IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

DEMAND LETTER
CERTIFIED
Complaint Intake #: 32548-C

May 11, 2011

Jack Collins, Program Director
Walnut Ridge at Clive Senior Campus
1701 Campus Drive
Clive, IA 50325

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

Dear Mr. Collins:

I. Final Complaint Investigation & Recertification Revisit Report – Walnut Ridge at Clive Senior Campus, Clive, IA

Enclosed is the **Final Complaint Investigation and Recertification Revisit 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 Other (not following program's own plan of correction). **Walnut Ridge at Clive Senior Campus** ("Program") is being assessed a $1500 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 nine hundred seventy five dollars ($975) 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 $1500 civil penalty pursuant to Iowa Code section 231C.11 and 481 IAC 67.12(3)(a). The Plan of Correction (POC) submitted on May 9, 2011, has been reviewed and will constitute the final POC related to the on-site visit of April 14, 2011.

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 and Recertification Revisit Report

Assisted Living Program:

Complaint Intake #: 32548-C

Jack Collins, Program Director
Walnut Ridge at Clive Senior Campus
1701 Campus Drive
Clive, IA 50325

Date of Investigation:

April 14, 2011

Monitor(s):

Ann Martin, RN
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 and recertification on-site visit was conducted at Walnut Ridge at Clive Senior Campus on April 14, 2011. In preparing this report, the following information was considered:

Current Program Census:

General Population Program (GPP)* – A program that does is not include a Dementia Specific unit, but may include have tenants with cognitive disorder.

Current number of tenants without cognitive disorder:	31
Current number of tenants with cognitive disorder:	6
Total Population of GPP:	37

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

Total Population of DSP:	18
Total Census of ALP:	55

***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, Criteria for Exclusion of Tenants, Service Plan, Medications, Nurse Review, Tenant Rights and Other (non-notification of an elopement) during this certification period.

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

A. Evaluation of Tenant

The program received a regulatory insufficiency at the time of the January 2011 onsite complaint investigation and recertification visit related to the registered nurses' failure to document the characteristics used to identify the Global Deterioration Scale (GDS) scoring for Tenants #1, #2, #3, #4, #5, #6 and #8.

The program also received a regulatory insufficiency related to the registered nurses' failure to complete a cognitive, health and functional evaluation following the nurses' identification of significant changes in the tenant's status for Tenants #2, #5 and #6.

- Monitoring Observation: The monitors reviewed the clinical records of Tenants #1, #2, #3, #4, #5 and #6. The registered nurse had completed new cognitive evaluations for all using a GDS form, documenting all characteristics she had identified in determining each tenant's GDS score. The monitors did not review the clinical record of Tenant #8 as he/she had been discharged from the program on February 4, 2011.

  The monitors reviewed the clinical records of Tenant #2, #5 and #6. None of these tenant's had experienced a significant change in status since the initial onsite visit. The program hired a new registered nurse following the onsite visit. The new nurse completed a complete baseline cognitive, health and functional evaluation for all three tenants in March 2011.

  The monitors reviewed the clinical records of two additional tenants, finding no concerns related to GDS scoring or evaluation completion.

- Regulatory Insufficiency: None noted.

B. Criteria for Exclusion of Tenants

The program received a regulatory insufficiency during the previous onsite visit related to allowing Tenant #8 to remain in the program. The tenant exhibited unmanageable physical aggression, exhibited increased wandering and exit seeking behavior which placed the tenant at risk for self injury and displayed behavior that placed other tenants at risk, despite medication use, medication changes and staff intervention,. Tenant #8 exceeded the criteria for retention in assisted living setting.

- Monitoring Observation: The program discharged Tenant #8 on February 4, 2011. Through staff interview and the monitors' direct onsite observation of tenants residing in the programs secured Memory Care Unit, the monitors did not identify any other tenants exceeding the assisted living retention criteria

- Regulatory Insufficiency: None noted.

C. Service Plan

The program received a regulatory insufficiency during the previous onsite visit related to the discrepancies noted between evaluation findings and documentation of tenant needs identified on the service plans for Tenants #1, #2 and #5.

The program also received a regulatory insufficiency during the initial visit related to the nurse's failure to obtain the tenant's signature following three service plan updates for Tenant #7.

- Monitoring Observation: The monitors reviewed the clinical records of Tenants #1, #2 and #5. The program hired a new registered nurse following the onsite visit. The new nurse completed a complete baseline cognitive, health and functional evaluation with subsequent updating of the service plan for all three tenants in March 2011. The service plans for all three tenants correlated appropriately with the nurse's evaluation findings. The monitors reviewed the clinical records of two additional tenants, finding no discrepancies between evaluation findings and service plan need identification.

  The monitors reviewed the clinical record of Tenant #7. The program had not yet updated the tenant's service plan therefore no signatures were yet required. The monitors reviewed the current service plans for two additional tenants, finding no concerns related to service plan signature requirements.

- Regulatory Insufficiency: None noted.

D. Medications

The program received a regulatory insufficiency during the previous onsite visit related to staff omission of medication administration, citing the reason for the omission to be due to the program's unavailability of a medication, and failure to notify the tenant's physician of the omission for Tenants #5 and #6.

The program also received a regulatory insufficiency related to the registered nurses' documented direction to give "as needed" (PRN) medications for reasons other than those directed by the physician for Tenant #8.

- Monitoring Observation: The monitors reviewed the clinical records of Tenants #5 and #6, finding all medications given as ordered by each tenant's physician during February and March 2011. The monitors found no documentation indicating omission of tenant medications due to unavailability of the medication during the above stated months.

