daily.	8-12-08 - 8:00 a.m. not given or not documented.
Tenant #3	Hyzaar, 50-12.5,one tab daily.	8-12-08 8:00 a.m. not given or not documented.
Tenant #3	Keppra, 250mg, daily.	8-12-08 8:00 a.m. not given or not documented.
Tenant #3	Multi-Vitamin and Minerals, one tab daily.	8-12-08 8:00 a.m. not given or not documented.
Tenant #3	Vitamin C, 500 mg, one tab daily.	8-12-08 8:00 a.m. not given or not documented.
Tenant #3	Acetaminophen, 500 mg, one tab every 12 hours.	8-5-08, 8:00 p.m. not given or not documented & 8-12-08, 8:00 p.m. not given or not documented.
Tenant #3	Aricept, 10mg, one tab daily.	8-5-08, 8:00 p.m. not given or not documented.
Tenant #4	Zantac, 150 mg, at bedtime daily.	8-5-08, 8:00 p.m., not given or not documented.
Tenant #5	Digitek, 125 mg daily & check apical pulse.	8-2-08, 8-3-08, 8-4-08, 8-6-08, 8-8-08, 8-11-08, 8-12-08

		& 8-13-08, no apical pulse indicated.
Tenant #5	Risperdal, 0.5mg daily.	8-8-08 not given or documented.
Tenant #6	Bumetanide, 0.5mg tab, twice daily.	8-3-08, 12:00 p.m. not given or not documented.
Tenant #6	Ascensia Elite Test Strip - Accucheck every Monday a.m.	8-11-08, 8:00 a.m. not completed or not documented.
Tenant #7	Namenda, 10mg, twice daily.	8-5-08, 8:00 p.m., not given or not documented.
Tenant #7	Risperidone, 0.5 mg, at bed time.	8-5-08, 8:00 p.m. not given or not documented.
Tenant #7	Tobrex, eye drops, four times daily for 10 days.	8-5-08, 8:00 p.m. not given or not documented.
Tenant #7	Nortriptyline HCL, 75 mg, one cap by mouth at bedtime.	8-5-08, 8:00 p.m. not given or not documented.

- 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))

D. 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]

Monitoring Observation: Six staff files were reviewed. Staff #1 and Staff #4 did not have an annual in-service training on food protection.

- Regulatory Insufficiency: The program did not consistently provide an orientation on sanitation and safe food handling prior to handling food and an annual in-service training on food protection for personnel employed by or contracting with the program and who are responsible for preparing or serving food, or both preparing and serving food. (25.32(5))

E. Life safety – The program shall follow written emergency policies and procedures and structural safety requirements. [321 IAC 25.37]

Monitoring Observation: The general population area of the building currently houses ten tenants with dementia. This area of the building contains a laundry room. Two exterior doors leading into this room were open on the day of the on-site visit and the room contained a shelf which was filled with various soaps, bleach and Oxy-Clean cleaner. This room also contained the housekeeper's cart which was unsecured and contained various chemicals. The program's Administrator indicated that when the

"laundry" personnel is there, the door is open. There was no laundry personnel in the room the four times the room was inspected. The Administrator indicated she was in agreement the room should be secured at all times to avoid tenants with dementing illness access to this room.

- Regulatory Insufficiency: The program did not consistently provide a building that is safe. (25.40(1)(b))

Dated this 23rd day of September, 2008.