IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

March 10, 2009

Complaint Intake: #20753R2
#15910R4

Christina Bricker, Housing Director
Summit Pointe Senior Living Community
3505 English Glen Avenue
Marion, IA 52302-4711

RE: I. Final Complaint Investigation Revisit Report – #20753R2 & #15910R4.
II. Standard Certification Operation
III. Conclusion

Dear Ms. Bricker:

I. Final Complaint Investigation Revisit Report – Summit Pointe Senior Living, Marion, IA

Enclosed is the **Final Complaint Investigation Revisit 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. **The Final Report notes no Regulatory Insufficiencies.**

II. Standard Certification Operation

As reflected in this Report, the program is currently in full compliance with Iowa Code section 231C.7 (2009) and Iowa Administrative Code, chapters 321—25. A standard certificate is being issued effective immediately. The program's sanctions are discontinued.

III. Conclusion

The program has been issued a full certificate effective March 10, 2009 through December 14, 2010, which includes the current certification period. The program's sanctions are discontinued and the program may admit new tenants.

If you have any questions in regard to these matters, please contact me at (515) 281-5077.

Sincerely,

Ann Martin, Bureau Chief
Adult Services Bureau

Enclosure

Iowa Department of Inspections and Appeals
Assisted Living Program
Final Complaint Investigation Revisits Report

Assisted Living Program:

Complaint Intake #: 20753R2
15910R4

Christina Bricker, Housing Director
Summit Pointe Senior Living Community
3505 English Glen Avenue
Marion, IA 52302-4711

Date of Investigation:

March 3, 2009

Monitor(s):

Stephanie Cummins, MA

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 Housing on March 3, 2009. 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:	80
Current number of tenants with cognitive disorder:	6
Total Population of GPP:	86

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

Total Population of DSP:	11
Total Census of ALP:	97

***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 Regulatory Insufficiencies this certification period in the areas of: occupancy agreement, evaluation of tenant, tenant documents, service plan, medications, 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 included 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. The administrator and nurse were 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 included 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. The administrator and nurse were to attend management training and provide documentation of such to DIA. A $1,500.00 civil penalty was also issued. The Regulatory Insufficiencies included: evaluation of tenants, service plans, medications, staffing, life safety, structural requirements and other.

The Complaint Investigation 2nd Revisit, 3rd Initial Certification Revisit & Recertification Monitoring Evaluation conducted on October 15, 2008, resulted in: a continuance of the Conditional Certificate, effective April, 11, 2008 and a $1,500.00 civil penalty.

The Complaint Investigation conducted on November 13, 2008, resulted in: continuation of the Conditional Certificate, effective April 11, 2008 and a $2,000.00 civil penalty.

The Complaint Investigation 3rd revisit, #15910R3, and revisit #20753R-C conducted on January 7, 2009, resulted in: continuation of the Conditional Certificate, effective April 11, 208, and a $2,000.00 civil penalty. The Regulatory Insufficiencies included: Tenant Documents, Medications, Structure and Other (not following the Plan of Correction).

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

A. Tenant Documents – Program maintains a complete file for each tenant containing all appropriate documentation. [321 IAC 25.27]

The program received a regulatory insufficiency at the time of the January 7, 2009 on-site related to not consistently maintaining a file for each tenant that contained correct information.

Monitoring Observation: Four tenant files were reviewed. All files reviewed contained Medication Administration Records (MARs), for previous months, belonging to the correct tenants.

- Regulatory Insufficiency: None noted.

B. 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]

The program received a regulatory insufficiency at the time of the January 7, 2009 on-site related to not consistently providing the administration of 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 and in executing the medication regimen as prescribed by the physician and in accordance with minimum standards of nursing practice.

Monitoring Observation: MAR's for February 2009 and March 2009 were reviewed and indicated that medications were consistently documented for Tenants #1, #15, #17 and #18.

- 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.

The program received a regulatory insufficiency at the time of the January 7, 2009 on-site related to not consistently providing a building and grounds that were well maintained, clean, safe and sanitary.

Monitoring Observation: The monitor did not observe any non-secured chemicals in the dementia unit. The cabinet under the sink in the dementia unit was locked and the chemicals kept in the laundry room were locked and secured.

- Regulatory Insufficiency: None noted.

Dated this 10th day of March, 2009.