IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

DEMAND LETTER
CERTIFIED

May 31, 2011

Mr. Eric Klouse, Program Administrator
Willow Pointe Senior Living
17396 Kingbird Avenue
Mason City, IA 50401

RE: I. Willow Pointe Senior Living
II. Civil Penalty
III. Appeals/Hearings
IV. Standard Certification
V. Conclusion

Dear Mr. Klouse:

I. Willow Pointe Senior Living – Willow Pointe Senior Living, Mason City, 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: Occupancy Agreement, Evaluation of Tenant, Service Plan, Food Service, Record Checks and Other (lack of DAA training). Willow Pointe Senior 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 dollars($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 **S0004** with effective dates of **June 1, 2011** through **May 31, 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 May 13, 2011, has been reviewed and will constitute the final POC related to the on-site visit of April 26, 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 Recertification Monitoring Evaluation Report

Assisted Living Program:

Eric Klouse, Program Administrator
Willow Pointe Senior Living
17396 Kingbird Avenue
Mason City, IA 50401

Date of Monitoring Visit:

April 26, 2011

Monitor(s):

Lori Miner, RN BSN

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 Willow Pointe Senior Living on April 26, 2011. 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:	19
Current number of tenants with cognitive disorder:	0
Total Population:	19

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 meeting was held with eight tenants. It was reported the best thing about the program was getting all the help requested. Housekeeping in the apartments and the common areas was completed to the tenants' satisfaction. Tenants indicated maintenance responds to requests right away. The tenants reported they use a call button when help was needed. Staff responded in less than five minutes. Staff were reported to be knowledgeable in cares needed by the tenants and were trained to provide necessary services. A nurse was available when needed. The tenants reported the food was excellent, and substitutions were available if needed. Staff were reported to serve meals appropriately. There were enough activities offered. More trips were requested in good weather. The tenants were generally satisfied with the program and 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. Occupancy Agreement

Monitoring Observation: Tenant #1, a 74 year-old, was admitted to the program on 1-31-11 with diagnoses of: Hypothyroidism, Cerebrovascular Accident (CVA), Hypertension (HTN), Chronic Obstructive Pulmonary Disease (COPD), and Recurrent Major Depression. The Occupancy Agreement was dated and signed 2-16-11. The agreement was not signed prior to admission. The Fee Schedule, a separate piece of paper, was not signed by either the program or the tenant.

Tenant #2, a 78 year-old, was admitted to the program on 4-2-11 with diagnoses of: Diabetic Foot Ulcer and Cellulitis, Diabetes Mellitus Type II, Degenerative Joint Disease of the Lumbar Spine, Hyperlipidemia, HTN, and Peripheral Vascular Disease. The Occupancy Agreement was dated and signed 4-8-11. The agreement was not signed prior to admission. The program failed to provide a signed Fee Schedule for Tenant #2.

Tenant #3, an 83 year-old, was admitted to the program on 11-18-10 with diagnoses of: Congestive Heart Failure (CHF), Anxiety Disorder, Urinary Tract Infection, and Hypothyroidism. The Occupancy Agreement was dated and signed11-29-10. The agreement was not signed prior to admission. The Fee Schedule was initialed by the tenant.

- Regulatory Insufficiency: An assisted living program shall not operate in this state unless a written occupancy agreement, as prescribed in subsection 2, is executed between the assisted living program and each tenant or the tenant's legal representative, prior to the tenant's occupancy, and unless the assisted living program operates in accordance with the terms of the occupancy agreement. The assisted living program shall deliver to the tenant or the tenant's legal representative a complete copy of the occupancy agreement and all supporting documents and attachments and shall deliver, at least thirty days prior to any changes, a written copy of changes to the occupancy agreement if any changes to the copy originally delivered are subsequently made. 2. An assisted living program occupancy agreement shall clearly describe the rights and responsibilities of the tenant and the program. The occupancy agreement shall also include but is not limited to inclusion of all of the following information in the body of the agreement or in the supporting documents and attachments: a. A description of all fees, charges, and rates describing tenancy and basic services covered, and any additional and optional services and their related costs. (231C.5(1))

B. Evaluation of Tenant

Monitoring Observation: Tenant #1 was admitted to the program on 1-31-11. A 30-day health assessment was completed on the resident assessment form dated 2-28-11. Functional and cognitive evaluations were not completed within 30 days of occupancy.

