IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

February 17, 2009

Nichole Will, Director
Country House
900 W 46th Street
Davenport, IA 52806-4362

RE: I. Final Complaint Investigation Report #21289-C & #21334-I
II. Civil Penalty
III. Hearings/Appeals
IV. Conclusion

Dear Ms. Will:

I. Final Complaint Investigation Report #21289-C & #21334-I – Country House, Davenport, IA

Enclosed is the **Complaint Investigation Report #21289-C & #21334-I** 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, Life Safety, Structural Requirements and Other.

DIA is accepting the program's Plan of Correction (POC).

II. Civil Penalty

If no appeal is requested within 30 days of receipt of this Final Incident Investigation Report the civil penalty obligation, in the amount of four thousand ($4,000.00) 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

Country House's Plan of Correction is accepted. A civil penalty of $4,000.00 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 Complaint Investigation Report

Assisted Living Program:

Complaint Intake #: 21289-C
21334-I

Nichole Will, Administrator
Country House Assisted Living
900 W. 46th St.
Davenport, IA 52806-4362

Date of Investigation:

December 31, 2008

Monitor(s):

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 Country House Assisted Living on December 31, 2008. In preparing this report, the following information was considered:

Current Program Census:

General Population Program: Not Applicable.

Dementia Specific Program (DSP)* – A program that is dementia specific and provides specialized care in a dedicated setting.

Total Population of DSP:	28
Total Census of ALP:	**28**

***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 this certification period in the areas of: Evaluation of Tenants, Service Plans, Nurse Review, Staffing, Record Checks and Other.

The June 25, 2008, Incident Investigation revisit resulted in a fine of $500.00 with Regulatory Insufficiencies in the areas of: Evaluation of Tenants, Service Plans, Medications, Nurse Review Record Checks and Other.

The September 2 & 3, 2008 Complaint Investigation, Complaint Revisit and Recertification Monitoring Evaluation resulted in a fine of $1,500.00 with Regulatory Insufficiencies in the areas of: Evaluation of Tenants, Service Plans, Medications, Nurse Review, Food Service, Staffing and Other.

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

A. 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 investigation, the following information was obtained.

Monitoring Observation: Two tenant files were reviewed, both files contained medication errors. These medications were either not given or not documented as being given.

Tenant # 1	Simvastatin, 20mg once daily, 8:00 a.m.	11/30/08 not given or not documented as given.
Tenant #1	Therapeutic-M, once daily, 8:00 a.m.	11/30/08 not given or not documented as given
Tenant # 2	Baza cream, twice daily to buttocks.	10/6/08, 10/7/08 & 10/8/08 not applied as not available.
Tenant # 2	Seroquel, 25mg once daily.	10/6/08 not given or not documented as given. 10/7/08 and 10/8/08 not available.
Tenant # 2	Diflucan, 150mg once daily.	10/9/08, 10/10/08, 10/11/08, 10/12/08, 10/13/08, 10/14/08, 10/15/08 & 10/16/08 not available.
Tenant # 2	Xanax, 1mg daily at 4:00 p.m.	11/21/08 & 12/25/08 not given or not documented as given.

- Regulatory Insufficiency: The program did not administer medications as 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 (25.29(2)a.

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

Complaint Allegation: It is alleged that a tenant eloped from the program and was discovered by a passing motorist about a mile from the program. (The tenant noted in the complaint is not a resident of the program; however a tenant with a different name was identified as having eloped.)

Monitoring Observation: Tenant #1, a 76 year old, was admitted on 6/28/07 with diagnoses of: Dementia, Hypercholesterolemia and Hyperlipidema. The program completed a "Brief Cognitive Rating Scale" scoring the tenant at 6.6, indicating severe cognitive decline. On 12/26/08 the tenant had labs drawn by an outside agency and after the lab draw, the tenant possibly exited the program through the front door. The front door has a push bar with an alarm on it so as to indicate when people exit the program. On 12/08/08, the program had the door inspected and repaired due to it not working at that time. The bar has a green light on when it is functioning, and when the door is

accessed it will alarm, however the morning of 12/26/08 it did not function as designed, according to the Administrator. The tenant was found by a passing motorist approximately two blocks from the program. The tenant was seen at a local hospital and returned to the program without injury.

- Regulatory Insufficiency: The program did not consistently provide an operating alarm system shall be connected to each exit door in a dementia-specific program. (25.37(2))

C. 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.

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

Monitoring Observation: The program is divided into four individual pods. All four pods have their own fully functional kitchen areas. Leading into the kitchen is a door that is able to be locked. All the pods' kitchen doors were unlocked, and three of the pods doors were propped open with five gallon jugs of water and staff were not present. Three of the pods' cabinets located under the sink, have a key entry. These were found to all be unlocked and none of the staff had a key either to lock or unlock the cabinet. Under the sinks in all four pods were powdered dish soap and a bottle of disinfectant. All four pods also had a drawer containing sharp kitchen knives that were not secured.

In an interview with the Administrator, she stated it is policy for the doors to be shut and locked when staff is not present. When asked about the locks for the cabinets, she stated in her five years at the program she had never known of them being locked.

The program's building, located on the north side of the campus, has an enclosed sun room where tenants can sit unattended. Located inside the sun room is a 100 pound, opened and unsecured, container of ice melting material.

The programs matience man, prior to exit, had looked at the cabinet locks, and the program had implemented a staff in-service related to "kitchen doors being locked."

- Regulatory Insufficiency: The program did not consistently provide a building and grounds that are well maintained, clean, safe and sanitary. (25.40(1)b)

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

Monitoring Observation: Two tenant files were reviewed, both files contained medication errors. The medications were either not given or not documented as given.

- Regulatory Insufficiency: The program did not implement the plan of correction submitted previously, in the area of medications. (26.2(6)a))

Dated this 17th day of February, 2009.