IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

DEMAND LETTER
CERTIFIED
Complaint Intake #: 30944-C

November 8, 2010

Ms. K'Lee Lathum, Director
Shores at Pleasant Hill
1500 Edgewater Drive
Pleasant Hill, IA 50327

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

Dear Ms. Lathum:

I. Final Recertification and Complaint Investigation Report – Shores at Pleasant Hill, Pleasant Hill, IA

Enclosed is the **Final Recertification and Complaint 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 Regulatory Insufficiencies in the area(s) of: Evaluation of Tenant, Service Plan and Medications. Shores at Pleasant Hill("Program") is being assessed a $1500 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 **Rose Boccella** and remit the penalty assessed by check or money order in the amount of nine hundred seventy five dollars ($975) 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 **S0239** with effective dates of **June 26, 2010** through **June 25, 2012**.

V. Conclusion

The Program is being assessed a $1500 civil penalty. The POC submitted on November 1, 2010, has been reviewed and will constitute the final POC related to the on-site visit of September 30 and October 4, 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, Rose Boccella, at 515/281-7039.

Sincerely,

Ann Martin

Ann Martin, Bureau Chief
Adult Services Bureau

Enclosure

Iowa Department of Inspections and Appeals
Assisted Living Program
Final Recertification and Complaint Investigation Report

Assisted Living Program:

Complaint Intake #: 30944-C

Shores at Pleasant Hill
K'Lee Lathum, Director
1500 Edgewater Drive
Pleasant Hill, Iowa 50327

Date of Investigation:

September 30th and October 4th, 2010

Monitor(s):

Joyce Kix, RN
Lori Minor, 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:

An on-site visit was conducted at Shores of Pleasant Hill on September 30th and October 4th, 2010. In preparing this report, the following information was considered:

Current Program Census:

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

Current number of tenants without cognitive disorder:	53
Current number of tenants with cognitive disorder:	7
Total Population of GPP:	60

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

Total Population of DSP:	25
Total Census of ALP:	85

***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 9-30-10 with 15 tenants in attendance. The tenants reported they liked everything at the program. They stated the house keeping services and grounds keeping were very good. The tenants stated staff responds quickly but it would be nice to have someone at the desk on weekends. They reported they felt safe at the program and would recommend it to friends and family. The tenants stated they would like the front doors to open electronically for handicap access.

Program History – There have been substantiated Regulatory Insufficiencies in the areas of: Evaluation of Tenants, Service Plan, Medications, Nurse Review, Staffing, Structural Requirements and Other during this certification period.

The complaint history during this certification period includes the complaint investigations of: September 24 and 25, 2008 for Complaint investigation of #19359-C, 19544-C and 19778-I with a Regulatory Insufficiency in the area of Medications, which resulted in a $500.00 fine.

October 29, 2008, for Complaint investigation of #20566-I with Regulatory Insufficiencies in the areas of: Medications and Staffing.

January 8, 2009, for the first revisit on Complaints #19359-C, 19544-C, 19778-I and 20566-I with Regulatory Insufficiencies in the areas of: Medications, Structural Requirements and Other, which resulted in a $2,500.00 fine.

February 23, 2009, for Complaint investigation of #21747-C with no substantiated Regulatory Insufficiencies at this investigation visit.

June 10, 2009, for Complaint investigation of #23582-C with Regulatory Insufficiencies in the areas of: Evaluation of Tenants, Service Plan and Nurse Review.

August 25 & 26, 2009 for Complaint investigation of #24679-C, 24733-C and 25023-C with Regulatory Insufficiencies in the areas of: Medications and Staffing, which resulted in a $1,000.00 fine.

November 10, 11 & 12, 2009, for Complaint investigation of #25173-C and a Self-Reported Incident of #26065-I with no substantiated Regulatory Insufficiencies at this investigation visit.

January 11,12,13,14, 2010 for complaint investigation of #27073-C with a Regulatory Insufficiency in the area of Medications.

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

A. Evaluation of Tenant

Monitoring Observation: Tenant #1, a 90 year old, was admitted 7-28-07 with diagnoses of: Hypertension (HTN), Cataracts and Glaucoma. The clinical record contained service plans dated 7-28, 8-17, 9-15 and 9-28-10. The nurse completed a functional evaluation but the clinical record lacked cognitive evaluations. The registered nurse (RN) stated she was not aware of the requirement to complete cognitive evaluations.