Tenant #2 was admitted to the program on 4-2-11. A pre-screening questionnaire was completed on 3-16-11. The questionnaire contained a functional review. A nursing admission assessment was completed by an LPN on 4-2-11. A resident assessment, a health assessment, was completed by the program registered nurse (RN) on 4-4-11. A

cognitive assessment was completed on 4-4-11. The initial evaluation of health and cognition was not completed prior to admission.

Tenant #3, an 83 year-old, was admitted to the program on 11-18-10. A 30-day health assessment was completed on the resident assessment form dated 12-13-10. Functional and cognitive evaluations were not completed within 30 days of occupancy.

- Regulatory Insufficiency: A program shall evaluate each prospective tenant's functional, cognitive and health status prior to the tenant's signing the occupancy agreement and taking occupancy of a dwelling unit in order to determine the tenant's eligibility for the program, including whether the services needed are available. The cognitive evaluation shall utilize a scored, objective tool. When the score from the cognitive evaluation indicates moderate cognitive decline and risk, the Global Deterioration Scale shall be used at all subsequent intervals, if applicable. If the tenant subsequently returns to the tenant's mildly cognitively impaired state, the program may discontinue the GDS and revert to a scored cognitive screening tool. The evaluation shall be conducted by a health care professional or human service professional. (IAC r. 481-69.22(1))

- Regulatory Insufficiency: A program shall evaluate each tenant's functional, cognitive and health status within 30 days of occupancy. A program shall also evaluate each tenant's functional, cognitive and health status as needed with significant change, but not less than annually, to determine the tenant's continued eligibility for the program and to determine any changes to services needed. The evaluation shall be conducted by a health care professional or human service professional. A licensed practical nurse may complete the evaluation via nurse delegation when the tenant has not exhibited a significant change. (IAC r. 481-69.22(2))

C. Service Plan

Monitoring Observation: Tenant #1 was admitted on 1-31-11. A fax dated 4-13-11 indicated the tenant had increased episodes of pacing, especially when out of cigarettes. The fax also indicated the tenant had increased episodes of verbal aggression, and an increase in loud, vocal, and rude remarks. The tenant was also noted to occasionally refuse medications and had been refusing personal cares. The service plan failed to address the pacing, aggression, and the refusal of medication and personal cares. The service plan did not address the tenant's identified needs. The current service plan was dated and signed on 2-1-11. The service plan was not completed prior to taking occupancy. The service plan was not updated within 30 days of occupancy. The service plan did not indicate the tenant's preference for nursing facility care.

Tenant #2 was admitted on 4-2-11. A medication pass was observed. Tenant #2 was observed administering his/her own insulin after it was drawn up by staff. The service plan indicated staff are to administer insulin. During the medication pass, staff was observed performing wound care to a foot ulcer. The service plan did not address the tenants need for foot care. A physician's order dated 4-5-11 indicated the tenant was to elevate the leg above heart every two hours to reduce swelling. The service plan did not address leg care. The service plan did not address the tenant's identified needs. The current service plan was dated and signed 4-4-10. The service plan was not completed

prior to taking occupancy. The service plan did not indicate the tenant's preference for nursing facility care.

Tenant #4, a 61 year-old, was admitted to the program on 10-1-09 with diagnoses of: HTN, Morbid Obesity, Diabetes, Hyperlipidemia, Gout, and History of Depression. Nurse's notes dated 4-9-11 indicated the tenant was very vocal at breakfast and verbally loud to staff regarding the menu. A discussion was held with the tenant regarding the physician's recommendation regarding diet. It was noted the tenant's weight was up two pounds. The service plan dated 4-20-11 did not identify the tenant's dietary needs. Nurse's notes dated 4-12-11 indicated the tenant was transported to the hospital following a mental health appointment. A psychiatric consultation dated 4-13-11 indicated the tenant was admitted to the hospital with severe emotional distress with both suicidal and homicidal ideation. The tenant returned to the program on 4-18-11. The service plan did not identify the tenant's mental health needs.

