IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

DEMAND LETTER
CERTIFIED

August 19, 2009

Gary Larew, Executive Director
Ramsey Village Gabus Home Assisted Living
1611 27th Street
Des Moines, IA 50310-5400

RE: I. Final Recertification Monitoring Evaluation Report, Ramsey Village Gabus Home, Des Moines, IA
II. Appeals/Hearings
III. Civil Penalty
IV. Standard Certification
V. Conclusion

Dear Mr Larew·

I. Final Recertification Monitoring Evaluation Report, Ramsey Village Gabus Home, Des Moines, IA

Enclosed is the **Final Recertification Monitoring Evaluation Report** completed by the Department of Inspections and Appeals (DIA) in accordance with Iowa Code chapter 231C, 321 Iowa Administrative Code chapter 25 (pertaining to assisted living programs), and 321 Iowa Administrative Code chapter 26 (pertaining to monitoring, civil penalties, and complaints). The report notes Regulatory Insufficiencies in the areas of: Evaluation of Tenant, Criteria for Exclusion of Tenant, Service Plan, Staffing and Dementia Specific Education. Ramsey Village Gabus Home (Program) is being assessed a $500 00 civil penalty.

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

II. Appeals/Hearings

The Program may appeal the DIA decision in accordance with 321 Iowa Administrative Code rule 26.4, within 30 days of notice, by submitting a request for appeal to DIA. A contested case hearing will be held pursuant to 481 Iowa Administrative Code chapter 10 If the Program appeals, the civil penalty will be suspended, pending appeal process.

III. Civil Penalty

If, within thirty (30) days of the receipt of this demand letter, you (1) do not request a formal hearing or withdraw your request for formal hearing, and (2) pay the penalty, the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 231C.14. If you do not wish to request a formal hearing or wish to withdraw your request for formal hearing, please send written notice to the Certification Coordinator and remit the penalty assessed by check or money order in the amount of three hundred twenty five dollars ($325 00) within 30 business days after the receipt of this demand letter.

IV. Standard Certification

Also enclosed you will find the Assisted Living Program Certificate with effective dates of **June 28, 2009 through June 27, 2011**.

V. Conclusion

The Program is being assessed a $500 00 civil 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 regarding this certification, please contact your Certification Coordinator, Connie Schaffer at 515-281-5003

Sincerely,

Ann Martin

Ann Martin, Bureau Chief
Adult Services Bureau

Enclosure

Iowa Department of Inspections and Appeals
Assisted Living Program
Final Recertification Monitoring Evaluation Report

Assisted Living Program:

Gary Larew, Executive Director
Ramsey Village Gabus Home Assisted Living
1611 27th Street
Des Moines, IA 50310-5400

Date of Monitoring Visit:

June 16, 2009

Monitor(s):

Hal L. Chase, RN BSN MPH

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 25.8(3)]. 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 Recertification Monitoring Evaluation 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 this chapter 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 specialized care for persons with cognitive disorder or dementia, such as Alzheimer's disease, in a dedicated setting.

Overview:

An on-site monitoring evaluation was conducted at Ramsey Village Gabus Home Assisted Living on June 16, 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):	7
Current number of tenants without cognitive disorder:	0
Total Population:	7

***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 was not held as the program is dementia specific. Observations made indicated tenants' apartments were clean and well maintained. Housekeeping cleans weekly and as needed. Trash bins were empty; bathrooms were clean with no malodors present. Tenants' beds were made and personal belongings were neatly organized. Tenants were observed interacting with staff and other tenants. Tenants were clean, dressed appropriately and appeared well cared for. Tenants were often engaged in organized group activities or personal one on one activity with staff. Tenants were observed during both breakfast and lunch and appeared to enjoy both meals.

Program History – There have not been any Regulatory Insufficiencies during this recertification period.

On-Site Monitoring Evaluation – The monitor(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)]

Monitoring Observation: Tenant # 1, a 70 year old, was admitted on 6-5-08 and has diagnoses of: Chronic Depressive Person, Generalized Muscle Weakness, Alzheimer's Disease, Diabetes Mellitus, Hypertension (HTN), Congestive Heart Failure, Symbolic Dysfunction, Convulsions, Hypothyroidism, Esophageal Reflux and Debility The tenant was staged at four on the Global Deterioration Scale (GDS), which indicated moderate cognitive decline. Resident log of 3-23-09 indicated the tenant was observed yelling at a licensed practical nurse (LPN), telling the LPN to "get the f.. away from me," and attempting to shove a living room recliner at the LPN. Notes of the same day indicated the tenant continued to have verbal outbursts and was in the courtyard cursing at a nurse and attempted to leave. Notes later in the day indicated the tenant went into the courtyard and came back in with a large red brick in hand and threw the brick toward the LPN and tried to throw a recliner toward the LPN. Resident log of 5-24-09 indicated the tenant became angry toward staff, and an unidentified tenant attempted to calm Tenant #1 Tenant #1 hit the other tenant. Resident log of 6-9-09 indicated the tenant was "very anxious" when staff asked another tenant to change seats. Tenant #1 began an angry dispute with the other tenant and raised his/her hand toward the other tenant but did not hit the tenant. The program did not complete functional, cognitive and health evaluations to determine if modifications to services were needed.

Tenant #2, was admitted on 3-21-08 and has diagnoses of: Alzheimer's Disease, Difficulty Walking and Persistent Mental Disorders due to Symbolic Dysfunction. The tenant was staged at five on the GDS which indicated moderately severe cognitive decline. The service plan was updated on 5-27-09 related to interventions for alternatives for Xanax, but functional and cognitive evaluations were not completed.

