IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

DEMAND LETTER
CERTIFIED

August 24, 2009

Complaint Intake: #22390-CR

Sue Hyde, Administrator
Keelson Harbour Assisted Living
2810 Aurora Avenue
Spirit Lake, IA 51360

RE: **I. Final Complaint Revisit and Recertification Monitoring Evaluation Report – Keelson Harbour Assisted Living, Spirit Lake, IA**
II. Appeals/Hearings
III. Civil Penalty
IV. Standard Certification
V. Conclusion

Dear Ms. Hyde:

Enclosed is the **Final Complaint Revisit and 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 Tenants, Service Plans, Medications, Nurse Review, and Record Checks. Keelson Harbour Assisted Living ("Program") is being assessed a $500.00 civil penalty.

II. Appeals/Hearings

The Program may appeal the DIA decision in accordance with 321 Iowa Administrative Code rule 26.4, within 30 days of this 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 the 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 14, 2009 through June 13, 2011**.

V. Conclusion

The Program is being assessed a $500.00 civil penalty. The revised Plan of Correction (POC) submitted on August 21, 2009, has been reviewed and will constitute the final POC related to the on-site visit of July 6 & 7, 2009.

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 this letter and report, please contact your Certification Coordinator, Tamara Halvorson, at 515-281-5721.

Sincerely,

Ann Martin

Ann Martin, Bureau Chief
Adult Services Bureau

Enclosure

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

Assisted Living Program:

Complaint #: 22390-CR

Sue Hyde, Administrator
Keelson Harbour
2810 Aurora Avenue
Spirit Lake, IA 51360

Date of Monitoring Visit:

July 6 & 7, 2009

Monitor(s):

Michael Streepy, RN
Joyce Kix, 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 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 Keelson Harbour on July 6 & 7, 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:	35
Current number of tenants with cognitive disorder:	1
Total Population of GPP:	36

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

Total Population of DSP:	21
Total Census of ALP:	**57**

***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 held with 6 tenants. The tenants stated the living environment is very nice with no concerns. Tenants stated the staff are very good and respond to requests for assistance in 5 minutes or less. The program menus including breakfasts vary and do not always include fruit; evening meals are not very good with meats tasting freezer burnt. When asked what the Administration or staff could do to make the program better, the tenants stated improve the quality of the food. Activities are okay but not all tenants participate. They feel safe in the program and participate in fire drills. Tenants stated they are receiving services as expected in their occupancy agreements and are aware of limitations. They make their own decisions without restriction and come and go as they please. The tenants stated satisfaction with medical services with the nurse and appropriate action is taken. Tenants stated general satisfaction with the program and stated they would recommend it to friends and family members.

Program History – There were substantiated Regulatory Insufficiencies in the areas of: Food Service, Staffing, Dementia Specific Education and Life Safety during this certification 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 #2, a 60 year old, was admitted on 11-30-08 with diagnoses including: Morbid Obesity, Arteriosclerosis, Bipolar Disorder, Hypertension and Hypothyroidism. Review of the tenant record revealed no documentation of cognitive evaluation within 30 days of occupancy.

Tenant #3, a 92 year old, was admitted on 02-04-08 with diagnoses including: Chronic Obstructive Pulmonary Disease, Asthma and Gastro-Esophageal Reflux Disease. Review of the tenant's record reveals progress notes dated 06-28-09 indicating the tenant had fallen while out of the program at church. Nurse review in the progress notes dated 06-29-09 reveals the tenant's left arm to be dressed with a splint. The tenant had fractured the left 5th metacarpal and had an extensive skin tear with large open flesh areas. The progress notes dated 07-01-09 indicated the tenant had seen his/her attending physician and was to see the clinic wound nurse on 07-03-09. Progress notes dated 07-03-09 indicated the tenant will be seeing the wound care nurse for wound care on Mondays, Wednesdays and Fridays. Cognitive, functional and health evaluations had not been completed to determine if modification to the service plan was needed with a significant change in the tenant's condition.

Tenant #6, an 87 year old, was admitted on 12-3-07 with diagnoses including: Esophageal Reflux and Dementia. The tenant scored 4 on the Global Deterioration Scale and resided in the Memory Care Unit. Progress Notes of 3-11-09 documented the tenant displayed "aggressive behaviors". A note to the physician of 3-11-09 indicated the tenant became aggressive, cries, can't sleep and yells for spouse. Cognitive, functional and health evaluations had not been completed to determine if modification to the service plan was needed with a significant change in the tenant's condition.

