IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

January 4, 2011

Ms. Jean Parrish, Administrator
Prime Living Apartments
725 Pearl Street
Sioux City, IA 51103

RE: Final Recertification and Incident Investigation Report – Prime Living Apartments, Sioux City, IA

Dear Ms. Parrish:

Enclosed is the **Final Recertification & 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. **No Regulatory Insufficiencies were found during this evaluation.**

The review of the recertification documents you submitted has been completed and are accepted. In addition, the State Fire Marshal's (SFM) inspection report has been received as well as the Facility Engineer's approval of the Evacuation Plans for your program.

Enclosed you will find the Assisted Living Program Certificate **S0245** with effective dates of **October 27, 2010** through **October 26, 2012.**

If you have any questions regarding this certification, please contact me at 515/281-5721.

Sincerely,

Tamara Halvorson

Tamara Halvorson
ASB Certification Coordinator
Adult Services Bureau

Enclosure

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

Assisted Living Program: **Incident Intake #: 31632-I**

Jean Parrish, Administrator
Prime Living Apartments
725 Pearl Street
Sioux City, IA 51103

Date of Incident Investigation:

December 8, 2010

Monitor(s):

Hal L. Chase, RN BSN MPH

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 Incident 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 Prime Living Apartments on December 8, 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:	52
Current number of tenants with cognitive disorder:	1
Total Population:	53

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 with 42 tenants in attendance. Tenants reported it was nice living at the program, the building and grounds were clean, safe and sanitary and was satisfied with the housekeeping services they received. Tenants reported the dining room was cold and the public restrooms were locked and they had to ask staff for the key to unlock the restrooms. Tenants reported they received good care, staff responded with five minutes of being called and they were getting the services they expected. Tenants reported staff were polite and respectful and new what services they were to provide tenants. Tenants reported they liked the food that was offered, were given a variety of meats, vegetables and desserts. Tenants reported there were enough activities offered but would like to see more instrumental bands and singers come to the program. Tenants reported they felt safe and made their own decisions. Tenants reported they were generally satisfied with the program and would recommend the program to anyone.

Program History – There were no substantiated Regulatory Insufficiencies found during this certification period.

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

A. Other

Incident Allegation #31632-I: The program reported the Administrator was notified by Tenant #1's family the tenant was missing medications from his/her pill box. Family stated they had filled the tenant's pill box on 11-1-10 at approximately 5:30 p.m. and the tenant noticed the medications were missing on 11-2-10 at approximately 9:30 p.m. Family reported 18 Methodone HCL 10mg tablets were missing from the tenant's pill box.

- Monitoring Observation: Tenant #1, a 53 year old, was admitted on 6-11-09 and had diagnoses of: Congestive Heart Failure, Renal Failure, Depression, Chronic Pain, Seizures and a History of Drug use. The tenant's service plan of 12-1-10 indicated the tenant was independent with all activities of daily living (ADLs) and was self medicating. The tenant's family sets up medications for the tenant. A pharmacy medication administration record for 12-1-10 indicated a physician order for Methadone 10mg – two tablets twice daily.

  The program completed an internal investigation, as did local police and no suspect was identified. The Administrator and Staff #1, #2 and #3 were interviewed and each did not have any information related to who may have taken the tenant's medication. In a prepared statement dated 11-3-10, the tenant's family indicated they had filled the tenant's medication planner. The tenant had called Tuesday 11-2-10 at 10:00 p.m. and reported one seizure pill and Methadone was missing. Family called the tenant the next morning and reported two Methadone tablets were placed in the a.m., one tablet at noon and two tablets in the p.m. for seven days. According to the statement, the tenant's physician wanted the tenant to take an additional Methadone tablet at noon for side pain.

  The tenant was interviewed and stated he/she wasn't sure of the date and time when the medications were missing. The tenant did not identify anyone who had been in her apartment without his/her authorization. The tenant stated a night staff would come to her room nightly but the staff person didn't know where the medications were kept.

- Regulatory Insufficiency: None noted.

Dated this 15th day of December, 2010.