IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

December 18, 2008

Complaint Intake: #15910R2

Jim Stumpf, RN, Director
Summit Pointe Senior Living
3505 English Glen Avenue
Marion, IA 52302-4711

RE: I. Final Complaint Investigation 2nd Revisit – #15910R2, 3rd Initial Certification Revisit & Recertification Monitoring Evaluation Report
II. Immediate Sanction – Conditional Operation
III. Civil Penalty
IV. Hearings and Appeals
V. Conclusion

Dear Mr. Stumpf:

I. Final Complaint Investigation 2nd Revisit – #15910R2, 3rd Initial Certification Revisit & Recertification Monitoring Evaluation Report – Summit Pointe Senior Living, Marion, IA

Enclosed is the **Final Complaint Investigation 2nd Revisit – #15910R2, 3rd Initial Certification Revisit & Recertification Monitoring Evaluation 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: Medications and Other.

The Department of Inspections and Appeals (DIA) has reviewed the Plan of Correction (POC) and the Request for Reconsideration in response to the Report dated October 15, 2008. Based on the information provided, DIA denies the Request for Reconsideration as it relates to the medication section and medication errors. At the time of the October visit there were multiple medication errors without appropriate follow up. DIA accepts the Request for Reconsideration as it relates to Service Plans, Medications in regard to Tenant #2 and the lack of medications from the pharmacy and medications in regard to Tenant #16 and a missing MAR. The Plan of Correction is accepted and the final report is attached.

The program is not allowed to request a reconsideration of the fine; however, you can request an appeal of the fine. If you wish to appeal the fine please send a letter to DIA indicating your intent, within 30 days of receiving this letter.

II. Immediate Sanction - Conditional Operation

As reflected in the Final Report, the program failed to comprehensively follow the regulations in 321 IAC Chapter 25. Due to the program's noncompliance, current Regulatory Insufficiencies and the findings of the on-site monitoring visit of October 15, 2008, Summit Pointe continues with their Conditional Certificate, effective April 11, 2008.

Previous sanctions included: submission of documentation of new staff training in regard to fire safety, submission of documentation of all future completed fire drills, completion of monthly nurse review in order to determine changes in condition and follow through with appropriate assessments and service plans in regard to those changes and the administrator and nurses for the program needing to attend management training and provide documentation of completion to DIA.

Amended sanctions include a continuance of the Conditional Certificate, effective April 11, 2008 with no other sanctions.

III. Civil Penalty

If no appeal is requested within 30 days of receipt of this Complaint Investigation 2nd Revisit – #15910R2, 3rd Initial Certification Revisit & Recertification Monitoring Evaluation Report the civil penalty obligation, in the amount of one thousand five hundred ($1,500.00) dollars, is required.

IV. 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.

V. Conclusion

The Request for Reconsideration submitted has been accepted in part and denied in part, as stated previously. The Plan of Correction is accepted. Sanctions continue as stated above. 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 Complaint Investigation 2nd Revisit, 3rd Initial Certification Revisit & Recertification Monitoring Evaluation Report

Assisted Living Program: **Complaint Intake #: 15910R2**

Jim Stumpf, Director
Summit Pointe Senior Living
3505 English Glen Avenue
Marion, IA 52302-4711

Date of Investigation:

October 15, 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 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 at Summit Pointe Senior Living on October 15, 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:	92
Current number of tenants with cognitive disorder:	1
Total Population:	93

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:	11
Current number of tenants without cognitive disorder:	1
Total Population:	12

***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 12 tenants was held. Tenants report the doors to the public restrooms, laundry rooms and garbage rooms are very difficult to open. Two tenants report they have had to ask staff to come and get their laundry. Tenants state the floors are uneven in the hallways and the back elevator has a two to three inch drop from the floor. One tenant requested improved cleaning, in regard to dusting. The remaining tenants did not offer any complaints in regard to housekeeping. When asked about staffing one tenant stated, "some good some poor." They report there are not enough staff and at times, medications are late. One tenant stated laundry was brought into his/her room in the early hours of the morning. Another tenant states there is a staff at night that is difficult to understand and staff do not accept criticism or suggestions. One tenant stated, three to four months ago, his/her pendant did not work, other tenants did not report any problems with their pendants. Tenants report there are sufficient activities; however, more activities could occur on weekends. They receive a calendar and enjoy the outings. Tenants report personal items and items in the common areas were missing; however, the items were missing approximately a year ago. They report the program has routine fire drills and the alarms are loud. Tenants state the food service system is disorganized and they have waited up to an hour to be served and have run out of food choices and condiments, such as jelly and creamer. Tenants also state the forks are dull; which makes it difficult to use them. They state food and dishes are on the tables in the dining room along the outside of the room and air vents are located above these tables. They report sometimes the vegetables are over seasoned, undercooked, have too many sauces and there is a limited variety of them, the beef and pork chops are tough, the fish and chicken are undercooked and in the last month the chicken was "pink and bleeding." One tenant reported the fish was served cold on both sides. Tenants report the steaks are of poor quality and the "pies are square."

Accreditation Status – Not applicable.

Program History – There were Regulatory Insufficiencies this certification period in the areas of: occupancy agreement, evaluation of tenant, tenant documents, service plan, nurse review, food service, staffing, dementia-specific education for program personnel, transportation, record checks and other.

