IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

Incident Intake: 25194-CR
25164-IR

May 10, 2010

Ms. Shawn Lahr, Interim Administrator
Eiler House Assisted Living
920 West Garfield
Clarinda, IA 51632

RE: Final Incident & Complaint Investigation Revisit Report – Eiler House Assisted Living, Clarinda, IA

Dear Ms. Lahr:

Enclosed is the **Final Incident & Complaint Investigation Revisit Report** from the on-site monitoring visit of April 6, 2010, completed by the Department of Inspections and Appeals ("DIA") in accordance with Iowa Code chapter 231C and Iowa Administrative Code ("IAC") chapters 481—67 and 481—69. **No Regulatory Insufficiencies were identified.**

Enclosed you will find the Assisted Living Program Certificate **S0020** with effective dates of **May 10, 2010** through **March 31, 2011**.

If you have any questions regarding the enclosed Report, please contact me at 515/281-5721.

Sincerely,

Tamara Halvorson

Tamara Halvorson
ASB Lead Certification Coordinator
Adult Services Bureau

Enclosure

Iowa Department of Inspections and Appeals
Assisted Living Program
Final Incident & Complaint Investigation Revisit Report

Assisted Living Program:

Incident Intake #: 25194-CR
25164-IR

Shawn Lahr, Interim Administrator
Eiler House Assisted Living
920 West Garfield
Clarinda, IA 51632

Date of Incident Investigation:

April 6, 2010

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. IAC r. 481-67.10(5). 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 an Incident 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 481 IAC - chapter 69 that: serves fewer than fifty-five (55) tenants and has five (5) or more tenants who have dementia between Stages 4 and 7 on the Global Deterioration Scale or serves 55 or more tenants and 10 percent or more of the tenants have dementia between Stages 4 and 7 on the Global Deterioration Scale or holds itself out as providing specialized care for persons with dementia, such as Alzheimer's disease, in a dedicated setting.

Overview:

An on-site revisit was conducted at Eiler House Assisted Living on April 6, 2010. 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:	17
Current number of tenants with cognitive disorder:	3
Total Population:	20

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.**

Program History – There were substantiated Regulatory Insufficiencies found in the areas of Evaluation of Tenant, Service Plans, Medications, Nurse Review, Food Service, Staffing, Record Checks, Managed Risk and Other during this certification period during this certification period.

The January 6 & 7, 2009 recertification visit resulted in a fine of $1,000 with Regulatory Insufficiencies found in the areas of: Evaluation of Tenant, Service Plans, Nurse Review, Food Service, Staffing, Managed Risk and Record Checks.

The September 8, 9, & 10, 2009 recertification revisit, complaint, and incident resulted in a fine of $5,000 and a Conditional Certificate was issued, effective October 20, 2009. Regulatory Insufficiencies were found in the areas of: Service Plans, Medications, Nurse Review, Food Service, Staffing, Record Checks and Other (lack of notification and not following their Plan of Correction). Sanctions include timely completion and submission of background checks on all new employees, 30-day nurse reviews to DIA, and submission of documentation of management training for the Director and RN.

On-Site Monitoring Evaluation – The monitor(s) made the observations detailed in the following areas.

A. Service Plan

During the course of the investigation of September 8th, 9th and 10th 2009, the program received regulatory insufficiencies related to service plans not being appropriately signed, individualized and updated within 30 days of occupancy for Tenants #1, #2, #6, #7, #8 and #9.

At the time of the revisit Tenant #6 was no longer at the program.

- Monitoring Observation: Review of tenant records revealed service plans were appropriately signed for Tenants #1, #2, #7, #8 & #9. The review also indicated service plans were individualized for Tenants #2 and #10.

  Tenant #10, an 89 year old was admitted to the program on 11-29-09 with diagnoses including Macular Degeneration, Hypertension and Arthritis. Review of the tenant's record revealed evaluations and service plans had been completed appropriately and the 30 day evaluation and service plan update was completed on 12-29-09.

- Regulatory Insufficiency: None noted.

B. Medications

During the course of the investigation of September 8th, 9th and 10th 2009, the program received a regulatory insufficiency related to medications not being provided in accordance with physician orders for Tenants #2, #6, #7, #8 and #9.

At the time of the revisit Tenant #6 was no longer at the program.

- Monitoring Observation: Review of tenant records and medication error reports revealed medications were provided as ordered for the tenants.

- Regulatory Insufficiency: None noted.

C. Nurse Review

During the course of the investigation of September 8th, 9th and 10th 2009, the program received a regulatory insufficiency related to failure to document nurse review with health status change for Tenant #2.

- Monitoring Observation: Review of tenant records revealed nurse reviews had been completed for tenants including Tenant #2, with any change in health status as appropriate.

- Regulatory Insufficiency: None noted.

D. Food Service

During the course of the investigation of September 8th, 9th and 10th 2009, the program received regulatory insufficiency related to staff completion of the state approved food protection program for Staff #7.

- Monitoring Observation: Review of personnel files revealed Staff #7 was no longer with the program, Staff #13 who had replaced Staff #7, had successfully completed the state approved food protection program.

- Regulatory Insufficiency: None noted.

E. Staffing

During the course of the investigation of September 8th, 9th and 10th 2009, the program received regulatory insufficiency related to staff training aned nurse delegation for Staff #10 and #11.

At the time of the revisit Staff #10 and #11 were no longer with the program.

- Monitoring Observation: Review of personnel files revealed staff had received appropriate training including nurse delegation for assisgned tasks and target population.

- Regulatory Insufficiency: None noted.

F. Record Checks

During the course of the investigation of September 8th, 9th and 10th 2009, the program received a regulatory insufficiency related to failure to complete background checks for Staff #1.

- Monitoring Observation: Review of personnel files revealed the program had completed the appropriate background checks for Staff #1.

- Regulatory Insufficiency: None noted.

G. Other

During the course of the investigation of September 8th, 9th and 10th 2009, the program received regulatory insufficiencies related to failure to notify the Department of accidents and follow corrective actions identified in the plan of correction.

- Monitoring Observation: Review of tenant records and incident reports revealed no instances of failure to notify the Department of incidents or accidents. At the time of the revisit the program had followed the plan of correction.

- Regulatory Insufficiency: None noted.

Dated this 28th day of April, 2010.