IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

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LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

DEMAND LETTER
CERTIFIED

March 15, 2011

Brenda Colvin, Administrator
Vriendschap Village Assisted Living
2604 Fifield Road
Pella, IA 50219

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

Dear Ms. Colvin:

I. Final Complaint Investigation and Recertification Report – Vriendschap Village Assisted Living, Pella, IA

Enclosed is the **Final Complaint Investigation and Recertification 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: Service Plan, Medications and Record Checks. Vriendschap Village Assisted Living("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.

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 three hundred twenty five dollar ($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 **S0167** with effective dates of **January 23, 2011** through **January 22, 2013**.

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 March 9, 2011, has been reviewed and will constitute the final POC related to the on-site visit of February 23 & 24, 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, 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 Complaint Investigation and Recertification Report

Assisted Living Program: **Complaint Intake #: 31983-C**

Brenda Colvin, Administrator
Vriendschap Village Assisted Living
2604 Fifield Road
Pella, IA 50219

Date of Investigation:

February 23 and 24, 2011

Monitor(s):

Joyce Kix, RN
Lori Miner, RN
Margaret Kaltefleiter, 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 Vriendschap Village Assisted Living on February 23 and 24, 2011. 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:	32
Current number of tenants with cognitive disorder:	3
Total Population of GPP:	35

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

Total Population of DSP:	6
Total Census of ALP:	41

***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 11 tenants. The tenants indicated the apartments and grounds were kept neat and clean. Sometimes the windows were drafty and let cold or warm air in. One tenant suggested windows needed to be re-locked to secure them. The food was described as generally good with hot foods hot and cold foods cold. Some suggested more alternatives were needed for diabetics. Tenants would like to occasionally have Pella bologna. There were enough activities provided. The tenants indicated the care they received from staff was good. The tenants are treated well and staff were very helpful. The tenants indicated the staff knew what services to provide and were trained to provide those services. Staff responded to requests for assistance in less than five minutes. The nurse was available if needed. Tenants are able to make their own decisions. The tenants felt safe here and would recommend this program to others.

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

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

A. Service Plan

- Monitoring Observation: Tenant #4, an 84 year-old, was admitted on 9-22-08 with diagnoses of: Osteoporosis with Vertebral Compression Fracture and Uncontrolled Pain, Transient Ischemic Attack (TIA), Hypertension, Insomnia, and Chronic Back Pain. The tenant scored 26 on the Mini Mental State Examination (MMSE) which indicated no cognitive impairment. A physician's noted dated 12-2-10 indicated the tenant would continue to have TIA's at times. The Nursing Progress notes dated 12-1-10 indicated the tenant believed he/she was having a TIA, the left arm was uncontrollable, and the tenant was unable to process thoughts. The symptoms passed within 30 minutes. The Ninety Day Summary dated 12-22-10 indicated the tenant had four TIA's within 90 days and tenant chose to handle the TIA's without involving family until the episode passed. The current service plan, dated 9-22-10, did not indicate the tenant had TIA's, the tenant's preference for assistance, and did not indicate how the staff should respond to the episodes.

  Tenant #4 had physician's orders dated 12-2-10 that indicated the tenant was to use Cetaphil Cream, Triamcinalone 0.1% Cream, and Ciclopirox lotion. The creams were not listed on the Medication Administration Record. The service plan did not address the tenant's request to self-administer topical medications.

  Tenant #5, a 92 year-old, was admitted on 2-1-03 with diagnoses of: Hypothyroidism and Hypertension. The tenant was scored at five on the Global Deterioration Scale (GDS), which indicated moderate cognitive decline. The tenant was residing in the memory care unit on 2-21-11, the time of transfer to another facility for a higher level of care. The service plan dated 2-1-11 indicated the tenant was independent in decisions regarding activities and would attend activities as desired. The Ninety Day Summary sheet dated 2-1-11 indicated the tenant had shown a decline in functional ability. The tenant needed verbal cues to complete activities of daily living. The summary indicated the tenant would do an activity if offered. The service plan did not include planned and spontaneous activities based on the tenant's abilities and personal interests.

