IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

October 28, 2008

Complaint #20375-C

Jean Parrish, Administrator
Prime Living Apartments
108 1st Avenue NW
LeMars, IA 51031

RE: Final Complaint Investigation and Recertification Revisit Report
Prime Living Apartments, LeMars, IA

Dear Ms. Parrish:

Enclosed is the **Final Complaint Investigation and 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. **No Regulatory Insufficiencies were identified.**

If you have questions, please contact me at 515-281-5721.

Sincerely,

Tamara Halvorson

Tamara Halvorson
ASB Lead Certification Coordinator
Adult Services Bureau

Enclosure

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

Assisted Living Program: **Complaint Intake #: 20375-C**

Jean Parrish, Administrator
Prime Living Apartments
108 1st Avenue NW
Le Mars, IA 51031

Date of Investigation:

October 21, 2008

Monitor(s):

Michael Streepy, 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 recertification revisit and complaint investigation on-site visit was conducted at Prime Living Apartments on October 21, 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:	18
Current number of tenants with cognitive disorder:	2
Total Population:	20

Dementia Specific Program (DSP) – Not applicable.

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

Accreditation Status – Not applicable.

Program History – There were substantiated regulatory insufficiencies in the areas of Occupancy Agreement, Service Plans, Food Service and Life Safety during this certification period.

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

A. Occupancy Agreement – The program shall enter into an occupancy agreement with the tenant or tenant's legal representative, if applicable, prior to the tenant's taking occupancy that clearly describes the rights and responsibilities of the tenant and of the program, and shall sign a managed risk policy disclosure statement. [321 IAC 25.22]

During the recertification monitoring visit 08-11-08 the program received a regulatory insufficiency related to Tenants #1 and #3 for not entering into an occupancy agreement prior to the tenants taking occupancy.

- Monitoring Observation: Tenant #4, an 82 year old was admitted to the program 08-04-08. Review of the tenant's occupancy agreement reveals the document had been signed on 08-04-08.

  Tenant #6, a 71 year old was admitted to the program on 08-29-08. Review of the tenant's occupancy agreement reveals the document had been signed on 08-29-08.

- Regulatory Insufficiency: None noted.

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

During the recertification monitoring visit 08-11-08 the program received a regulatory insufficiency related to the program not consistently ensuring the service plan would be based on evaluations for Tenant #2 and the service plans not consistently signed by the tenant, a health care professional and two additional staff for Tenants #1 and #3.

Tenant #2 is no longer at the program and had moved to a skilled unit 08-14-08.

- Monitoring Observation: Tenant #1, a 72 year old was admitted to the program on 05-29-08 with diagnoses of Dementia. The tenant had a score of four on the Global Deterioration Scale indicating moderate cognitive decline. Review of the tenant's record revealed the service plan had been reviewed and signed by the tenant, a health professional and two additional staff as stated in the plan of correction.

  Tenant #3, an 86 year old was admitted to the program on 05-29-08 with diagnoses including: Diverticulitis, Hypertension and Macular Degeneration. Review of the tenant's record revealed the service plan had been reviewed and signed by a third staff member on 08-11-08 as stated in the plan of correction.

  Tenant #4, an 82 year old was admitted to the program on 08-04-08 with diagnoses including: Depression, Dementia, Urinary Incontinence and Hypertension. Review of the tenant's record revealed the service plans of 08-04-08 and 09-04-08 had been signed by the tenant, a health professional and two additional staff.

  Tenant #6, a 71 year old had been admitted to the program 08-29-08 with diagnoses including: Glaucoma, Diabetes and Hypertension. Review of the tenant's record

revealed the service plans of 08-26-08 and 09-24-08 had been signed by the tenant, a health professional and two additional staff.

- Regulatory Insufficiency: None noted.

C. 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]

Complaint Allegation: Complaint 20375-C alleges the breakfast meal on Saturdays is served late and the food is cold.

- Monitoring Observation: Interviews with the program Administrator revealed 5 tenants are signed up for Saturday breakfast which is served from 8:00 to 9:00 a.m. Interviews with 4 of the 5 tenants, including the tenant named in the complaint revealed one incident when the breakfast meal was not started until 9:00 a.m. Interview with the tenants revealed only one tenant could recall the incident and none of the tenants had experienced any problems with food being served cold.

  At the time of the investigation the following observations were made.

  During the recertification monitoring visit of August 11, 2008 the program received a regulatory insufficiency for failure to ensure personnel who are responsible for preparing or serving food or both preparing and serving food would have annual in-service training on food protection. Staff included in the insufficiency were #1, #2 and #3. Staff #1 is no longer employed by the program. Review of personnel files reveals an annual in-service training on food protection was held and included staff #2, #3, #5 and #7.

- Regulatory Insufficiency: None noted.

D. 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]

Complaint Allegation: Complaint 20375-C alleges a tenant with a colostomy had complained a staff person did not know the procedure for the irrigation and had put the colostomy irrigation equipment away dirty.

- Monitoring Observation: Interview with the tenant named in the complaint revealed the tenant was not pleased that a complaint had been filed. The tenant stated staff had not put the irrigation equipment away dirty. The tenant stated on one occasion the nurse who had come to do the irrigation and change the colostomy appliance had not been able to properly complete the procedure. The tenant stated the program had a nurse from the wound clinic at the local hospital come to the program and teach two staff persons how to manage the colostomy to ensure it was being done properly. Interview with the program nurse revealed she had been the nurse involved at the time. The program nurse stated there was a problem with the device for securing the appliance and the program had worked with the tenant to assure the procedure was

done at time frames ordered by the physician and staff was trained by the former wound clinic staff to perform the irrigations appropriately.

- Regulatory Insufficiency: None noted.

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

During the recertification monitoring visit on 08-11-08 the program received a regulatory insufficiency related to failure to consistently follow written emergency procedures for fire drills.

- Monitoring Observation: Review of program records for fire drills reveals the program has held fire drills on a monthly basis on different shifts since June, 2008.

- Regulatory Insufficiency: None noted.

Dated this 23rd day of October, 2008.