IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

May 8, 2009

Complaint Intake: #21476-C
#18835R
#17623R2

Nichole Will, Director
Country House Residences
900 W. 46th St.
Davenport, IA 52806-4362

RE: I. Final Complaint Investigation, Complaint Investigation Revisits & Recertification Revisit Report– #21476-C, #18835R & #17623R2 - Davenport, IA
II. Immediate Sanction - Conditional Operation
III. Civil Penalty
IV. Hearings and Appeals
V. Conclusion

Dear Ms. Will:

I. Final Complaint Investigation, Complaint Investigation Revisits & Recertification Revisit Report – Country House Residences, Davenport, IA

Enclosed is the **Final Complaint Investigation, Complaint Investigation Revisits & Recertification Revisit 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 **Regulatory Insufficiencies** in the areas of: Medications, Staffing and Other-(ensuring tenant safety).

DIA is accepting your Request for Reconsideration in regard to Nurse Review as the issue cited was corrected prior to our visit on February 18, 2009. DIA is accepting your Request for Reconsideration in regard to Structural Requirements as the report that had cited structural requirements was not finalized and therefore, should not have been identified. We are accepting your Request for Reconsideration in the area of Other (POC), as the medication and treatment issues cited were actually resolved at the time of the previous report and the issues cited in this report involved missing medications. Your Request for Reconsideration in regard to Staffing is denied as staff was not sufficiently trained to meet

the tenant's identified needs as noted by elopements that occurred on more than one occasion. DIA is accepting your POC.

II. Immediate Sanction - Conditional Operation

As reflected in this 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 January 13 & February 18, 2009, Country House's Conditional Certificate, effective March 19, 2009, remains in effect. The Conditional Certificate is to continue until such time as the program is in compliance, but in no case longer than March 18, 2010. The Conditional Certificate is issued as an alternative to denial, suspension or revocation pursuant to Iowa Code section 231C.10(12).

The sanction of completing and documenting training, for all staff, in regard to dementia care and submission of such to DIA , remains in effect.

While effective immediately, the program may appeal these sanctions by filing an appeal within 30 days of issuance of this letter.

III. Civil Penalty

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

IV. Hearings/Appeals

The Program may appeal the DIA decision as related to the sanctions in accordance with 321 IAC 26.4, within 30 days of notice, by submitting a request for hearing 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 Plan of Correction is accepted. The Conditional Certificate and above sanctions are in effect. DIA will 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.

Country House Residences is being assessed a $2,500.00 civil money penalty.

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 and Complaint Revisits and Recertification Revisit Report

Assisted Living Program:

Complaint Intake #: 21476-C
18835R
17623R2

Nichole Will, Director
Country House Residences
900 W. 46th St.
Davenport, IA 52806-4362

Date of Investigation:

January 13, 2009 & February 18, 2009

Monitor(s):

Hal Chase, RN BSN MPH
Stephanie Cummins, 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 Country House Residences on January 13, 2009 and February 18, 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 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:	26
Current number of tenants without cognitive disorder:	1
Total Population:	27

***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, Medications, Nurse Review , Food Service, Staffing and Other (Plan of Correction).

The September 2 & 3, 2008 Complaint Investigation, Complaint Investigation Revisit and Recertification Monitoring Evaluation visit resulted in the program being required to pay a civil penalty of $1,500.00.

The December 31, 2008 Complaint and Incident Investigation resulted in the program being required to pay a civil penalty of $4,000.00. There were substantiated Regulatory Insufficiencies in the areas of: Medications, Life Safety, Structural Requirements and Other (not implementing the POC).

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 the September 2 and 3, 2008, visit in regard to the program not consistently evaluating each tenants' functional, cognitive and health status, as needed.

Monitoring Observation: Tenant #1 had functional, cognitive and health evaluations appropriately completed on 11/16/08. Tenant #1 was discharged on 1-28-09.

- 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 a regulatory insufficiency at the time of the September 2 and 3, 2008, visit in regard to the program not consistently updating the service plan, as needed, by a multidisciplinary team that consists of no fewer than three individuals, including a health care professional and other staff appropriate to meet the needs of the tenant, in consultation with the tenant.

The program received a regulatory insufficiency at the time of the September 2 and 3, 2008, visit in regard to not consistently developing service plans for tenants who are unable to plan their own activities, including tenants with dementia and including planned and spontaneous activities based on the tenant's abilities and personal interests.

Monitoring Observation: Tenant #1's service plan was updated on 11/16/08 and was signed by the tenant and a multidisciplinary team. The service plan addressed the tenants' personal interests. Tenant #1 was discharged on 1-28-09.

Tenant #2's service plan was updated on 10/13/08 and included the tenant's personal interests in regard to activities.

Tenant #3's service plan was updated on 10/10/08 and included the tenant's personal interests in regard to activities.

Tenant #7's service plan was updated on 1/3/09 and included the tenant's personal interests in regard to activities and was signed by the tenant's legal representative.

- 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 #21476-C: It is alleged a tenant had 30 missing Risperdal pills.

missing she reported this information to her supervisor. No other pills were missing to her knowledge and she could not say how many pills were given or taken.

Staff #11's last day of employment was 12-2-08. Attempts were made to contact Staff #11; however, she did not return a call to the monitor.

The former nurse's last day of employment was 1-5-09. Attempts were made to contact the former nurse; however, she did not return a call to the monitor.

Currently 15 tenants receive controlled substances. Tenants #4, #9, #10 and #11's MARs were reviewed in regard to the controlled substances and they did not reveal any issues or concerns.

