IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

DEMAND LETTER
CERTIFIED

March 1, 2011

Ms. Diane Rollins, Director
Gardens at Friendship Haven
420 Kenyon Road
Fort Dodge, IA 50501

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

Dear Ms. Rollins:

I. Final Recertification Monitoring Evaluation Report – Gardens at Friendship Haven, Fort Dodge, 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 Insufficiency in the area(s) of: Structural Requirements. Gardens at Friendship Haven("Program") is being assessed a $500 civil penalty pursuant to Iowa Code section 231C.14 and 481 IAC 67.12(3)(a).

DIA is accepting the Plan of Correction (POC) following the Program's submission of information. Based on the information provided, DIA accepts your Request for Reconsideration in the area of Nurse Review; however, your Request for Reconsideration in the area of Structural Requirements is denied.

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 **Jim Berkley** and remit the penalty assessed by check or money order in the amount of three hundred twenty five dollars ($325) 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 **S0198** with effective dates of **October 22, 2010** through **October 21, 2012**.

V. Conclusion

The Program is being assessed a $500 civil penalty pursuant to Iowa Code section 231C.11 and 481 IAC 67.12(3)(a). The POC submitted on February 21, 2011, has been reviewed and will constitute the final POC related to the on-site visit of January 18, 2011.

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 Program Coordinator, Jim Berkley, at 515/281-4116.

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:

Diane Rollins, Director
The Gardens at Friendship Haven
420 Kenyon Rd
Fort Dodge, IA 50501

Date of Monitoring Visit:

January 18, 2011

Monitor(s):

Lori Miner, RN BSN

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 Gardens at Friendship Haven on January 18, 2011. 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:	14
Current number of tenants with cognitive disorder:	4
Total Population of GPP:	18

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

Total Population of DSP:	32
Total Census of ALP:	50

***These are the census numbers represented by the program to be applicable at the time of the on-site.**

Tenant/Family Satisfaction Results – A meeting was held with 12 tenants. The tenants reported the apartments, building, and grounds were kept clean. There are plenty of activities offered. The staff was described as treating the tenants well, knowledgeable about the care they were to provide. Staff respond in less than five minutes when needed. Most of the time, foods are served at the desired temperature. Some foods are too bland. The tenants reported that they made their own decisions. Overall, the tenants indicated they were generally satisfied with the program and would recommend it to others.

Program History – The program did not receive any regulatory insufficiencies during this certification period.

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

A. Structural Requirements

Monitoring Observation: A tour of the program was taken with the Director at approximately 9:15 a.m. The tenant apartments are in three wings: 100 and 200 wings were locked dementia care units. The 300 wing was the general population unit. Upon touring both the 100 and 200 wings, the kitchen doors in each area were found to be open. The Director indicated tenants were free to come and go into the kitchens. Each kitchen was noted to have a stove/oven. The switch to turn on the appliance was located near the door, away from the stove/oven, so that it could not be turned on by the knobs. The cabinets under the kitchen sinks in each unit did not have locks. Upon opening, cleaning chemicals were found in containers that were labeled and indicated they were to be kept out of the reach of children. At the time the chemicals were identified, the Director immediately asked staff to remove the chemicals to a secured area. Each kitchen also had a toaster, plugged into the electric socket, sitting on the counter. The Director immediately unplugged them. Each kitchen counter also contained food warmers for the purpose of keeping tenant meals hot when the food arrived from the kitchen in the long-term care area. During this tour, the food warmers were plugged in. The warmers were hot to the touch. The Director immediately unplugged them.

At approximately 11:00 a.m. a medication pass was observed in both the 100 and 200 wings. The doors to each of the kitchens were open. The chemicals had been removed from the cabinets under each kitchen sink. The toasters remained on the counters unplugged. The food warmers were plugged in and hot to the touch. At times, no staff were present in either kitchen.

At approximately 11:50 a.m. the monitor toured the 200 wing following an observation of the meal. The laundry room door, which had been locked during the 9:15 a.m. tour, was now propped open. Bleach and laundry soap were in cabinets that did not have locks. The Director was informed and immediately asked staff to remove the chemicals to a secured area.

At approximately 4:40 p.m. tenant observations were made in the 200 wing. During this visit to the dementia unit, the kitchen door was open. The toaster was on the counter and unplugged. The food warmer was plugged in and hot to the touch. One staff person was observed in the area. The staff person left the area to assist a tenant in getting to the dining room for the meal. Several tenants were in the dining area waiting for the meal. The kitchen door remained open.

The program failed to maintain a safe environment in the dementia units.

- Regulatory Insufficiency: The buildings and grounds shall be well-maintained, clean, safe and sanitary. (IAC r. 481-69.35(1)(b))

Dated this 1st day of March, 2011.