IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

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LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

DEMAND LETTER
CERTIFIED

March 28, 2011

Ms. Tiffany Federspiel, Administrator
BeeHive Home Assisted Living
2116 1st Avenue East
Spencer, IA 51301

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

Dear Ms. Federspiel:

I. Final Recertification Monitoring Evaluation Report – BeeHive Home Assisted Living, Spencer, 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: Service Plan, Food Service, and Record Checks. BeeHive Home Assisted Living("Program") is being assessed a $1,000 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. DIA is denying the Request for Reconsideration for Record Checks as a Record Check is required for all employees prior to hire.

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 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 **S0091** with effective dates of **July 24, 2010** through **July 23, 2012**.

V. Conclusion

The Program is being assessed a $1,000 civil penalty pursuant to Iowa Code section 231C.11 and 481 IAC 67.12(3)(a). The POC submitted on January 18, 2011, has been reviewed and will constitute the final POC related to the on-site visit of December 14, 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 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:

Tiffany Federspiel, Administrator
BeeHive Home Assisted Living
2116 1st Ave. East
Spencer, IA 51301

Date of Monitoring Visit:

December 14, 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 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 BeeHive Home Assisted Living on December 14, 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:	10
Current number of tenants with cognitive disorder:	1
Total Population:	11

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 10 tenants in attendance. Tenants reported they were comfortable living at the program, housekeeping was completed to their satisfaction and the building and grounds were safe, clean and sanitary. Tenants reported staff treated them with respect and cared about their well being. Tenants reported the program offered a variety of activities and couldn't think of any other activity they would like to have. Tenants reported the food was good, but some reported pasta was served too often. Tenants reported nursing services were available when needed and staff responded to their calls for assistance within five minutes of being called. Tenants reported they made their own decisions, felt safe living at the program, were generally satisfied living at the program and would recommend the program to friends and family.

Program History – There were substantiated regulatory insufficiencies found in the areas of: Occupancy Agreement, Evaluation of Tenant, Service Plans, Staffing, Medications, Food Service and Other (Tenant autonomy) during the past certification period.

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

A. Service Plan

Monitoring Observation: Tenant #1, an 81 year old, was admitted on 11-2-10 and had diagnoses of: Coronary Artery Disease, Hypertension, Constipation and a history of Hiatal Hernia. A service plan was completed prior to admission but was not updated within 30 days of admission.

Tenant #2, a 92 year old, was admitted on 2-26-10 and had diagnoses of: History of Cancer, History of Pneumonia, History of Trans Ischemic Attacks, Hemorrhoids, a History of Urinary Tract Infections and Arthritis. A service plan was completed prior to admission but was not updated within 30 days of admission.

- Regulatory Insufficiency: When a tenant needs personal care or health-related care, the service plan shall be updated within 30 days of the tenant's occupancy and as needed with significant change, but not less than annually. (IAC r. 481 – 69.26(3))

B. Food Service

Monitoring Observation: A review of food menus for the three meals prepared by the program, were not approved by a licensed dietician. The Administrator stated menus were prepared by her monthly and groceries were purchased at a local supermarket. A review of Staff #2 and #3's personnel file revealed each were responsible for the preparation and service of food prepared by the program, but each had not received orientation on sanitation and safe food handling prior to handling food.

- Regulatory Insufficiency: Menus shall be planned to provide the following percentage of the daily recommended dietary allowances as established by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences based on the number of meals provided by the program. A minimum of 33⅓ percent if the program provides one meal per day; a minimum of 66⅔ percent if the program provides two meals per day and one hundred percent if the program provides three meals per day. (IAC r. 481 – 69.28 (3))

- 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 annual in-service training on food protection. (IAC r. 481 – 69.28 (5))

C. Record Checks

Monitoring Observation: The program nurse was hired on 8-12-10. A review of the nurse's personnel file revealed the program did not complete a criminal background and child and dependent adult abuse check prior to employment.

- Regulatory Insufficiency: Prior to employment of a person in a facility, the facility shall request that the department of public safety perform a criminal history check and the department of human services perform child and dependent adult abuse record checks of the person in this state. (135C.33 (1))

Dated this 19th day of January, 2011.