  The program discharged Tenant #8 on February 4, 2011, therefore the monitors did not review his/her clinical record. The monitors did review the clinical records of two additional tenants, finding PRN order reasons noted on physician's orders matched documentation on the Medication Administration Records for both tenants.

- Regulatory Insufficiency: None noted.

E. Nurse Review

The program received a regulatory insufficiency during the previous onsite visit related to the nurses' failure to properly document times order notation was completed for Tenants #1, #3, #5 and #6.

The program also received a regulatory insufficiency related to the nurses' failure to complete a nurse review with identified changes in the tenant's health status or medication orders for Tenants #2, #4 and #8.

- Monitoring Observation: The monitors reviewed the clinical records of Tenant #1, #3, #5 and #6, finding all physician orders containing notation by the nurse indicating the time of notation occurrence. The monitors reviewed the clinical records of two additional tenants, finding no concerns related to notation documentation.

  The monitors reviewed the clinical records of Tenants #2 and #4, finding no changes in either tenants' health status or medications ordered, which would require a nurse review. The program discharged Tenant #8 on February 4, 2011, therefore the monitors did not review the tenant's record. The monitors reviewed the clinical records of two additional tenants, finding no concerns related to nurse review.

- Regulatory Insufficiency: None noted.

F. Tenant Rights

The program received a regulatory insufficiency during the previous onsite visit related to the program's violation of Tenant #7's, right to keep control of his/her own cigarettes. Tenant #7 experienced mild cognitive decline.

- Monitoring Observation: Tenant #7 signed an occupancy agreement prior to admission which acknowledged the program's smoke free policy. The tenant resided in the general population. The Tenant scored 29 of 30 on the Mini Mental Status Exam completed 6-18-10 and the GDS dated 10-13-10 staged the tenant at 2-3 which indicated mild cognitive decline. Documentation completed by the tenant's physician on 7-12-10 indicated no evidence of dementia.

  The program had initiated a negotiated risk statement on 8-2-10 which documented the tenant was to be given two cigarettes and a lighter at each meal. The tenant was to decide if he/she wanted to smoke the cigarettes before or after the meal. The tenant was to stay in the dining room and wait for an escort and return the lighter to them. The agreement continued to state the tenant would receive six cigarettes per day and if the tenant abused the privilege, the cigarettes would be taken away. During the January onsite visit, the monitors determined this to be in violation of the tenant's rights as the tenant was cognitively intact.

  The service plan, dated 11-4-10, contained minor additions on 1-24-11 and 2-24-11 yet continued to direct staff to bribe the tenant with cigarettes to take a shower. The Individualized Service Assignments, dated March and April 2011, continued to direct

staff to give the tenant two cigarettes before breakfast and lunch and at 4:00 p.m. The Assignment also directed staff to give the tenant one cigarette as a reward after assisting with a shower.

On 4-13-11 at approximately 1:30 PM, the tenant reported the Administrator met with him/her earlier in the day to discuss the tenant's smoking wishes then gave the tenant control of his/her own cigarettes per the tenant's stated wishes.

The program's Plan of Correction indicated a plan to meet with the tenant and update the service plan to reflect the tenant's wishes by 3-15-11. As of 4-13-11, upon initiation of the onsite revisit, the program had not yet met with the tenant to determine his/her wishes related to smoking and had not yet updated the tenant's service plan or the individualized service assignments to reflect the tenant's wishes. The program continued to fail to treat the tenant with consideration and respect warranted to a cognitively intact individual.

- Regulatory Insufficiency: All tenants have the following rights: To be treated with consideration, respect, and full recognition of personal dignity and autonomy. (IAC r. 481-67.3(1))

H. Other

The program received a regulatory insufficiency during the previous onsite visit related to the program's failure to notify the Department of Tenant #5's elopement from the building within 24 hours or the next business day.

Complaint Allegation # 32548-C: During the recertification survey, an incident report identified that a tenant had eloped from the secured unit.

- Monitoring Observation: Administration reported there had been no further elopements from the program since the January 2011 onsite visit. The monitors reviewed the clinical record of Tenant #5, finding no further elopements from the program documented. Staff reported no knowledge of any tenant elopements since the last visit. The program changed the alarm system in the memory care unit to include a button placed at the exit door between the unit and the general population area. The button is to be pushed by visitors wishing to exit the unit, which activates pagers carried by all direct care workers in the unit. Staff subsequently responds to the exit door to enter a code, which is known only by staff, to allow the visitors exit. There have been no further tenant exits with visitors into the general population area since initiation of this system. The monitors determined this insufficiency corrected.

During the course of the revisit, the following observations were made.

The program's Plan of Correction, submitted to the Department on 2-22-11, included the following information.

The Plan of Correction denoting how the program planned to correct the tenant rights issue with Tenant #7 included the program's plan to hold a care conference with the tenant to discuss the tenant's desires related to smoking and to review the occupancy

agreement related to the program's smoke-free environment. The program also planned to update the tenant's service plan to reflect the tenant's wishes and needs. The program included a plan of correction date of 3-15-11 to ensure completion of this correction.

The program did not hold the case conference as planned. The tenant remained restricted from smoking with removal of the tenant's right to have control of his/her cigarettes until 4-13-11 after the monitor's began the onsite revisit. The tenant's service plan and individualized service assignments had not been altered since the initial January onsite visit.

The program did not follow the Plan of Correction as presented to the Department.

- Regulatory Insufficiency: The department may conduct a monitoring revisit to ensure that the plan of correction has been implemented and the regulatory insufficiency has been corrected. A monitoring revisit by the department shall review the program prospectively from the date of the plan of correction to determine compliance. IAC r. 481-67.10(8)

Dated this 9th day of May 2011.