The Initial Certification Monitoring Report conducted on October 22, 2007 resulted in Regulatory Insufficiencies in the following areas: occupancy agreement, evaluation of tenant, tenant documents, service plan, nurse review, food service, staffing, dementia-specific education for program personnel, transportation, record checks and other.

The Complaint Investigation and Initial Certification Revisit conducted on February 18, 19, 20 & 21, 2008, resulted in: issuance of a Conditional Certificate, effective April 11, 2008. Additional requirements include the program submitting documentation of staff training in regard to fire safety and documentation of all future completed fire drills to DIA, completion of monthly nurse review in order to determine changes in tenant conditions and to follow through with appropriate assessments and service plans in regard to those changes and the administrator and nurse are to attend management training and provide documentation of such to DIA. A $5,500.00 civil penalty was also issued. Regulatory Insufficiencies included: occupancy agreement, evaluation of tenant, criteria for exclusion of tenant, service plan, medications, nurse review, food service, staffing, dementia – specific education for program personnel, life safety, activities and other.

The Complaint Investigation Revisit and 2nd Initial Certification Revisit conducted on June 23 & 24, 2008, resulted in: continuation of the Conditional Certificate, effective April 11, 2008. Additional requirements include the program submitting documentation of staff training in regard to fire safety and documentation of all future completed fire drills to DIA, completion of monthly nurse review in order to determine changes in tenant conditions and to follow through with appropriate assessments and service plans in regard to those changes and the administrator and nurse are to attend management training and provide documentation of such to DIA. A $2,000.00 civil penalty was also issued. The Regulatory Insufficiencies included: evaluation of tenants, service plans, medications, staffing, life safety, structural requirements 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)]

The program received a regulatory insufficiency at the time of June, 2008 visit in regard to Tenants #5 and #15 not consistently being evaluated for functional, cognitive and health status, as needed, to determine the tenant's continued eligibility for the program and to determine any modifications needed to services.

Monitoring Observation: Six tenant files were reviewed.

Tenants #5 and #15 had evaluations completed appropriately.

- 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]

The program received regulatory insufficiencies at the time of June 2008 visit, in regard to Tenants #5, #12 and #15, related to not consistently developing service plans for tenants, as needed, when a tenant needs personal or health-related care. The program also did not consistently develop service plans based on evaluations conducted in accordance with 25.23(1) and 25.23(2) that were designed to meet the specific needs of the individual tenant and the program did not consistently develop service plans that meet the identified needs of the tenants.

Monitoring Observation: Six tenant files were reviewed.

Tenants #5, #12 and #15's service plans were updated.

- Regulatory Insufficiency: None noted.

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]

Complaint Allegation #15910R2: The program did not consistently provide for the administration of medications being 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).

The program also received a regulatory insufficiency related to not consistently administering medication 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.

Monitoring Observation: A medication pass was observed in the dementia unit and appropriate medication protocol was followed. Medications were documented after the medications were administered.

- Regulatory Insufficiency: None noted.

Monitoring Observation: Tenant #2's Medication Administration Record (MAR) for the month of October, 2008 indicated from 10-3-08 to 10-9-08 at 7:00 p.m. Diovan was not available from the pharmacy. The tenant did not receive Diovan for a period of six days; however, this was a newly prescribed medication and was administered upon receipt, as would be expected.

Tenant # 9's MAR for the month of October, 2008, indicated from 10-11-08 through 10-15-08, Ferrous Sulfate was not available from the pharmacy. The tenant did not receive Ferrous Sulfate for a period of four days.

Tenant #11's MAR's did not reflect any medication errors or medications not being available from the pharmacy.

The program indicated on their Assisted Living Program (ALP) entrance form there had been 39 medication errors over the previous three months. The program was only able to provide four Medication Error Reports out of 39. The Administrator wrote that on September 12, 2008, upon submitting the needed paper work for Recertification to the Department of Inspections and Appeals, she and the program's Registered Nurse at the time had counted 39 medication errors; however, after the RN left the program the Administrator was only able to locate four Medication Error Reports and believes they may have been destroyed.

- Regulatory Insufficiency: When medications are administered or stored by the program, the following requirement shall apply, 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, the registered nurse shall recognize and understand the legal implications of accountability and the licensed practical nurse shall recognize and understand the legal implications within the scope of nursing practice. The licensed practical nurse shall perform services in the provision of supportive or restorative care under the supervision of a registered nurse or physician as defined in the Iowa Code. (IAC655-6) (25.29(2)a)

D. Structural requirements – The structure of the program shall be designed and operated to meet the needs of the tenants. The buildings and grounds shall be well-maintained, clean, safe and sanitary.

The program received a regulatory insufficiency at the time of the June, 2008, visit related to not consistently providing a building and grounds that were maintained, safe and sanitary.

Monitoring Observation: A monitor toured the dementia unit and observed cabinets that previously stored chemicals were locked and no chemicals were observed unsecured.

- Regulatory Insufficiency: None noted.

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

During the course of the investigation, the following information was obtained.

Monitoring Observation: The program did not consistently follow the written Plan of Correction (POC) that was submitted on August 29, 2008, regarding the complaint investigation revisit conducted on June 23 & 24, 2008.

- Regulatory Insufficiency: The program did not fully implement the POC submitted in response to the previous complaint investigation revisit and 2nd initial revisit. (26.2(6)a)

Dated this 18th day of December, 2008.