Tenant #3, a 77 year old, was admitted on 4-4-08 and has diagnoses of: Senile Dementia, Bacterial Pneumonia Not Origin Specific, Muscle Weakness, Symbolic Dysfunction, Lack of Coordination, Dysphagia, Oropharyngeal Phase, Obstructive Chronic Bronchitis, Diabetes Mellitus, Osteoporosis, Hypertension and Protein Cal Malnutrition. According to a current tenant list, the tenant was staged at four on the GDS which indicated moderate cognitive decline, however, a cognitive evaluation was not found in the tenant's file. Resident log notes of 4-18-09 indicated the tenant had extreme weakness, dehydration, increased temperature, productive cough and lethargy. The tenant was taken to a local emergency room and was admitted to the hospital with a diagnosis of Pneumonia. The tenant returned to the program on 5-22-09 Resident log notes of 5-22-09 indicated the program completed a health evaluation, but did not complete functional and cognitive evaluations to determine modifications to the services needed when the tenant returned to the program.

- Regulatory Insufficiency: The program did not evaluate each tenant's functional, cognitive and health status, as needed and annually to determine the tenant's continued eligibility for the program and to determine any modifications to services needed. (25.23(2))

B. Criteria for exclusion of tenants - Program does not admit or retain tenants that require a higher level of care, unless a written exception has been applied for and approved. [321 IAC 25.23(3); 25.24]

Monitoring Observation: Tenant #1's resident log of 3-23-09 indicated the tenant was observed yelling at an LPN, telling the LPN to "get the f.. away from me," and attempting to shove a living room recliner at the LPN. Staff approached the tenant, the tenant told staff to "get them the f. out of here." Notes of the same entry indicated the tenant continued to have verbal outbursts. Another entry in the resident log of the same date indicated later in the afternoon the tenant was in the courtyard cursing at a nurse and attempted to leave. Notes later in the day indicated the tenant went out into the courtyard and came back in with a large red brick in hand and threw the brick toward the LPN and tried to throw a recliner toward the LPN. Resident log of 5-24-09 indicated the tenant became angry toward staff during breakfast when asked to move to the tenant's bathroom for an insulin injection. Another unidentified tenant attempted to calm Tenant #1 and Tenant #1 hit the other tenant. Resident log of 6-9-09 indicated the tenant was "very anxious" when staff asked another tenant to change seats. Tenant #1 began an angry dispute with the other tenant and raised his/her hand toward the other tenant but did not hit the tenant. Tenant #1 made threatening statements toward staff. The program retained a tenant who exceeded occupancy and retention criteria.

- Regulatory Insufficiency: The program did not exclude a tenant who exceeded occupancy and retention criteria. (25.23(3))

C. Service Plan – Program has an individualized service plan developed and updated for each tenant as required. [321 IAC 25.28]

Monitoring Observation: Tenant #1's resident log of 3-23-09, indicated the tenant was observed yelling and swearing at an LPN and attempting to shove a recliner at the LPN. Notes of the same day indicated the tenant continued to have verbal outbursts and was in the courtyard cursing at a nurse. Notes later in the day indicated the tenant went out into the courtyard and came back in with a large red brick in hand and threw the brick toward the LPN and tried to throw a recliner toward the LPN. Resident log of 5-24-09 indicated the tenant became angry toward staff and an unidentified tenant attempted to calm the tenant. Tenant #1 hit the other tenant. Resident log of 6-9-09 indicated the tenant was "very anxious" when staff asked another tenant to change seats, Tenant #1 began an angry dispute with the other tenant and raised his/her hand toward the other tenant, but did not hit the tenant. The program completed a service plan update on 5-28-09, but was not based on functional and health evaluations.

Tenant #2's service plan was updated on 5-27-09 but was not supported by functional and health evaluations. The service plan was signed by the nurse on 5-28-09, but was not signed by the tenant or legal representative and two additional staff.

Tenant #3's service plan of 2-12-09 was signed by the nurse and one staff on 2-12-09 but was not signed by the tenant or legal representative. The service plan was again updated on 5-22-09 after the tenant returned from the hospital. The service plan was signed by the program nurse on 5-26-09, but was not signed by the tenant or legal representative and by one additional staff.

- Regulatory Insufficiency: The program did not develop a service plan based on the evaluations conducted in accordance with 25.23 (1) and 25.23 (2), designed to meet the specific service needs of the individual tenant. (25.28(1))

- Regulatory Insufficiency: The program did not consistently update each tenant's service plan, as needed, when a tenant needs personal or health related care, 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 and, at the tenant's request, with other individuals identified by the tenant, and, if applicable, with the tenant's legal representative. (25.28(3))

D. 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]

Monitoring Observation: Staff #2, #3 and #4s' files indicated there was no documentation of nurse delegated training to staff who provided assistance with personal and health directed cares.

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

E. Dementia-specific education for program personnel – A dementia-specific program shall employ or contract with personnel who have received appropriate dementia-specific education and training. [321 IAC 25.34]

Monitoring Observation: Staff #2 was hired on 1-2-09 The program received documentation of six hours of dementia training completed on 5-12-08 and did not receive this information until 6-8-09

- Regulatory Insufficiency: The program did not have all direct contact personnel receive a minimum of six hours of dementia specific education annually (25.34(3))

Dated this 7th day of August, 2009