IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

DEMAND LETTER
CERTIFIED

October 30, 2009

Alecia Grove, Director
Garden View Senior Community
800 Darby Drive
Monona, IA 52159-8157

RE: I. Final Monitoring Evaluation Report
II. Appeals/Hearings
III. Civil Penalty
IV. Conclusion

Dear Ms. Grove:

I. Preliminary Recertification Monitoring Evaluation Report – Garden View Senior Community, Monona, IA

Enclosed is the **Final Monitoring Evaluation Report** completed by the Department of Inspections and Appeals (DIA) in accordance with Iowa Code chapter 231C, 321 Iowa Administrative Code (IAC) chapter 25 (pertaining to assisted living programs), and 321 IAC chapter 26 (pertaining to monitoring, civil penalties, and complaints). The report notes Regulatory Insufficiencies in the areas of: Evaluation of Tenants, Service Plans, Transportation and Record Checks.

Garden View Senior Community ("Program") is being assessed a $500.00 civil penalty.

II. Appeals/Hearings

The Program may appeal the DIA decision in accordance with 321 IAC 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 IAC 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 October 29, 2009, has been reviewed and 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 in regard to this letter and report, please contact your Certification Coordinator, Chris Nothaft, at 515-281-4116.

Sincerely,

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:

Alecia Grove, Director
Garden View Senior Community
800 Darby Drive
Monona, IA 52159-8157

Date of Monitoring Visit:

September 8, 2009

Monitor(s):

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 Garden View Senior Community on September 8, 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:	15
Current number of tenants with cognitive disorder:	0
Total Population of GPP:	15

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

Total Population of DSP:	6
Total Census of ALP:	21

***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 18 tenants in attendance. The tenants reported Garden View was a nice place to live with polite staff. They stated the food was good but could use more variety in salads and less soup in the summer. The tenants reported they felt safe, had plenty of activities offered and would recommend the program to family and friends.

Program History – There were Regulatory Insufficiencies in the last recertification report in the areas of: Evaluation of Tenants and Medications.

On-Site Monitoring Evaluation – The monitor 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 91 year old, admitted 7-25-08 and diagnoses include: Confusion, Hypertension (HTN), Cerebral Vascular Accident (CVA) and Post Traumatic Stress Disorder (PTSD). The service plan, dated 8-22-08, was not supported by evaluations. The registered nurse (RN) stated she was not aware of the requirement to complete evaluations of tenants within 30 days of occupancy.

Tenant #2, a 97 year old, admitted on 1-8-09 and diagnoses include: Atrial Fibrillation, History of Stroke and a History of Shingles Neuralgia. A Mental Status Questionnaire dated 1-8-09, documented a score of six which indicated moderately advanced cognitive impairment. The service plan dated 2-6-09 was not supported by evaluations. The RN stated she was not aware of the requirement to complete evaluations of the tenants within 30 days of occupancy. Progress notes dated 4-15-09 through 7-31-09 documented at least 3 incidents of the tenant's paranoid behaviors. A note to the physician dated 4-15-09, documented the program had some problems with the tenant. There was evidence of paranoia and the tenant tossed silverware and dishes from the table. The program did not complete evaluations within 30 days of occupancy and with a significant change in the tenant's status.

Tenant #3, an 84 year old, was admitted 11-30-08 and diagnoses include: Neuropathy, HTN, Hyperlipidemia and Depression. The service plan of 12-30-08 was not supported by health or functional evaluations. The RN stated she was not aware of the requirement to complete evaluations of the tenants within 30 days of occupancy. A nurse review form dated 2-20-09 indicated that changes were made to the service plan to help the tenant with clean up following toileting accidents. A nurse review form dated 5-22-09 indicated the tenant does not tend to personal cares like the tenant should. An addendum to that note documented the tenant was moved to the special care (secured dementia) unit on 5-29-09. A physician's note dated 6-3-09 indicated the tenant had gotten to be too much care for staffing levels in the general population unit and had inappropriate behaviors. The program did not complete evaluations with a change in health status.

Tenant #4, a 93 year old, was admitted on 8-16-08 and diagnoses include: HTN, Macular Degeneration, Irregular Heart Beat and Anemia. The service plan dated 9-13-08 was not supported by evaluations. The RN stated she was not aware of the requirement to complete evaluations of the tenants within 30 days of occupancy.

- Regulatory Insufficiency: The program did not consistently evaluate, by a health or human service professional, each tenant's functional, cognitive and health status within 30 days of occupancy and as needed, but not less than annually, to determine the tenant's continued eligibility for the program and to determine any modifications to needed services. (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 #1 resided in the special care unit. The service plan dated 8-22-08 did not identify appropriate interventions for activities and socialization. The program did not individualize the service plan to meet the specific needs of the tenant.

Tenant #2 resided in the special care unit. Progress notes dated 4-15-09 through 7-31-09 documented at least 3 incidents of the tenant's paranoid behaviors. A note to the physician dated 4-15-09, documented the program had some problems with the tenant. There was evidence of paranoia and the tenant tossed silverware and dishes from the table. The program did not update the service plan with a change in the tenant's status.

Tenant #3 resided in the special care unit. A nurse review form dated 2-20-09 indicated that changes were made to the service plan to help the tenant with cleaning up following toileting accidents. A nurse review form dated 5-22-09 indicated the tenant does not tend to personal cares as the tenant should. An addendum to that note documented the tenant was moved to the special care (dementia) unit on 5-29-09. A physician's note dated 6-3-09 indicated the tenant has gotten to be too much care for staffing levels in the general population unit and had inappropriate behaviors. The program did not update the service plan with a change in the tenant's status.

Tenant #4 resided in the special care unit. The service plan dated 9-13-08 did not address orientation or activities. The program did not individualize the service plan to meet the needs of tenants who are unable to plan their own activities.

- Regulatory Insufficiency: When a tenant needs personal or health related cares, the program did not consistently update each tenant's 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 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))

- Regulatory Insufficiency: The program did not consistently individualize the service plan to meet the needs of tenants who are unable to plan their own activities, including tenants with dementia, by providing planned and spontaneous activities based on the tenant's abilities and personal interests. (25.28(4)d)

C. Transportation – When the program provides transportation services directly or under contract with the program, the services shall be provided as required. [321 IAC 25.38]

Monitoring Observation: The program identified two vehicles used for transportation of tenants; one eight passenger Chevy van and another six passenger Dodge Caravan. Inspection of the vehicles revealed that neither vehicle contained the appropriate safety equipment of a first-aid kit and fire extinguisher, and only one vehicle had safety flares/safety triangles.

- Regulatory Insufficiency: The program did not consistently maintain each vehicle, used for transportation, with a first-aid kit, fire extinguisher and safety triangles. (25.38(7))

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

Monitoring Observation: Staff #1 had a hire date of 8-9-08. The personnel file lacked documentation of the required child and dependant adult abuse record check prior to hire.

Staff #2 had a hire date of 1-8-09. The personnel file lacked documentation of the required child and dependant adult abuse record check prior to hire.

Staff #3 had a hire date of 6-5-09. The personnel file lacked documentation of completion of the required child and dependant adult abuse record check prior to hire.

The Director stated that she was not aware of the need to check child and dependent adult abuse records prior to hiring employees, so none of the employees hired since 9-07 would have completed background checks.

- Regulatory Insufficiency: The program did not consistently request the department of public safety perform child and dependant adult abuse record checks, prior to employment. (135C.33)

Dated this 30th day of October, 2009.