Tenant #2, a 76 year old, was admitted 8-2-10 with diagnoses of: Alzheimer's, Anxiety, Diabetes and HTN. The tenant scored 5 on the Global Deterioration Scale (GDS) completed 8-31-10 which indicated moderately severe cognitive decline. The tenant resided in the secured unit and received staff assistance with medications and activities of daily living. The Health Profile Notes dated 8-26-10 documented the program was to hold Metformin (a diabetic medication) and check the tenant's blood sugars every morning. The service plan signed by the RN and tenant on 8-31-10 documented the tenant had no diabetic history. The clinical record lacked evidence of completion of a health evaluation.

Tenant #3, an 80 year old, was admitted 7-27-10 with diagnoses of Parkinson's, Bipolar Disorder, Diabetes, and Dementia. The clinical record contained an Initial Health and Functional Assessment which lacked a date or signature of the person completing the assessment. The clinical record lacked evidence of completion of a functional and health assessment within 30 of occupancy.

Tenant #4, an 82 year old, was admitted 5-29-08 with diagnoses of HTN, Dementia, and Mild Hyperglycemia. The tenant scored 6 on the GDS completed 9-14-10 which indicated severe cognitive decline. The tenant resided in the program's secured unit and received staff assistance with medications and activities of daily living. A Health Profile Note dated 7-1-10 documented the tenant squatted on the floor and urinated. Another note dated 7-16-10 documented the physician prescribed an antidiuretic for edema. On 8-3-10 the family was notified that the tenant's rugs were soaked with urine. A nurse review completed 9-14-10 documented the tenant was talking to a mirror and urinating in the waste baskets and on the floor. Service plans dated 6-14-10 and 9-14-10 indicated the tenant had no problems with behavior management. The service plan was updated 9-14-10 and the tenant was given a 30 day notice to discharge due to incontinence. The clinical record lacked evidence of completion of functional and health evaluations for changes in behavior and condition of edema which required medication.

- Regulatory Insufficiency: A program shall evaluate each tenant's functional, cognitive and health status within 30 days of occupancy. A program shall evaluate each tenant's functional, cognitive and health status as needed with significant change, but not less than annually, to determine the tenant's continued eligibility for the program and to determine any changes to services needed. The evaluation shall be conducted by a health care professional or human service professional. A licensed practical nurse may complete the evaluation via nurse delegation with the tenant has not exhibited a significant change. (IAC r. 481-69.22(2))

B. Criteria for Exclusion of Tenants

Complaint Allegation 30944-C: It was alleged that a tenant requires the assistance of two staff for bathing.

Monitoring Observation: Ten assisted living tenant charts were reviewed. There were no service plans which included assistance of two staff for bathing.

Two staff members were interviewed. Both reported the program did not have any tenants who required the assistance of two to transfer.

- Regulatory Insufficiency: None noted.

C. Service Plan

Monitoring Observation: Tenant #4, an 82 year old, was admitted 5-29-08 with diagnoses of: HTN, Dementia, and Mild Hyperglycemia. The tenant scored 6 on the GDS completed 9-14-10 which indicated severe cognitive decline. The tenant resided in the secured unit and received staff assistance with medications and activities of daily living. A Health Profile Note dated 7-1-10 documented the tenant squatted on the floor and urinated. On 8-3-10 the family was notified that the tenant's rugs were soaked with urine. A nurse review completed 9-14-10 documented the tenant was talking to a mirror and urinating in the waste baskets and on the floor. Service plans dated 6-14-10 and 9-14-10 indicated the tenant had no problems with behavior management and failed to address interventions for the noted behaviors.

Tenant #8, a 64 year old, was admitted 6-4-08 with diagnoses of Congestive Heart Failure (CHF), Chronic Obstructive Pulmonary Disease and Diabetes. A Negotiated Risk Agreement completed 9-10-10 indicated the tenant had experienced an increase in incontinency, was refusing cares, and using the same lancets for blood sugar checks for two or three days. The plan was to work on urination every one to two hours all day long, decrease fluid intake and bathe daily. The service plan completed 9-3-10 included interventions for bathing three times a week. The task sheet for staff cares documented staff was to assist with three baths a week. The service plan failed to include updated interventions to provide for the bathing needs of the tenant.