- Regulatory Insufficiency: The program did not consistently evaluate each tenant's functional, cognitive and health status within 30 days of occupancy and as needed, to determine if modification to services were needed. (25.23(2))

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

Monitoring Observation: Tenant #5, a 75 year old, was admitted on 5-4-09 with diagnoses including: Post Encephalitis, Hypertension, Coronary Artery Disease, Hyperlipidemia, History of Hypokalemia and Cognitive Communication Disorder. The tenant lived at the program until 6-2-09 when he/she was transferred to a hospital for evaluation. The program did not complete an individualized service plan prior to occupancy. The tenant had not returned to the program at the time of the on-site.

- Regulatory Insufficiency: The program did not consistently ensure that prior to a tenant's signing the occupancy agreement and taking occupancy, a preliminary service plan would be developed by a health care professional or human services professional in consultation with the tenant and, at the tenant's request, with other individuals named by the tenant, and if applicable, with the tenant's legal representative. All persons who develop the plan and the tenant or tenant's legal representative shall sign the plan. (25.28(2))

Monitoring Observation: Tenant #2, admitted 11-30-08 had no documentation of service plan update within 30 days of occupancy.

Tenant #3 had a service plan dated 05-21-09 with no documented signature of the tenant or two additional staff.

Tenant #6 had a service plan dated 02-17-09 with no documented signature of two additional staff.

- Regulatory Insufficiency: The program did not consistently ensure when a tenant needs personal care or health related care, the service plan shall be updated within 30 days of occupancy and as needed, but not less than annually, 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))

Monitoring Observation: Tenant #4, an 86 year old was admitted to the program on 01-17-08 with diagnoses including: Hypertension, Atrial Fibrillation, Dementia, Congestive Heart Failure, Hypothyroidism, Osteoporosis and Urinary Tract Infection. The tenant had a score of 4 on the Global Deterioration Scale indicating moderate cognitive decline. Review of the tenant's record revealed the service plan dated 04-16-09 was not based on evaluations as the cognitive evaluation was not completed until 04-17-09.

Tenant #6's Progress Notes of 3-11-09 documented the tenant displayed "aggressive behaviors". A note to the physician of 3-11-09 indicated the tenant became aggressive, cries, can't sleep and yells for spouse. The program did not update the tenant's service plan to include appropriate interventions.

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

Monitoring Observation: Tenant #3 had a service plan dated 05-21-09 that did not identify the services of the wound nurse for treatment of the injury to the tenant's left arm ordered by the physician on 07-03-09.

Tenant #4, a tenant in the Memory Care Unit, had a service plan dated 04-16-09 that did not include planned and spontaneous activities. The tenant scored a four on the Global Deterioration Scale indicating moderate cognitive decline.

- Regulatory Insufficiency: The program did not consistently ensure the service plan would be individualized and indicate, at a minimum, any service provider other than the program and for tenants who are unable to plan their own activities, including tenants with dementia, planned and spontaneous activities based on the tenant's abilities and personal interests. (25.28(4)c and d))

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]

Monitoring Observation: Tenant #7, an 89 year old, was admitted on 12-31-07 with diagnoses including: Memory Loss, Breast Cancer, and Hyperthyroidism. The tenant resides in the Memory Care Unit and receives medication assistance from the program. During observation of the medication pass on 7-6-09 at 4:00 PM, it was observed that the Medication Administration Record (MAR) of 7-5-09 did not indicate that the 6:00 PM or 8:00 PM doses of Systane eye drops had been administered or that the 8:00 PM dose of Refresh cream to both eyes had been instilled. The MAR did not indicate that the 12:00 PM dose of Systane eye drops had been administered on 7-6-09. During observation of medication administration on 7-6-09 at 4:00 PM, Staff #10 administered Systane eye drops. The label on the bottle did not clearly identify the tenant's name.

