IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

April 20, 2011

Christina Bricker, Housing Director
Summit Pointe Senior Living Community
3505 English Glen Avenue
Marion, IA 52302

RE: Final Incident Investigation and Recertification Report – Summit Pointe Senior Living Community, Marion, IA

Dear Ms. Bricker:

Enclosed is the **Final Incident 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) chapters 481—67 and 481—69.

DIA has completed the review of your Plan of Correction (POC) in response to the Preliminary Incident Investigation and Recertification Report. Based upon a complete review of the Report and your actions to correct the identified Regulatory Insufficiency, DIA accepts your POC. The Final report is enclosed.

The review of the recertification documents you submitted has been completed and the documents are accepted. In addition, the State Fire Marshal's (SFM) inspection report has been received as well as the Facility Engineer's approval of the Evacuation Plans for your program.

Enclosed you will find the Assisted Living Program Certificate **S0248** with effective dates of **December 15, 2010** through **December 14, 2012.**

If you have any questions in regard to this certification, please contact me at 515/281-7039.

Sincerely,

Rose Boccella

Rose Boccella
Program Coordinator
Adult Services Bureau

Enclosure

Iowa Department of Inspections and Appeals
Assisted Living Program
Final Incident Investigation and Recertification Report

Assisted Living Program: **Incident Intake #: 30743-I**

Christina Bricker Housing Director
Summit Pointe Senior Living Community
3505 English Glen Ave.
Marion, Iowa 52302

Date of Incident Investigation:

March 22, 2011

Monitor(s):

Maribeth Freland RN
Joyce Kix 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 an Incident 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:

An on-site monitoring evaluation was conducted at Summit Pointe Senior Living Community on 3-22-11. In preparing this report, the following information was considered:

Current Program Census:

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:	8
Current number of tenants without cognitive disorder:	105

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

Total Population of DSP:	13
Total Population:	118

***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 54 tenants in attendance. The tenants reported general satisfaction with the program. They reported respectful staff interaction and timely response to calls made using emergency pendants. The tenants reported the food served by the program was palatable and the provision of scheduled activities plentiful. They reported the program's environment to be clean and safe, acknowledging they 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. Medications

- Monitoring Observation: On 3-22-11 during observation of morning medication pass with Staff #1, a certified nursing assistant (CNA), the monitor noted a 1 gram Sucralfate remained in the 3-20-11 noon bubble pack. The monitor noted the Medication Administration Record (MAR) entry for the Sucralfate had been signed out as given. The tenant's clinical record included a physician's order for 1 gram Sucralfate to be given four times daily.

  According to the medication error reports medications, 3 other tenants' medications had been noted to remain in bubble packs after staff signed out the tenants' medications as given.

  The program's policy, titled Medication Administration, directed staff to first observe tenant's taking his/her medication then initial on the tenant's MAR the date and time the medication had been taken.

  During the morning and afternoon medication passes, the monitor noted Staff #1, a CNA and Staff #2, a CNA, failed to wash their hands before setting up tenant medications and after giving medications to the next tenant.

  The program's policy, titled Hand Washing/Hygiene, directed staff to wash hands before and after any care and between persons in staff care.

- 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.)

B. Staffing

Incident Allegation: The program reported a cognitively impaired tenant eloped from the building without staff knowledge.

- Monitoring Observation: Tenant #2, a 74 year old previously residing in the memory care unit, was admitted on 9-1-10 with diagnoses of: Dementia, Osteoarthritis, Chronic Obstructive Pulmonary Disease and Degenerative Joint Disease. The tenant was staged at a 6 on the Global Deterioration Scale (GDS), which indicated severe cognitive decline. The tenant was transferred to a long term care facility on 12-28-10.

  According to the tenant's clinical record, Tenant #2 attempted elopement from the memory care unit on 9-7-10 without success. The nurse completed an evaluation of the tenant's health, functional and cognitive status following this elopement attempt. On 9-7-10 the nurse initiated half hour checks to assure the tenant's safety. Documentation indicated staff performed the half hour checks as directed by the service plan from 9-7-10 through 9-16-10. On 9-16-11 at approximately 7:00 PM, the tenant exited the memory care unit while a visitor was exiting. The staff believes the tenant exited the building, got into a staff member's car, took a cigarette from the car and after approximately 50 minutes, attempted to get back into the locked building. Staff had not known of the tenant's elopement prior to his/her return. The

tenant received no injury during the elopement. The nurse completed an incident report and reported the incident timely to the Department. The tenant had no further episodes of elopements after 9-16-10

- Regulatory Insufficiency: None noted.

Dated this 19th day of April 2011.