IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

August 15, 2008

Complaint Intake: #14028-R1
#14088-R1

Ms. Barb Syata, Administrator
Arlington Place of Red Oak
800 East Ratliff Road
Red Oak, IA 51566

RE: I. Final Complaint Investigation & Recertification Monitoring Evaluation Report Revisit – #14028-R1 and #14088-R1
II. Civil Penalty
III. Hearings and Appeals
IV. Conclusion

Dear Ms. Syata:

I. Final Complaint Investigation & Recertification Monitoring Evaluation Report Revisit – Arlington Place of Red Oak, Red Oak, IA

Enclosed is the **Final Complaint Investigation & Recertification Monitoring Evaluation Report Revisit** 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, Nurse Review, Staffing, Record Checks, and Other.

DIA is accepting the Plan of Correction (POC) following the program's submission of additional information. DIA is denying the program's Request for Reconsideration in relation to Record Checks as there was no documentation to show the program obtained the required record checks for Staff #2 prior to employment with the program on 1-16-07.

The POC should be submitted to DIA within ten (10) working days of receipt of this letter.

The program may request DIA to reconsider any Regulatory Insufficiency identified in its Report in a document separate from the written POC. The Request for Reconsideration must include additional information and/or documents to demonstrate that the program was in compliance with the applicable rule at the time of the on-site visit. **Any Request for Reconsideration should be submitted to DIA within ten (10) working days of receipt of this letter**.

Regardless of whether a reconsideration request is submitted, a POC must be completed and address each Regulatory Insufficiency.

DIA will consider all Requests for Reconsideration of Regulatory Insufficiencies when the program's POC is reviewed. It may be necessary for DIA to revisit the program to confirm progress in fulfilling the POC's corrective measures. If POC's are not submitted within the required timeframe and/or the program does not adequately address Regulatory Insufficiencies, DIA may also suspend or revoke the program's certificate.

II. Civil Penalty

Due to the program's noncompliance, Arlington Place of Red Oak is being assessed a proposed thirty five hundred dollar ($3500.00) civil money penalty. Since new leadership is now in place, you may want to strongly consider attending management training.

III. Conclusion

Arlington Place of Red Oak is being assessed a proposed thirty five hundred dollar ($3500.00) civil money penalty.

The Final Report will be issued and a penalty assessed after the review of any Request for Reconsideration and an acceptable POC has been submitted.

Sincerely,

Ann Martin

Ann Martin, Bureau Chief
Adult Services Bureau

Enclosure

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

Assisted Living Program:

Complaint Intake #: 14028-R1
14088-R1

Ms. Barb Syata, Administrator
Arlington Place of Red Oak Assisted Living
800 East Ratliff Road
Red Oak, IA 51566

Date of Investigation:

June 10, 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 and recertification on-site revisit was conducted at Arlington Place of Red Oak Assisted Living on June 10, 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:	27
Current number of tenants with cognitive disorder:	0
Total Population:	27

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.

Complaint History – There were substantiated complaints in the areas of: Evaluation of Tenant, Service Plan, Medications, Nurse Review, Staffing, Life Safety, Record Checks, and Other.

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 complaint investigation #14088 on 11-27-07, the program received a regulatory insufficiency related to not completing a functional, cognitive and health evaluations as needed to determine any modification to needed services for Tenant #1.

- Monitoring Observation: Tenant #1 was discharged from the program on 12-31-07.

During the course of the recertification on 11-27-07, the program received a regulatory insufficiency related to not completing an annual functional, cognitive and health evaluation for Tenant #2 and for not completing a functional, cognitive and health evaluation as needed to determine any modification to needed services for Tenants #3 and #4.

- Monitoring Observation: Tenant #4 was discharged from the program on 10-31-07.

Tenant #2, a 69 year old, was admitted on 2-28-05 and has diagnoses of: Hyperlipidemia and Degenerative Joint Disease. The program did not complete annual functional, cognitive and health evaluations. (The program received a regulatory insufficiency on 11-27-07 for not completing functional, cognitive and health evaluations annually).

Tenant #3, an 82 year old, was admitted on 2-12-07 and has diagnoses of: Arthritis, Hypertension (HTN), Atherosclerotic Heart Disease (AHD), Carotid Disease and Hyperlipidemia. The program did not complete functional, cognitive and health evaluations with a change in condition. (The program received a regulatory insufficiency on 11-27-07 for not completing annual functional, cognitive and health evaluations with a change in condition).