Tenant #8, a 77 year old, was admitted on 4-6-09 with diagnoses including: Chronic Renal Failure, Atrial Fibrillation, Chronic Obstructive Pulmonary Disease, Failure to Thrive, and Peripheral Vascular Disease. The program assisted the tenant with medications. During observation of medication administration on 7-6-09 at 4:00 PM, Staff #10 administered a dose of Asmanex Twisthaler. The tenant's name was written on the bottle with black marker. The medication did not have an appropriate identifying label affixed.

- Regulatory Insufficiency: The program did not consistently ensure medications would be labeled and maintained in compliance with label instructions and state and federal laws. (25.29(2)d))

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]

Monitoring Observation: Tenant #1, an 87 year old, had been admitted to the program 04-24-08 with diagnoses including: Depression and Organic Brain Syndrome. The tenant had a score of 4 on the Mental Status Questionnaire indicating moderate memory loss. Review of the tenant's record revealed the tenant to be dependent for staff administration of medications. Review of the tenant's record revealed no documentation of 90 day nurse review of medications.

Review of the record for Tenant #2 revealed the tenant to be dependent on staff for administration of medications. Review of the tenant's record revealed no documentation of 90 day nurse review of medications or health status.

Review of the record for Tenant #6 revealed the tenant to be dependent on staff for administration of medications. Review of the tenant's record revealed no documentation of 90 day nurse review of medications.

- Regulatory Insufficiency: The program did not consistently ensure that the program that administers prescription medications or provides health care professional directed or health related care shall provide a registered nurse to monitor at least every 90 days, or after a change in condition, each tenant receiving program-administered prescription medications for adverse reactions to program-administered medications and make appropriate interventions or referral, and ensure that prescription orders are current and the prescription medications are administered consistent with such orders.

- Regulatory Insufficiency: The program did not consistently assess and document the health status of each tenant, make recommendations and referrals as appropriate, and monitor progress on previous recommendations at least every 90 days or if there are changes in health status. (25.30(1)), (25.30(3))

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]

During the course of the investigation of Complaint #22390-C on March 18, 2009 the program received a regulatory insufficiency related to an unauthorized infant being allowed into the food preparation area and failure to provide required training and orientation on food protection and sanitation for Staff #2, #3, #4, #5 and #6.

Monitoring Observation: Review of the personnel files revealed staff had received the appropriate required training.

Interviews with program food service staff and supervisor indicated no unauthorized individuals had been in the program food preparation area.

- 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]

During the course of the investigation of Complaint #22390-C on March 18, 2009 the program received a regulatory insufficiency related to the program failing to provide needed services for Tenant #4 and adequate foot care.

Monitoring Observation: Interview with the program nurse revealed appropriate services for foot care are being provided for Tenant #4 by the program nurse and attending physician.

- Regulatory Insufficiency: None noted.

G. 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]

During the course of the investigation of Complaint #22390-C on March 18, 2009 the program received a regulatory insufficiency related to Staff #1 and #6 not receiving the required minimum of 6 hours of dementia specific education and training.

Monitoring Observation: Review of personnel files for current employees including Staff #6 revealed all staff had received the required minimum of 6 hours of dementia specific education and training. Staff #1 is no longer with the program.

- Regulatory Insufficiency: None noted.

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

During the course of the investigation of Complaint #22390-C on March 18, 2009 the program received a regulatory insufficiency related to failure to conduct required fire drills.

Monitoring Observation: Review of the program documentation and interviews revealed the program had conducted monthly fire drills in accordance with the Plan of Correction.

- Regulatory Insufficiency: None noted.

I. Record Checks – The program conducts applicable employee record checks. [Iowa Code section 135C.33(5)]

Monitoring Observation: Staff #1, a Universal Worker, had a date of hire of 1-14-09. The program did not complete a Dependent Adult Abuse Background Check until 1-29-09 which returned with a potential history. The program did not receive the final determination from Dependent Adult Abuse Registry allowing Staff #1 to work until 2-4-09.

Staff #2, a Universal Worker, had a hire date of 6-13-07. The program did not complete a Criminal Background Check until 6-14-07 which returned a potential criminal history. The program received documentation of the criminal history for Employee #2 on 1-8-09. The Program did not complete the evaluation with the Department of Human Services to determine if the employee could work.

- Regulatory Insufficiency: The program did not complete a Department of Public Safety, criminal history check and a Department of Human Services, dependent adult abuse check of the potential employee, prior to hire. (135C.33(1))

Dated this 14th day of August, 2009.