IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

DEMAND LETTER
CERTIFIED

November 5, 2009

Complaint Intake: #24444-C

Ms. Tiffany Federspiel, Manager
Beehive Home Assisted Living
2116 1st Avenue
Spencer, IA 51301

RE: **I. Final Complaint Investigation Report – Beehive Home Assisted Living, Spencer, IA**
II. Appeals/Hearings
III. Civil Penalty
IV. Conclusion

Dear Ms. Federspiel:

Enclosed is the **Final Complaint Investigation 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: Occupancy Agreement, Evaluation of Tenants, and Service Plans. Beehive Homes 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. Conclusion

The Program is being assessed a $500.00 civil penalty. The revised Plan of Correction (POC) submitted on November 4, 2009, has been reviewed and will constitute the final POC related to the on-site visit of September 16, 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 Investigation Report

Assisted Living Program: **Complaint Intake #: 24444-C**

Tiffany Federspiel, Manager
Beehive Home Assisted Living
2116 1st Ave
Spencer, IA 51301

Date of Investigation:

September 16, 2009

Monitor(s):

Michael Streepy, 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 Bee Hive Home Spencer on September 16, 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:	10
Current number of tenants with cognitive disorder:	0
Total Population:	10

Dementia Specific Program (DSP)* – Not applicable.

***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 areas of: Service Plan, Food Service, Staffing and Other (tenant autonomy).

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

A. Occupancy Agreement – The program shall enter into an occupancy agreement with the tenant or tenant's legal representative, if applicable, prior to the tenant's taking occupancy that clearly describes the rights and responsibilities of the tenant and of the program, and shall sign a managed risk policy disclosure statement. [321 IAC 25.22]

Complaint Allegation: It is alleged tenants are not provided with a copy of their occupancy agreements prior to taking occupancy and the agreements are not produced until extended periods of time after occupancy.

- Monitoring Observation: Tenant #1, a 79 year old, was admitted to the program on 03-01-09 with diagnoses including: Hypertension, Diabetes and Congestive Heart Failure. Review of the tenant's record revealed the Occupancy Agreement had not been completed until 06-15-09.

  Tenant #2, a 67 year old, had been admitted to the program on 03-02-09 with diagnoses including: Hypertension, Congestive Heart Failure, Diabetes, Chronic Obstructive Pulmonary Disease and Arthritis. Review of the tenant's record revealed the Occupancy Agreement had not been completed until 06-15-09.

  Tenant #3, a 71 year old, was admitted to the program on 01-16-09 with diagnoses including: Dementia, Diabetes, Chronic Obstructive Pulmonary Disease and Hypertension. Review of the tenant's record revealed the Occupancy Agreement had not been completed until 01-29-09.

  Tenant #4, a 92 year old was admitted to the program on 02-26-09 with diagnoses including: Atrial Fibrillation and Macular Degeneration. Review of the tenant's record revealed the Occupancy Agreement had not been completed until 06-15-09.

- Regulatory Insufficiency: The program did not consistently ensure that prior to a tenant taking occupancy, the tenant or tenant's legal representative, if applicable, and the program shall enter into an occupancy agreement that clearly describes the rights and responsibilities of the tenant and the program. (25.22(1))

B. 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)]

During the course of the investigation the following information was obtained:

- Montioring Observation: Review of the record for Tenant #1, admitted 03-01-09 revealed no documentation of functional, health and cognitive evaluations until 04-23-09. The tenant's service plan was updated on 7-17-09 related to the initiation of insulin; however, health, cognitive and functional evaluations were not completed.

  Review of the record for Tenant #2, admitted 03-02-09, revealed no documentation of functional, health and cognitive evaluations until 04-09-09.

  Review of the record for Tenant #3, admitted 01-16-09, revealed no documentation of functional, health and cognitive evaluations until 02-19-09.

Review of the record for Tenant #4, admitted 02-26-09, revealed no documentation of functional, health and cognitive evaluations until 04-23-09.

- Regulatory Insufficiency: The program did not consistently ensure the evaluation of each tenant's functional, health and cognitive status within 30 days of occupancy to determine the tenant's continued eligibility for the program and to determine any modifications to services needed. (25.23(1))

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

Complaint Allegation: Complaint 24444-C alleges a tenant was started on insulin injections on 07-01-09 and the program did not update the service plan until 07-17-09.

- Monitoring Observation: Review of the record for Tenant #1 revealed the tenant had a physician's order dated 06-29-09 for the initiation of NPH insulin 12 units every morning. Review of the tenant's service plan revealed the plan was not updated until 07-17-09 and evaluations of health, functional and cognitive status were not completed. The service plan of 07-17-09 was not signed. The review also revealed Tenant #1 had not had the service plan updated within 30 days of occupancy.

  Tenant #2, admitted to the program on 03-02-09, had no documentation of a service plan update within 30 days of occupancy.

  Tenant #3, admitted to the program on 01-16-09, had no documentation of a service plan update within 30 days of occupancy.

  Tenant #4, admitted to the program on 02-26-09, had no documentation of a service plan update within 30 days of occupancy.

- Regulatory Insufficiency: The program did not consistently ensure that when a tenant needs personal care or health related care, the service plan shall be updated within 30 days of occupancy and 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, and, if applicable, with the tenant's legal representative. (25.28(3))

D. 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: It is alleged Tenant #1 had not received instruction on insulin use and administration.

- Monitoring Observation: Review of the tenant's record and interview with the program nurse revealed the tenant had received instruction from the home health agency nurse related to the insulin administration.

- Regulatory Insufficiency: None noted.

Dated this 5th day of November, 2009.