During the course of the recertification, the following information was obtained:

Monitoring Observation: Tenant #5, an 85 year old, was admitted on 8-21-06 and has diagnoses of: History of Urinary Tract Infection (UTI), Sinusitis, AHD, and HTN. Resident notes of 4-30-08 indicated the tenant was discharged from a local hospital and returned to the program on 4-30-08 complaining of neck pain and rating the pain level at four. The tenant stated if he/she turns his/her "head pain can be six-seven," and also has some spasm. The program did not complete a functional, cognitive and health evaluation with a change in health status or annually. The Registered Nurse (RN) stated she did not know it was required to complete functional and health evaluations annually.

Tenant #6, an 82 year old, was admitted on 8-27-07 and has diagnoses of: History of UTI, Dementia, Chronic Intestinal Fibrosis and HTN. Resident notes of 2-27-08 indicated the tenant was admitted to the hospital due to respiratory problems. Resident notes of 3-8-08 indicated the tenant returned to the program. The Administrator stated the tenant was hospitalized for Pneumonia and returned to the program with inhalation therapy. A physician order noted on 4-19-08 indicated

Atrovent inhalation therapy one vial three times a day. The program did not complete a functional, cognitive and health evaluation with a change in health status.

- Regulatory Insufficiency: The program did not complete a functional, cognitive and health evaluation as needed, but not less than annually, 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]

During the course of the recertification on 11-27-07, the program received a regulatory insufficiency related to not completing a service plan within 30 days for Tenant #1, for developing a service plan without a functional, cognitive and health evaluation on Tenant #2 and for not completing a service plan update as needed with a change in condition for Tenants #3 and #4.

- Monitoring Observation: Tenant #1 was discharged on 12-31-07. Tenant #4 was discharged from the program on 10-31-07.

  Tenant #2's service plan was updated appropriately on 1-14-08.

  Tenant #3's service plan was updated on 1-14-08, (after being cited on 11-27-07 for not completing a service plan with a change in health status on 3-13-07). The program did not complete evaluations to support the service plan update of 1-14-08. The program did not complete an annual functional, cognitive and health evaluation to support the annual service plan of 3-13-08.

During the course of the revisit, the following information was obtained:

Tenant #5's resident notes of 4-30-08 indicated the tenant was discharged from a local hospital and returned to the program on 4-30-08 and complaining of neck pain rating the pain level at four. The tenant stated if he/she turns his/her "head pain can be six-seven," and also has some spasm. The program did not update the service plan with a change in condition. The annual service plan was signed by one staff and not three as required.

Tenant #6's resident notes of 2-27-08 indicated the tenant was admitted to the hospital due to respiratory problems. Resident notes of 3-8-08 indicated the tenant returned to the program. The Administrator stated the tenant was hospitalized for Pneumonia and returned to the program with inhalation therapy. A physician order noted on 4-19-08 indicated Atrovent inhalation therapy one vial three times a day. The program did not update the tenant's service plan with a change in health status.

- Regulatory Insufficiency: The program did not develop service plans for each tenant based on the evaluations conducted in accordance with 25.23 (1) and 25.23 (2) and designed to meet the specific service needs of the individual tenant. (25.28 (1))

- Regulatory Insufficiency: The program did not update service plans as needed, annually and by a multi-disciplinary team that consists of no fewer than three individuals. (25.28(3))

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]

During the course of the recertification on 11-27-07, the program received a regulatory insufficiency related to not consistently documenting medications the program agreed to administer.

- Monitoring Observation: March through June 10, 2008, Medication Administration Records (MARs) indicated the program consistently documented medications the program agreed to administer.

- Regulatory Insufficiency: None noted.

D. 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 on 11-27-07, the program received a regulatory insufficiency related to not consistently completing a 90-day nurse review for Tenants #1, #2, #3 and #4.

- Monitoring Observation: Tenant #1was discharged from the program on 12-31-07. Tenant #4 was discharged from the program on 10-31-07.

  Tenant #2's and 3's file indicated the program did not consistently complete a 90-day nurse review.

During the course of the revisit, the following information was obtained:

- Monitoring Observation: Tenant #5 and #6's file indicated the program did not consistently complete a 90-day nurse review.

  Tenant #5's resident notes of 4-30-08 indicated the tenant was discharged from a local hospital and returned to the program on 4-30-08 and complaining of neck pain and rating the pain level at four. The program did not complete a nurse review as needed, with a change in health status.

