IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

DEMAND LETTER
CERTIFIED
Complaint Intake #: 32829-C
32397-C
32916-C

March 30, 2011

K'Lee Lathum, Administrator
Shores at Pleasant Hill
1500 Edgewater Drive
Pleasant Hill, IA 50327

RE: I. Final Complaint Investigation Report
II. Civil Penalty
III. Appeals/Hearings
IV. Conclusion

Dear Ms. Lathum:

I. Final Complaint Investigation Report – Shores at Pleasant Hill, Pleasant Hill, IA

Enclosed is the **Final Complaint 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. The Report notes Regulatory Insufficiencies in the area(s) of: Tenant Rights and Staffing. **Shores at Pleasant Hill** ("Program") is being assessed a $1,000 civil penalty pursuant to Iowa Code section 231C.14 and 481 IAC 67.12(3)(a).

II. Civil Penalty

If, within 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 civil penalty, the assessed penalty will be reduced by thirty-five percent (35%) pursuant to IAC rule 481−67.12(3)d. If you do not wish to request a formal hearing or wish to withdraw your request for formal hearing, please send a cover letter to the attention of **Rose Boccella** and remit the civil 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 thirty (30) days of this notice, by submitting a request for appeal to DIA. A contested case hearing will be held pursuant to Iowa Code chapter 17A and IAC chapter 481—10. If the Program appeals the DIA decision, the civil penalty will be suspended pending the appeal process. If the Program does not appeal, the civil penalty is due within 30 days of notice.

IV. 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 Plan of Correction (POC) submitted on March 22, 2011, has been reviewed and will constitute the final POC related to the on-site visit of February 21 & 22, 2011. The Request for Reconsideration may be submitted only in response to a regulatory insufficiency, not in relation to a fine; therefore, the Request for Reconsideration is denied.

DIA may revisit the Program to confirm compliance in fulfilling the POC's corrective measures. If the Program wishes to appeal 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 enclosed 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 Report

Assisted Living Program:

K'Lee Lathum
Shores at Pleasant Hill
1500 Edgewater Drive
Pleasant Hill, IA 50327

Complaint Intake #: 32829-C
32397-C
32916-C

Date of Investigation:

February 21 and 22, 2011

Monitor(s):

Joyce Kix, RN
Maribeth Freland, 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 Shores at Pleasant Hill on February 21 and 22, 2011. In preparing this report, the following information was considered:

Current Program Census:

General Population Program (GPP)* – Not applicable.

Dementia Specific Program (DSP)* – A program that is a Dementia Specific Program by definition but may have tenants without cognitive disorder.

Current number of tenants in a DSP that serves 55 or more tenants and 10 percent or more of the tenants have dementia between Stages 4 and 7 on the GDS:	22
Current number of tenants without cognitive disorder:	36
Total Population:	58

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

Total Population of DSP:	12
Total Census of ALP:	74

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

Program History – The program received regulatory insufficiencies in the areas of: Evaluation, Service Plan and Medications during this certification period.

Complaint Investigation – The complaint investigators made the observations detailed in the following areas.

A. Criteria for Exclusion of Tenants

Complaint Allegation #32929-C: It was alleged that the program had tenants who required nursing home level care and required the assistance of two staff to transfer.

- Monitoring Observation: Eight tenant files were reviewed and observations completed. There were no tenants identified who exceeded the level of care criteria for assisted living.

- Regulatory Insufficiency: None noted.

B. Medications

Complaint Allegation #32916-C: It was alleged that medications were administered late.

- Monitoring Observation: Six medication administration opportunities were observed. Two of six exceeded the one hour before/one hour after criteria for medication administration by 10 to 15 minutes.

  Two tenant interviews were completed with both stating medications were delivered in a reasonable amount of time.

- Regulatory Insufficiency: None noted.

C. Nurse Review

Complaint Allegation #32829-C: It was alleged that a tenant fell and the nurse failed to follow-up.

- Monitoring Observation: Three tenant's files who had sustained recent falls were reviewed. All files contained documentation of completion of a nurse review shortly after the falls.

- Regulatory Insufficiency: None noted.

D. Tenant Rights

Complaint Allegation #32397-C: It was alleged there were not enough staff provide cares for the tenants.

Complaint Allegation #32916-C: It was alleged there were not enough staff to monitor the tenants for falls or provide cares adequately.

- Monitoring Observation: On 2-21-10 at 9:00 p.m. the monitor observed a call light ringing. It was observed on the wireless paging system that the call light had been turned on at 8:59 p.m. The light was not answered until 20 .5 minutes later.

Review of the printout for call responses from 1-1-11 to 1-8-11 revealed approximately 28 responses which took over 15 minutes with the longest being 50.2 minutes. Review of another random printout dated from 2-10-11 to 2-22-11 revealed approximately 54 instances in which the call light took over 15 minutes to answer with the longest being 65.3 minutes.

Two tenants were interviewed who both indicated that at times it could take from 20 to 30 minutes for call lights to be answered

- Regulatory Insufficiency: All tenants have the right to receive from the manager and staff of the program a reasonable response to all requests. (IAC r. 481-67.3(5))

E. Staffing

During the course of the investigation, the following information was identified.

- Monitoring Observation: Seven employee personnel files were reviewed. Four of the employee's files lacked documentation of completion of nurse delegation to provide cares to the tenants.

  Two staff were interviewed. Both staff reported that they followed another staff person for three to four days and were not observed or delegated by the program nurse to perform task of daily living for the tenants.

- Regulatory Insufficiency: The owner or management corporation of the program is responsible for ensuring that all personnel employed by or contracting with the program receive training appropriate to assigned tasks and target population. (IAC r. 481-69.29(3))

Dated this 28th day of February 2011