- Regulatory Insufficiency: The service plan shall be individualized and shall indicate, at a minimum the tenant's identified needs and preferences for assistance; and for tenants who are unable to plan their own activities, including tenants with dementia, planned and spontaneous activities based on the tenant's abilities and personal interests. (IAC r. 481-69.26(4)(a)(d))

B. Medications

Complaint Allegation #31983-C: It was alleged that medications were not administered per physician's orders and the narcotic patch count was not accurate.

- Monitoring Observation: The nurse identified of six tenants who received narcotic medications. The medications were kept in a locked drawer in the tenants' rooms. During the observation of a medication pass, the monitor verified the accuracy of the

narcotic count with the amount of narcotics and/or patches for two tenants. They were found to be correct.

The program nurse reported that another registered nurse employed by the program fills the tenant's medication planners one time a week according to the medication orders maintained in the tenant's file. One current copy is kept in the medication drawer with the medication. The care staff do not count or verify the medication with the physician's orders when they administer the medications. The care staff sign off that they have given the medications from the planner at the correct time. The staff were directed to contact the nurse if they or the tenants felt the medications were not correct. The personnel files for four staff who administer medication were reviewed. All contained appropriate training and delegation documentation by the nurse.

The following information was identified during the course of the investigation and recertification.

- Monitoring Observation: During the observation of medication administration on 2-23-11, Staff #5 touched the tenant's pill without washing her hands. Staff #5 then signed her initials indicating administration of the medication was complete; however, Staff #5 then gave the medication to another staff person to administer. The delegating registered nurse concurred the technique was not correct nor completed per program standards.

  Tenant #4 received a Fentanyl patch every 72 hours. The patch was applied on 1-21-11 which indicated the next dose was due 1-24-11. The MAR indicated an "x" through the signature slot on the 24th with a signed dose on 1-25-11. The pain patch rotation sheet contained a signature on the 25th with an arrow pointing to the 24th. The controlled substance record indicated the patch was applied on 1-25-11. The next documented dose of Fentanyl was 1-27-11. The documentation does not indicate the medication was given every 72 hours as ordered.

  Tenant #4 also received Lortab. The controlled substance records for 1-3-11 to 1-25-11 lacked documentation of the name of the person administering the medication on at least nine occasions.

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

C. Staffing

Complaint Allegation #31983-C: It was alleged the program falsified documentation of staff training and staffing patterns were not adequate to complete medication administration and tenants' care in a timely manner.

- Monitoring Observation: Personnel files for five direct care staff were reviewed. Evidence of staff training was documented appropriately for the tasks the staff were required to complete.

Staff #5 and #6 stated during interview that their training was completed by the registered nurse appropriately.

The monitors observed two staff during medication administration. The medications were given accurately and within the time frame ordered by the physician.

A community meeting was held with all tenants reporting the staff were courteous and respectful. The tenants reported no concerns with the timeliness of completion of assistance with cares.

Review of the schedule for the past three months revealed at least two staff members were on site at all times. The Administrator reported that optimal staffing would be four staff for each shift but stated at times, three staff were scheduled due to illness and call-ins.

- Regulatory Insufficiency: None noted.

D. Record Checks

- Monitoring Observation: Staff #2 and Staff #4 were care attendants hired during 2010. Their personnel files contained documentation of positive criminal history checks. Their personnel files lacked evidence of completion of the required evaluation by the Department of Human Services (DHS) to determine if employment was prohibited.

- Regulatory Insufficiency: Pursuant to Iowa code section 135C.33, a prospective employee of a program shall have a criminal history check, dependent adult abuse, and child abuse check performed before the prospective employee starts work. If a prospective employee has a criminal history or an abuse history, the prospective employee shall not be employed by the program unless the department of Human Services has performed an evaluation and determined that the record does not warrant the employment prohibition. Proof of the pre-employment background check shall be maintained in the program's employee file. The program must meet all requirement of Iowa code 135C 33 and Administrative rules adopted pursuant to Iowa Code section 135 C 33. (IAC r. 481-67.9(3))

Dated this 14th day of March 2011