- Regulatory Insufficiency: A service plan shall be developed for each tenant based on the evaluations conducted in accordance with subrules 69.22 (1) and 69.22 (2) and shall be designed to meet the specific needs of the individual tenant. The service plan shall subsequently be updated at least annually and whenever changes are needed. (IAC r. 481-69.26 (1))

D. Medications

Complaint Allegation 30944-C: It was alleged that there were discrepancies in the narcotic medication count.

Monitoring Observation: The Narcotic Handling and Storage Policy dated 1-1-10 directed narcotic counts to be conducted every shift by two universal workers. Each was to observe the medications, sign the count sheet, and report any discrepancies to the RN.

During observation of medication pass on 9-30-10 at 9:00 am, the 30 cc bottle of liquid morphine was noted to be unmarked making it impossible to determine how much medication remained in the bottle. Staff #1 reported she did not know how to determine the exact amount of medication left in the bottle and just subtracted the amount given from the prior amount noted. Review of the narcotic count sheets for Tenants #9 in September and #10 for August revealed no discrepancies.

Staff #1 reported the program policy directs for a two hour perimeter to deliver medications- one hour before to one hour after ordered time.

The following errors in medication administration were observed during observation of the 8:00 am med pass on 9-30 and 10-4:

Tenant #	Medication	Dosage and Time Due	Observation	Date
#3	Metformin	500 milligrams (mg) with meal	Tenant was seated in lobby. Medication given at 9:10 am without food	9-30
#3	Tylenol	500 mg at 7:30 am	Given at 9:10 am	9-30
#3	Carbidopa/Levodopa	25/100 mg at 7:30 am	Given at 9:10 am	9-30
#2	Namenda	10 mg at 8:00 am	Given at 9:20 am	9-30
#2	Senna S	50 mg at 8:00 am	Given at 9:20 am	9-30
#2	Atenolol	100 mg at 8:00 am	Given at 9:20 am	9-30
#2	Citalopram	40 mg at 8:00 am	Given at 9:20 am	9-30
#2	Glyburide	25 mg at 8:00 am	Given at 9:20 am	9-30
#2	Vitamin	1 tablet at 8:00 am	Given at 9:20 am	9-30
#2	Metformin	1000 mg at 8:00 am	Given at 9:20 am	9-30
#2	Arthritis PA	650 mg at 8:00 am	Given at 9:20 am	9-30
#12	Amlodipine	5 mg at 8:00 am	Given at 9:05 am	10-4
#12	Aspirin	325 mg at 8:00 am	Given at 9:05 am	10-4
#12	Namenda	10 mg at 8:00 am	Given at 9:05 am	10-4
#12	Calcium	600 D at 8:00 am	Given at 9:05 am	10-4
#13	Aspirin EC	81 mg at 8:00 am	Given at 9:15 am	10-4
#13	Ginkgold	120 mg at 8:00 am	Given at 9:15 am	10-4
#13	Sertraline	50 mg at 8:00 am	Given at 9:15 am	10-4
#13	Tylenol	500 mg at 8:00 am	Given at 9:15 am	10-4
#13	Namenda	10 mg at 8:00 am	Given at 9:15 am	10-4
#3	Paroxetine	30 mg at 8:00 am	Given at 9:20 am with 4 oz. of orange juice	10-4
#3	Glipizide XL	5 mg at 8:00 am	Given at 9:20 am	10-4
#3	Metformin	500 mg with meals at 8:00 am	Given at 9:20 am without food	10-4
#3	Vanlafaxine	100 mg at 8:00 am	Given at 9:20 am	10-4
#3	Carbidopa/Levodopa	25/100 at 7:30 am	Given at 9:20 am	10-4
#3	Tylenol	500 mg at 8:00 am	Given at 9:20 am	10-4

- Regulatory Insufficiency: When medications are administered traditionally by the program: The administration of medications shall be provided by a registered nurse, licensed practical nurse or advanced nurse practitioner registered in Iowa or by unlicensed assistive personnel in accordance with requirements in 655- Chapter 6 governing nurse delegation. (IAC r. 481-67.5 (6) a.)

E. Staffing

Complaint Allegation 30944-C: It was alleged that there isn't enough staff.

Monitoring Observation: Review of the program schedule staff for August and September 2010 revealed at least two to three staff were scheduled for each shift. During interview, Staff #1 and #7 reported that they felt there was enough staff to meet all the tenants' needs. During the community meeting, the tenants reported staff responded promptly to requests for help.

- Regulatory Insufficiency: None noted

Dated this 5th day of November, 2010