IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

DEMAND LETTER
CERTIFIED
Incident Intake: #28091-M

July 27, 2010

Mr. Robert High, Administrator
Premier Estates Assisted Living
190 North 15th Street
Onawa, IA 51040-1071

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

Dear Mr. High:

I. Final Recertification and Incident Investigation Report – Premier Estates Assisted Living, Onawa, 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 Other (non-notification to department within 24 hours of suspected dependent adult abuse). Premier Estates 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 **S0142** with effective dates of **June 13, 2010** through **June 12, 2012**.

V. Conclusion

The Program is being assessed a $1,000 civil penalty. The POC submitted on June 24, 2010, has been reviewed and will constitute the final POC related to the on-site visit of June 2 & 3, 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:

Incident Intake #: 28091-M

Robert High, Administrator
Premier Estates
190 North 15th Street
Onawa, IA, 51040-1071

Date of Investigation:

June 2 & 3, 2010

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. 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 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 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:

A complaint investigation on-site visit was conducted at Premier Estates on June 2 & 3, 2010. In preparing this report, the following information was considered:

Current Program Census

General Population Program (GPP)* – A program that does not include a Dementia Specific unit, but may include have tenants with cognitive disorder.

Current number of tenants without cognitive disorder:	20
Current number of tenants with cognitive disorder:	1
Total Population:	21

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.**

Tenant/Family Satisfaction Results – A community meeting was held on 6-2-10 at 3:00 pm with 14 tenants in attendance. They reported that Premier Estates was a nice safe place to live with well trained and attentive staff. They stated they were generally satisfied with the program and would recommend it to friends, but did report the food needed improvement, as it lacked in flavor. The tenants also stated they would appreciate a handicapped door access to the mail box area.

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

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

A. Staffing

Incident Allegation: The program reported Tenant #1 reported on 3-29-10 to be missing three hand towels, a pearl handled knife, one $10.00 quilt block, a flashlight, a remote for a WII game, two stuffed animals, a coin purse, a pill splitter, a pencil sharpener and a nail clippers.

- Monitoring Observation: Tenant #1, a 90 year old, was admitted 10-9-05 with diagnoses of: Arteriosclerotic Heart Disease, Hypertension, and Congestive Heart Failure. The tenant scored 30/30 on a cognitive evaluation completed 2-26-10 which indicated no cognitive impairment. The service plan dated 2-26-10 directed for staff to assist the tenant with bathing, hygiene, dressing, ambulation and medication administration as needed. During interview, the tenant reported he/she only locks the door to the apartment if leaving the building, and all staff have access to the key to his/her room. The tenant reported no other items had been identified as missing and only the pearl handled knife had been found. The tenant stated the items had been taken over a period of time of approximately three months.

  Review of the schedule revealed that at least 15 staff members could have had access to the tenant's room during the three month time span.

  Documentation dated 4-1-10 at 1:00 p.m., completed by the Director indicated a search of Tenant #1's room recovered the pearl handled knife and the coin purse.

  Staff #2 reported the master key to the apartment was kept in the desk drawer near the entrance of the program.

- Regulatory Insufficiency: None noted.

  Monitoring Observation: Staff #1 was hired as a guest service personnel on 10-16-08. Review of Staff #1's personnel file revealed a lack of documentation of nurse delegation for the skills of bathing, transferring, ambulation and hygiene.

  Staff #2 was hired as a guest service personnel 7-2-09. Review of Staff #2's personnel file revealed a lack of nurse delegation for provision of personal cares.

  Interview with Staff #4 on 6-3-10 confirmed the above.

- 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. 69.29(3))

During the course of the investigation, the following information was identified.

B. Other

- Monitoring Observation: According to the police report filed on 3-14-10, Tenant #2 was missing about $200.00. Documentation completed by the program director indicated she had been advised of the potential theft on 3-14-10 and interviewed the tenant on 3-15-10.

The program did not report the potential dependent adult abuse to the Department until 3-30-10.

- Regulatory Insufficiency: If a staff member or employee is required to make a report pursuant to this section, the staff member or employee shall immediately notify the person in charge or the person's designated agent who shall then notify the Department within twenty-four hours of such notification. If the person in charge is the alleged dependent adult abuser, the staff member shall directly report the abuse to the Department within twenty-four hours. (IAC r. 235E.2, 3a.)

Dated this 9th day of June, 2010.