IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

DEMAND LETTER
CERTIFIED
Incident Intake: #28266-I

July 14, 2010

Dawn Larkin, Administrator
Prairie Hills Assisted Living Des Moines
5815 SE 27th Street
Des Moines, IA 50320-2759

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

Dear Ms. Larkin:

I. Final Initial Certification and Incident Investigation Report – Prairie Hills Assisted Living Des Moines, Des Moines, IA

Enclosed is the **Final Initial Certification 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) chapters 481—67 and 481—69. The Report notes Regulatory Insufficiency in the area of Record Checks. **Prairie Hills Assisted Living Des Moines** ("Program") is being assessed a $500.00 civil penalty.

II. Standard Certification

Enclosed you will find the Assisted Living Program Certificate **S0299** with effective dates of **October 15, 2009** through **October 14, 2011**. This certificate is to be posted in the building for public viewing.

Based upon a complete review of the Report and your actions to correct the identified Regulatory Insufficiency, DIA accepts your POC and certification of Prairie Hills Assisted Living Des Moines will continue.

Iowa Department of Inspections and Appeals
Assisted Living Program
Final Initial Certification & Incident Monitoring Evaluation Report

Assisted Living Program: **Incident: 28266-I**

Dawn Larkin, Administrator
Prairie Hills Assisted Living Des Moines
5815 SE 27th Street
Des Moines, IA 50320-2759

Date of Monitoring Visit:

May 24, 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 Initial Certification 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 Prairie Hills Assisted Living Des Moines on May 24, 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:	5
Current number of tenants with cognitive disorder:	1
Total Population of GPP:	6

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

Total Population of DSP:	0

Total Census of ALP: 6

***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 5 tenants. The tenants stated the living environment is nice and it is a nice place to live. The tenants stated the staff treat them with dignity and respect and could not be better. The tenants stated the food is good, served at appropriate temperatures and they had no concerns regarding the food. The tenants stated they could think of nothing the administration or staff could do to make the program better. The tenants stated the activities are good with a variety offered. The tenants feel safe and participate in fire drills. The they feel they are receiving services as expected in their occupancy agreements. The tenants stated they are aware of limitations to staying at the program. The tenants make their own decsions regarding day to day activities and come and go as they please without restriction. The tenants had received a booklet explaining their rights. The tenants stated they were satisfied with medical services at the program with response from the nurse and staff characterized by the tenants as very quick. The tenants stated general satisfaction with the program and stated they would recommend it to friends and family members.

Program History – There have been no substantiated Regulatory Insufficiencies during this certification period.

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

A. Criteria for exclusion of tenants

The program reported Tenant #3 opened a window and passed through an opening in the courtyard fence on the night of 04-06-10, some time after being observed on the Memory Unit at approximately 1:00 a.m. The tenant was found outside the fence at approximately 1:35 a.m.

Monitoring Observation: Tenant #3, a 73 year old had been admitted to the program Memory Unit on 04-02-10, with diagnoses including: Alzheimer's disease Atherosclerotic Heart Disease and Hypertension. The tenant had a score of 4 on the Global Deterioration Scale indicating moderate cognitive decline. Review of the tenant's nurse's notes reveals the tenants family members had stayed at the program for the first three days around the clock. The tenant had continued to wait for his/her son to come and pick him/her up in the program sun room and staff had initiated 15 to 30 minute visual checks on the tenant. Staff had observed the tenant at 1:00 a.m. on the night of 04-06-10 and at 1:18 a.m. found the tenant to be missing from the unit. The program initiated their elopement protocol and made appropriate notifications to program management and police. The tenant was found outside the program courtyard fence at approximzately 1:36 a.m. and returned to the program. The tenant had been appropriately dressed and had sustained no injuries.

At the time of the tenant's admission to the program, initial evaluation indicated the tenant to be appropriate for level of care at the program.

The program identified an opening in the courtyard fence approximately 12 to 16 inches in width where it was believed the tenant had exited the courtyard. Observation of the area on 05-24-10 revealed the area of the fence had been closed and the winow where the tenant had exited had plastic blocks placed to prevent any further elopement from the unit.

The tenant had been transferred from the program following an episode of aggressive behaviors toward a staff nurse on 04-22-10.

- Regulatory Insufficiency: None noted.

B. Staffing

The program reported Tenant #3 opened a window and passed through an opening in the courtyard fence on the night of 04-06-10, some time after being observed on the Memory Unit at approximately 1:00 a.m. The tenant was found outside the fence at approximately 1:35 a.m.

Monitoring Observation: Tenant #3, had nurse's notes revealing the tenant's family members had stayed at the program for the first three days around the clock. The tenant had continued to wait for his/her son to come and pick him/her up in the program sun room and staff had initiated 15 to 30 minute visual checks on the tenant. The tenant was the only occupant of the Memory Unit and the unit was staffed with one staff person.

- Regulatory Insufficiency: None noted.

C. Structural requirements

The program reported Tenant #3 opened a window and passed through an opening in the courtyard fence on the night of 04-06-10 some time after being observed on the Memory Unit at approximately 1:00 a.m. The tenant was found outside the fence at approximately 1:35 a.m.

Monitoring Observation: The program identified an opening in the courtyard fence approximately 12 to 16 inches in width where it was believed the tenant had exited the courtyard. Observation of the area on 05-24-10 revealed the area of the fence had been closed and the window where the tenant had exited had plastic blocks placed to prevent any further elopement from the unit.

- Regulatory Insufficiency: None noted.

D. Record Checks

Monitoring Observation: Review of personnel files revealed the program had not completed record checks and evaluations prior to hire for all employees, findings included:

Staff person #3, a universal worker with a hire date of 10-12-09, had documentation of Criminal History Check, Dependent adult Abuse Check and Child Abuse checks dated 10-13-09, one day after the date of hire.

Staff person #4, a universal worker with a hire date of 10-12-09, had documentation of Criminal History Check with a possible hit and no evaluation for clearance for hire by the Department of Human Services until 11-18-09, Dependent Adult Abuse Check and Child Abuse checks dated 10-13-09, one day after the date of hire. The records contained no documentation of Mandatory Dependent Adult Abuse training for either staff person.

- Regulatory Insufficiency: Pursuant to Iowa Code section 135C.33, a prospective employee of a program shall have a criminal history check, dependent adult abuse check and child abuse check performed before the prospective employee begins work. If a prospective employee has a criminal history or 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 preemployment background check shall be maintained in the program's employee file. The program must meet all requirements of Iowa Code section 135C.33 and administrative rules adopted pursuant to Iowa Code section 135C.33. (IAC r 481 67.9(3))

Dated this 13th day of July, 2010.