IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

DEMAND LETTER
CERTIFIED
Incident Intake #: 28131-M
28376-M

July 2, 2010

Mr. Michael Cummings, Administrator
Glenwood Place Assisted Living
2907 South 6th Street
Marshalltown, IA 50158

RE: I. Final Recertification and Incident Investigation Report
II. Civil Penalty
III. Appeals/Hearings
IV. Standard Certification
V. Conclusion

Dear Mr. Cummings:

I. Final Recertification and Incident Investigation Report – Glenwood Place Assisted Living, Marshalltown, IA

Enclosed is the **Final Recertification and Incident Investigation Report** completed by the Department of Inspections and Appeals (DIA) in accordance with Iowa Code chapter 231C and Iowa Administrative Code (IAC) chapter 481—67 and 481—69. The Report notes the Regulatory Insufficiencies in the area(s) of: Staffing and Record Checks. Glenwood Place Assisted Living("Program") is being assessed a $1,000 civil penalty.

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

II. 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 in accordance with IAC 67.12(3)d. If you do not wish to request a formal hearing or wish to withdraw your request for formal hearing, please send cover letter to the attention of **Tamara Halvorson** and remit the penalty assessed by check or money order in the amount of six hundred fifty dollars ($650) within 30 business days after the receipt of this demand letter.

III. Appeals/Hearings

The Program may appeal the DIA decision in accordance with IAC rule 481—67.13 within 30 days of this notice, by submitting a request for appeal to DIA. A contested case hearing will be held pursuant to IAC chapter 481—10. If the Program appeals, the civil penalty will be suspended, pending the appeal process. If the Program does not appeal, the fine is due within 30 days of notice.

IV. Standard Certification

Enclosed you will find the Assisted Living Program Certificate **S0086** with effective dates of **July 7, 2010** through **July 6, 2012**.

V. Conclusion

The Program is being assessed a $1,000 civil penalty. The POC submitted on May 20, 2010, has been reviewed and will constitute the final POC related to the on-site visit of April 12, 13 and 19, 2010.

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 Recertification and Incident Investigation Report

Assisted Living Program:

Michael Cummings
Glenwood Place Assisted Living
2907 South 6th Street
Marshalltown, IA 50158

Incident Intake: #28131-M
#28376-M

Date of Monitoring Visit:

April 12, 13 and 19, 2010

Monitor:

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. 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 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 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 monitoring evaluation was conducted at Glenwood Place Assisted Living on April 12, 13, and 19, 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:	40
Current number of tenants with cognitive disorder:	1
Total Population of GPP:	41

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

Total Population of DSP:	9
Total Census of ALP:	50

***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 19 tenants. They reported the program was a great place to live. Staff were polite, well trained and responded within 5 minutes to call lights. They reported that the meat was not always tender and the food not always hot but they were generally satisfied with the program menus. The tenants said there were activities provided most of the time and had no further suggestions. They stated they would recommend the program to family and friends.

Program History – There were substantiated Regulatory Insufficiencies found in the areas of: Criteria for Exclusion of Tenants, Staffing and Service Plans during this certification period.

The onsite visit of August 19, 2009 resulted in a fine of $500 and regulatory insufficiencies in the areas of Service Plan and Staffing.

The onsite visit of May 4, 2009 resulted in regulatory insufficiencies in the areas of Criteria for Exclusion of Tenants and Service Plan.

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

A. Staffing

Monitoring Observation: Six program staff files and three files of contracted staff were reviewed. During interview, Staff #15 hired 9-3-08, reported that he/she had not completed return demonstrations for the current registered nurse prior to delegation. Staff #1 hired 10-3-07 stated during interview that she had signed and dated the papers indicating that a demonstration of skills had been completed for the current registered nurse; however, the demonstration did not occur for delegation of skills.

The program contracted with two agencies for as needed staff. The program was unable to provide documentation of completion of nurse delegation for contracted employees including Staff #6, #7, and #11 who had provided cares at the program on 3-7-10, 4-5-10, and 3-30-10 respectively.

During an interview on 4-13-10, the program's registered nurse reported that she had completed nurse delegation training with a large group and given simple demonstrations. The nurse stated that she had walked staff through the skill of catheter care but had not watched any staff demonstrations.

- Regulatory Insufficiency: The owner or management corporation of the program is responsible for ensuring that all personnel employed by or contracting with the program receive training appropriate to assigned tasks and target population. (IAC r. 481-69.29(3))

B. Record Checks

Monitoring Observation: Six program staff files and three files of contracted staff were reviewed. Staff #8 was hired by the program 12-30-09. The criminal background check dated 12-17-09 indicated a positive criminal history. The personnel file lacked evidence of completion of the Department of Human Services evaluation of a positive criminal record until 1-6-10.

The Operations Manager stated that the staff member did not have contact with tenants until they received clearance 1-6-10.

- Regulatory Insufficiency: Pursuant to Iowa code section 135C.33, a prospective employee of a program shall have a criminal history check, dependent adult abuse, and child abuse check performed before the prospective employee starts work. If a prospective employee has a criminal history or an abuse history, the prospective employee shall not be employed by the program unless the department of Human Services has performed an evaluation and determined that the record does not warrant the employment prohibition. Proof of the pre-employment background check shall be maintained in the program's employee file. The program must meet all requirement of Iowa code 135C.33 and Administrative rules adopted pursuant to Iowa Code section 135C.33. (IAC r. 481-67.9 (3))

Dated this 4th day of June 2010.