  Resident notes of 2-27-08 indicated the tenant was admitted to the hospital due to respiratory problems. Resident notes of 3-8-08 indicated the tenant returned to the program. Resident notes did not indicate when the tenant returned to the program. The Administrator stated the tenant was hospitalized for Pneumonia and returned to the program with inhalation therapy. A physician order noted on 4-19-08 indicated and order for Atrovent inhalation therapy. The program did not complete a nurse review as needed with a change in health status.

During the course of the recertification on 11-27-07, the program received a regulatory insufficiency related to physician orders not consistently signed, dated and timed for Tenants #1, #2, #3 and #4.

- Monitoring Observation: Tenant #1was discharged from the program on 12-31-07. Tenant #4 was discharged from the program on 10-31-07. Tenant #2's and #3's physician orders were consistently signed, dated, and timed appropriately.

- Regulatory Insufficiency: The program did not monitor, at least every 90 days, or after a change in condition, each tenant receiving program-administered medications for adverse reactions to administered medications and make appropriate interventions or referral, and ensure that the prescription medication orders are current and that the prescription medications are administered consistent with such orders. (25.30(1))

E. 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]

During the course of complaint investigation #14088 on 11-27-07, the program received a regulatory insufficiency related to not having all personnel employed by or contracting with the program receive training appropriate to assigned tasks and target population.

- Monitoring Observation: The new Administrator and RN stated they had not been trained on how and when to implement Iowa Administrative Code Chapter 25 for assisted living. The RN stated she had not been trained on regulations related to evaluation of tenant, service plans, 90-day nurse reviews, nurse reviews with a change in condition, managed risk and staff training requirements. (Administrator cited in the previous report is no longer employed).

- Regulatory Insufficiency: The program did not ensure all personnel employed by or contracting with the program receive training appropriate to assigned tasks and target population. (25.33(5))

During the course of the recertification on 11-27-07, the program received a regulatory insufficiency related to not having documentation of Staff #2 and #5 completing dependent adult abuse training.

- Monitoring Observation: Staff #2's file indicated the employee had received Dependent Adult Abuse training on 3-22-07. Staff #5's file indicated the employee had not completed dependent adult abuse training and has been terminated as of 6-30-08.

During the course of complaint investigation #14028 on 11-27-07, the program received a regulatory insufficiency related to tenant access to a 24-hour personal emergency response system that automatically identifies the tenant in distress and can be activated with one touch.

- Monitoring Observation: The program conducted a staff meeting on 1-2-08 where a review of the program's policy and procedures which included personal emergency

procedures in the event of a power outage was conducted. Staff #1 stated she attended the meeting and understood the program's emergency policy and procedures and to check on tenants every 10 minutes when the personal emergency response system is not working. Staff #5 stated she did not attend the meeting and did not know the program's emergency policy and procedures and did not know what to do if the personal emergency response system was not working.

- Regulatory Insufficiency: The program did not provide sufficiently trained staff at all times to fully meet tenants' identified needs. (25.33(8))

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

During the course of complaint investigation #14028 on 11-27-07, the program received a regulatory insufficiency related to not having a written policy and procedure which included personal emergency procedures in the event of a power outage.

- Monitoring Observation: The program conducted a staff meeting on 1-2-08 where a review of the program's policy and procedures, which included personal emergency procedures in the event of a power outage, was conducted.

- Regulatory Insufficiency: None noted.

G. Record Checks – The program conducts applicable employee record checks. [Iowa Code section 135C.33(5)]

During the course of the recertification on 11-27-07, the program received a regulatory insufficiency related to not completing a criminal and dependent adult abuse check of Staff #2 prior to employment.

- Monitoring Observation: Staff #2 was hired as the administrator on 5-15-08; she was initially hired as the activity director on 1-16-07. Staff #2's record check was completed on 1-14-08. Staff #6 was hired 1-5-08. A criminal background check was completed on 1-10-08, five days after the staff person was hired by the program.

- Regulatory Insufficiency: The program did not consistently complete criminal and dependent adult abuse check of all person(s) prior to employment. (135C.33 (5))

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

During the course of the recertification on 11-27-07, the program received a regulatory insufficiency related to not operating in accordance with the terms of the occupancy agreement between the assisting living program and Tenant #1.

- Monitoring Observation: Tenant #1 was discharged from the program on 12-31-07.

During the course of the revisit, the following information was obtained:

- Monitoring Observation: The program did not consistently follow their Plan of Correction related to: evaluation of tenant with a change in health status, service plan updates with a change in health status and not completing a 90-day nurse review, a nurse review with a change in health status, staff training and record checks.

- Regulatory Insufficiency: The program did not implement the Plan of Correction submitted as of 1-15-08. (26.2(6a))

Dated this 13th day of August 2008.