IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

March 2, 2009

Complaint Intake: #19359-C-R
19544-C-R
19788-I-R
20566-I-R

K'Lee Lathum, Administrator
Shores at Pleasant Hill Assisted Living
1500 Edgewater Drive
Pleasant Hill, IA 50327-0921

RE: I. Final Complaints and Incidents Revisit Investigation Report– #19359-C-R, 19544-C-R, 19788-I-R and 20566-I-R
II. Civil Penalty
III. Hearings and Appeals
IV. Conclusion

Dear Ms. Lathum:

I. Final Complaints and Incidents Revisit Investigation Report– Shores at Pleasant Hill Assisted Living, Pleasant Hill, IA.

Enclosed is the **Final Complaints and Incidents Revisit Investigation Report** completed by the Department of Inspections and Appeals (DIA) in accordance with Iowa Code section 231C.7 (2009) 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. DIA has reviewed the Plan of Correction (POC) and the Request for Reconsideration in response to the complaint investigation Report dated January 8, 2009. Based on the information provided, DIA denies the Request for Reconsideration as it relates to Civil Penalties. Request for Reconsideration cannot be requested for civil penalties.

The Final Report notes the **Regulatory Insufficiencies,** as defined in the areas of: Medications, Structural Requirements and Other.

DIA is accepting the Plan of Correction (POC) following the program's submission of additional information.

II. Civil Penalty

If no appeal is requested within 30 days of receipt of this Final Complaint Investigation Report the civil penalty obligation, in the amount of two thousand five hundred ($2,500.00) dollars, is required.

III. Hearings and 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

Shores at Pleasant Hill Assisted Living is being assessed a $2,500.00 civil money penalty.

The Plan of Correction that was submitted 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 Complaints and Incidents Revisit Report

Assisted Living Program:

K'Lee Lathum, Administrator
Shores at Pleasant Hill Assisted Living
1500 Edgewater Drive
Pleasant Hill, IA 50327-0921

Complaint Intake #: 19359-C-R
19544-C-R
19788-I-R
20566-I-R

Date of Investigation:

January 8, 2009

Monitor(s):

Lincoln Newsom, RN
Vickie Clingan, 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 complaints and an incidents investigation on-site revisit was conducted at Shores at Pleasant Hill Assisted Living on January 8, 2009. In preparing this report, the following information was considered:

Current Program Census:

General Population Program (GPP)* – Not applicable.

Dementia Specific Program (DSP)* – A program that is a Dementia Specific Program by definition but may have tenants without cognitive disorder.

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):	5
Current number of tenants without cognitive disorder:	19
Total Population:	24

A program that is dementia specific and provides specialized care in a dedicated setting.

Total Population of DSP:	10
Total Census of ALP:	34

***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 area of Medications and Staffing.

The complaint history during this certification period includes the complaint investigation of September 24 & 25, 2008 for Complaint investigation of #19359-C, 19544-C and 19778-I with Regulatory Insufficiencies in the area of Medications which resulted in a $500.00 fine.

October 29, 2008, for Complaint investigation of #20566-I with Regulatory Insufficiencies in the areas of: Medications and Staffing.

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 Complaint and Incident Investigation of September 24 and 25, 2008, the program received a regulatory insufficiency for preventing or interfering with or attempting to impede in any way any duly authorized representative of the Department of Inspections and Appeals in the lawful enforcement of Chapter 25. Tenant #1's Medication Administration Record (MAR) appeared to have been altered to conceal an error in documentation.

- Monitoring Observation: Medication Administration Records for Tenants # 1, #3, #4, #5, and #6 were reviewed and appeared to have no alterations made to them.

During the course of the Complaint and Incident Investigation of September 24 and 25, 2008, the program received a regulatory insufficiency related to not administering medications in accordance with 655---subrule 6.2(5) and 655—subrule 6.3(1) and Iowa Code chapter 155A as the result of not consistently documenting blood sugars and Cetaphil Cream for Tenant #1 and for the program being unable to account for 26 doses of Oxybutrin.

- Monitoring Observation: A review of Tenant # 1's file indicated documentation of blood sugar and Cetaphil Cream was appropriate.

Bubble packs were reviewed for Tenants # 1, #3 and #4 and no medications were missing.

During the course of the Incident Investigation of October 29, 2008, the program received a regulatory insufficiency related to not administering medications in accordance with 655---subrule 6.2(5) and 655—subrule 6.3(1) and Iowa Code chapter 155A as the result of Tenant #2's insulin not being administered according to physician order.

- Monitoring Observation: Tenant #2 was discharged on November 4, 2008.

- Regulatory Insufficiency: None noted.

During the course of the re-visit the following information was obtained.

- Monitoring Observation: Tenant #1, an 88 year old, was admitted on 1/20/07 with diagnoses of: Parkinson's, Hypertension (HTN), Diabetes and Depression. A review of December 2008 and January 2009's Medication Administration Record (MAR's) were reviewed. On December 31, 2008, Sinemet 25/100mg two tabs by mouth three times daily was not given or documented as given at 5:00p.m. On January 8, 2009 all 10 of the tenant's a.m medications were not documented as being given as prescribed.

The MARs for Tenants #1, #3, #4 and #5 were reviewed and found to have a dot placed in the box where staff are to initial the prescribed medication was given. Staff #1 stated she places a "dot" next to each individual medication after it is removed from the bubble pack. Staff #1 stated the correct practice is after the tenant takes the medication she is to initial the MAR's, but that she failed to follow the practice as instructed by the Registered Nurse (RN). In an interview with the RN, she stated after medications are given to the tenant, staff are to sign as given.

- Regulatory Insufficiency: The program did not consistently administrator medications 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. 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 the Incident Investigation of October 29, 2008, the program received a regulatory insufficiency for not having sufficiently trained staff at all times to fully meet tenants' identified needs. Staff did not give insulin according to the physician's order for sliding scale insulin for Tenant #2. The tenant's blood sugar was 48mg/dl and staff administered 7 units of Regular Insulin when no insulin should have been given. The training files for Staff #1, #2, and #3 did not have documentation of nurse delegated training and return demonstration of scheduled Insulin and Sliding Scale Insulin. Staff #1 stated she did not receive training on giving sliding scale insulin.

- Monitoring Observation: According to a signed written statement by the nurse and Administrator on January 8, 2009, Tenant #2 was discharged to a nursing home on November 4, 2008 and there were no other tenants at the program on sliding scale insulin. Staff produced written procedures for monitoring blood glucose and insulin injection technique. Staff also produced Competency Skills check sheets initialed by staff dated November 6, 2008, signed by the staff and the nurse. The Competency Skills check sheet included return demonstration for medication administration and diabetic management.

- Regulatory Insufficiency: None noted.

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 re-visit the following information was obtained.

- Monitoring Observation: In the secured Dementia Unit, a cabinet located to the right of the kitchen sink labeled "Chemical/ Knives" had a key lock. The cabinet was unlocked, and the RN was unable to lock the cabinet, due to the lock not functioning. Inside the cabinet was insect spray, sanitizer, cleaning solvent and serrated knives.

- 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.

During the course of the re-visit, the following information was obtained.

- Monitoring Observation: The Plan of Correction (POC) submitted in response to the September 24 and 25, 2008 visit was reviewed and it was found the POC was not fully implemented in the area of Medications.

- Regulatory Insufficiency: The program did not implement the POC. (26.2(6)a.)

Dated this 2nd day of March, 2009.