IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

DEMAND LETTER
CERTIFIED

December 16, 2010

Ms. Tara Koestner, Administrator
The Continental at St. Joseph's
19999 St. Joseph's Drive
Centerville, IA 52544

RE: I. Final Recertification Monitoring Evaluation Report
II. Civil Penalty
III. Appeals/Hearings
IV. Standard Certification
V. Conclusion

Dear Ms. Koestner:

I. Final Recertification Monitoring Evaluation Report – The Continental at St. Joseph's, Centerville, IA

Enclosed is the **Final Recertification Monitoring Evaluation 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: Tenant Documents, Food Service, and Other (non notification of DAA). The Continental at St. Joseph's ("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 **Rose Boccella** 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 **S0151** with effective dates of **July 24, 2010** through **July 23, 2012**.

V. Conclusion

The Program is being assessed a $1,000 civil penalty. The POC submitted on November 23, 2010, has been reviewed and will constitute the final POC related to the on-site visit of October 20, 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 Monitoring Evaluation Report

Assisted Living Program:

Tara Koestner, Administrator
The Continental at St. Joseph's
19999 St. Joseph's Drive
Centerville, IA 52544

Date of Monitoring Visit:

October 20, 2010

Monitor(s):

Stephanie Cummins, MA

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 The Continental at St. Joseph's on October 20, 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:	35
Current number of tenants with cognitive disorder:	2
Total Population of GPP:	37

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:	46

***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 with three tenants and one tenant interview were held. The tenants reported no issues with housekeeping, maintenance or laundry. The tenants reported the nurse lived 15 minutes away from the program; however, did not provide any examples of when the nurse was not available when needed. Two tenants indicated they were told to use the pendants for emergency situations. One tenant reported he/she had not received that instruction related to pendant use. The tenants reported staff did not consistently answer phone calls for non-emergency issues. The staff knocked before they came into their apartments. The tenants indicated new staff needed more training. The food needed improvement and was not always served hot. They received a sufficient amount of food; however, the quality of the food needed improvement. There were sufficient activities offered and they received an activity calendar. They reported an activity scheduled in the past week did not occur as scheduled. The tenants felt safe and indicated they made their own decisions. A tenant requested a back-up generator. They would recommend the program to others.

Program History – There have been substantiated Regulatory Insufficiencies in the areas of: Evaluation of Tenant, Service Plan Life Safety and Structural Requirements during this certification period.

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

A. Tenant Documents

Monitoring Observation: According to the Registered Nurse (RN), Tenant #1 and Tenant #2 had missing medications. Tenant #1 was prescribed Hydrocodone 5/500 mg as needed. In the first part of 2010 or the last part of 2009 it was found the tenant had three tablets missing. The missing medications were reported to the Health Care Coordinator and the police. A medication error report was not completed. Tenant #2 was prescribed Hydrocodone 5/500 mg scheduled. During the week of 9-3-10 to 9-10-10 it was found the tenant had three tablets missing. The missing medications were reported to the Health Care Coordinator and the police. A medication error report was not completed.

- Regulatory Insufficiency: Documentation for each tenant shall be maintained by the program and shall include: Incident reports involving the tenant, including but not limited to those related to medication errors, accidents, falls and elopements (such reports shall be maintained by the program but need not be included in the tenant's medical record). (IAC r. 481-69.25(1)(o))

B. Food Service

Monitoring Observation: Staff #1, #2, #3 and #4 did not have an annual in-service training on food protection.

- Regulatory Insufficiency: Personnel who are employed by or contract with the program and who are responsible for food preparation or service, or both food preparation and service, shall have an orientation on sanitation and safe food handling prior to handling food and shall have an annual in-service training on food protection. (IAC r. 481-69.28(5))

C. Other

Monitoring Observation: According to the RN, Tenant #1 and Tenant #2 had missing medications. Tenant #1 was prescribed Hydrocodone 5/500 mg as needed. In the first part of 2010 or the last part of 2009 it was found the tenant had three tablets missing. At the time the medication was missing it was kept locked in a medication box in the tenant's bathroom. The medication was kept in the original pill bottle. All staff that assisted with medication management had a key to the medications. After the tablets were missing the medication was discontinued and wasted. The missing medications were reported to the Health Care Coordinator and the police. The department was not notified of the missing medications. Tenant #2 was prescribed Hydrocodone 5/500 mg scheduled. During the week of 9-3-10 to 9-10-10 it was found the tenant had three tablets missing. At the time the medication was missing it was kept locked in the medication box the tenant's bathroom. All staff that assisted with medication management had a key to the medications. The medication was set up in medication planner. The bottle and medication planner were kept locked in the medication box. All narcotics were moved to the Health Care Coordinator's locked file cabinet and only the RN and Health Care Coordinator had keys. The missing medication was reported to the Health Care Coordinator and the police. The department was not notified of the missing medications. The program did not notify the department of suspected dependent adult abuse.

- Regulatory Insufficiency: A staff member or employee of a facility or program who, in the course of employment, examines, attends, counsels, or treats a dependent adult in a facility or program and reasonably believes the dependent adult has suffered dependent adult abuse, shall report the suspected adult abuse to the department. (235E.2)

Dated this 23rd day of November, 2010.