According to the nurse's summary, the current medication procedure is for the lead supervisor, or designee on each shift, to be in charge of the medication keys and that person will sign out the keys at the beginning of their shift and at the end of their shift, to acknowledge receipt and return of the keys. Only staff members that are designated to pass medications will have the medication key and the key will not be accessible to agency staff or those that have not been trained on how to pass medications.

- Regulatory Insufficiency: The program did not consistently provide 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 (25.29(2)a.

The program received a regulatory insufficiency at the time of the September 2 and 3, 2008 visit in regard to the program not consistently adhering to 655—subrule 6.2 (5) and 655—subrule 6.3(1), regarding the administration of medication.

Tenants #1, #2, #3, and #7's MARs were reviewed, and it was found these tenants received medications as prescribed and documentation was appropriate.

- 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]

The program received a regulatory insufficiency at the time of the September 2, and 3, 2008 visit in regard to not consistently documenting or assessing Tenants # 3 and #5's health status, as needed.

Monitoring Observation: Tenant #3 had a nurse review completed on 12/23/08, as needed. Tenant #5 had a nurse review completed on 11/03/08, as needed. Tenant #5 was discharged on 12-31-08.

The program received a regulatory insufficiency at the time of the September 2 and 3, 2008 visit in regard to the program not consistently ensuring that orders were current and MAR's appropriately documented.

Monitoring Observation: Tenant #2's December 2008 and January 2009 MARs were reviewed. They indicated the order to ambulate the tenant for 15 minutes after each meal was on the MAR and was completed consistently. The nurse indicated when she resumed the position of Director of Nursing (the previous nurses employment ended 1-5-09) she found that caregivers that did not administer medications were not always checking the Treatment sheets. The nurse indicated she put the Treatment Sheets in another binder and when she changed the location of the Treatment sheets she was under the impression the orders that stated, "Ambulate 15 min after meals" and "Elevate extremities as much as possible", were per family request. The nurse indicated she verified these interventions were on the tenant's service plan. After speaking with the tenant's daughter and reviewing the tenant's file she discovered the interventions were actual physician orders. The orders were then added back to the Treatment sheets, as ordered, effective 2-9-09. From 2-1-09 to 2-8-09 the orders to encourage the tenant to walk for 15 minutes after meals and to encourage the tenant to keep his/her legs elevated as much as possible, were not added to the Treatment sheets or documented on the Treatment sheets.

- Regulatory Insufficiency: None noted.

The program received a regulatory insufficiency at the time of the September 2 and 3, 2008 visit in regard to not consistently providing written documentation of activities, as set forth in 25.3(1) through 25.30(3), showing the time, date and signature.

Monitoring Observation: A review of Tenants #1, #2, #5 and #8's files indicated orders were properly signed, dated and timed. Tenant #1 was discharged on 1-28-09, Tenant #5 was discharged on 12-31-08 and Tenant #8 was discharged on 12-31-08.

- Regulatory Insufficiency: None noted

E. Food Service – Program shall provide or coordinate with other community providers to provide hot or other appropriate meal(s) at least once a day or make arrangements for the availability of meals. Menus shall be appropriately planned. If applicable, therapeutic diets shall meet all requirements. Food preparation personnel shall meet all requirements. [321 IAC 25.32]

The program received a regulatory insufficiency at the time of the September 2 and 3, 2008 visit in regard to not consistently providing staff an orientation on sanitation and safe food handling prior to their handling food and not having an annual in-service training on food protection.

Monitoring Observation: Staff #3 and #5 had documentation showing completion of a safe food and sanitation handling course.

- Regulatory Insufficiency: None noted

F. 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]

Complaint Allegation #21476-C: It is alleged a tenant fell in the courtyard, on two separate occasions, and was found in the snow. The tenant was also found to have dried food on the tenant's clothing and hands and was wearing a soiled adult incontinence product.

Monitoring Observation: In an interview with Staff #4, she stated "...we have too many difficult residents; people to feed." She also stated the tenant would get out in the courtyard a couple times a week, and this may be due to not having enough staff. Staff #5, stated there is enough help "sometimes." She also stated, "were quite busy" and it is hard for staff to keep an eye on the tenant. Staff #4 and #5 stated there are five people working on the day shift, one for each wing and a "float" for all four wings.

- Regulatory Insufficiency: The program did not consistently have sufficient trained staff available at all times to fully meet tenants' identified needs. (25.33(1))

The program received a regulatory insufficiency at the time of the September 2 and 3, 2008 visit in regard to not consistently providing nursing services in accordance with Iowa Code chapter 152 and 655-Chapter 6.

Monitoring Observation: Tenant #1, had been evaluated on at least two separate occasions by the program and the tenant's physician, and cares for the tenant were being consistently provided by nursing staff. The tenant was discharged on 1-28-09.

- Regulatory Insufficiency: None noted

G. 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: Staff # 4, #5 and #10, all stated, during interviews, that a tenant's spouse, who visits the program, was sexually inappropriate with two other tenants on two to three separate occasions. Staff #10, stated she had advised the program's Registered Nurse (RN) and provided a written report to her. A copy of the written statement was obtained. The RN did not address the actions staff should take in case of another such incident. The program's Administrator stated she had been aware of one incident but no others, and had not provided staff direction as to what should be done in the event the incident would reoccur.

- Regulatory Insufficiency: The program did not provide provisions to ensure, to the greatest extent possible, the health, safety, and well-being and appropriate treatment of tenants. (231C.3(a))

During the course of the January 13, 2009 visit, a review of the Plan of Correction (POC) submitted in response to the complaint investigation of September 2 and 3, 2008, was completed. It was determined the program did not fully implement the Plan of Correction.

Monitoring Observation: The Plan of Correction indicated the program planned to make corrections in the areas of medications and treatments. The corrections were implemented.

- Regulatory Insufficiency: None noted.

Dated this 5th day of May, 2009.