- Regulatory Insufficiency: A service plan shall be developed for each tenant based on the evaluations conducted in accordance with subrules 69.22(1) and 69.22(2) and shall be designed to meet the specific service needs of the individual tenant. The service plan shall subsequently be updated at least annually and whenever changes are needed. (IAC r. 481-69.26(1))

- Regulatory Insufficiency: Prior to the tenant's signing the occupancy agreement and taking occupancy of a dwelling unit, a preliminary service plan shall be developed by a health care professional or human service professional in consultation with the tenant and, at the tenant's request, with other individuals identified by the tenant, and, if applicable, with the tenant's legal representative. All persons who develop the plan and the tenant or the tenant's legal representative shall sign the plan. (IAC r. 481-69.26(2))

- 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))

- Regulatory Insufficiency: The service plan shall be individualized and shall indicate, at a minimum preferences, if any, of the tenant or the tenant's legal representative for nursing facility care, if the need for nursing facility care presents itself during the assisted living program occupancy. (IAC r. 481-69.26(4)(e))

D. Food Service

Monitoring Observation: Menus were reviewed for the months of January to April, 2011. The program provided three meals per day. The menus did not contain a signature of a dietitian. The program administrator indicated there was no dietary manager. Menus were planned by program staff. Menus were not approved by a dietitian. The program failed to ensure 100% of the recommended dietary allowances were provided.

An observation of the noon meal was made during this onsite visit. The on-duty Tenant Assistant was observed serving food. Staff #1, a Tenant Assistant was hired 3-26-10. Staff#2, a Tenant Assistant, was hired 6-28-10. Staff #3, Dietary Staff, was hired.6-28-

10. The program failed to provide documentation of any training to these employees on safe food handling.

- 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)(a-c))

- 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))

E. Record Checks

Monitoring Observation: Staff #4 was hired 10-21-09. According to the program administrator, Staff #4 was originally hired in 2003 and left employment in 2007. Staff #4 was rehired in 2009. Child abuse and dependent adult abuse checks were completed 10-15-09. The program provided documentation of a criminal background check completed 10-24-03. The program failed to complete a current criminal background check with this employment.

The program provided documentation that Staff #5 was hired 1-17-11. In a conversation, Staff #5 indicated he did not actually start until 1-24-11. The program was unable to provide documentation indicating a specific date of hire. A criminal background check was completed on 1-12-11. Child abuse and dependent adult abuse checks were completed on 1-28-11 and 2-1-11. The program failed to complete child abuse and dependent abuse checks prior to employment.

- Regulatory Insufficiency: Pursuant to Iowa Code section 135C.33, a prospective employee of a program shall have a criminal history check, dependent adult abuse check, and child abuse check performed before the prospective employee begins 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 preemployment background check shall be maintained in the program's employee file. The program must meet all requirements of Iowa Code section 135C.33 and administrative rules adopted pursuant to Iowa Code section 135C.33. (IAC r. 481-67.9(3))

F. Other

Monitoring Observation: Staff #1, a Tenant Assistant was hired 3-26-10. Staff#2, a Tenant Assistant, was hired 6-28-10. Staff #3, Dietary Staff, was hired.6-28-10. Staff #5, a Tenant Assistant, was hired 10-21-01. The program failed to provide

documentation of current Mandatory Reporter training for Dependent Adult Abuse for these employees.

- Regulatory Insufficiency: A person required to report cases of dependent adult abuse pursuant to section 235B.3, other than a physician whose professional practice does not regularly involve providing primary health care to adults, shall complete two hours of training relating to the identification and reporting of dependent adult abuse within six months of initial employment or self-employment which involves the examination, attending, counseling, or treatment of adults on a regular basis. Within one month of initial employment or self-employment, the person shall obtain a statement of the abuse reporting requirements from the person's employer or, if self-employed, from the department. The person shall complete at least two hours of additional dependent adult abuse identification and reporting training every five years. (235 B.16.5)

Dated this 18th day of May, 2011.