IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

DEMAND LETTER
CERTIFIED
Incident Intake #: 33761-I

July 15, 2011

Ms. Sue Hyde, Administrator
Keelson Harbour Assisted Living
2810 Aurora Avenue
Spirit Lake, IA 51360

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

Dear Ms. Hyde:

I. Final Recertification Monitoring Evaluation & Incident Investigation Report – Keelson Harbour Assisted Living, Spirit Lake, IA

Enclosed is the **Final Recertification Monitoring Evaluation & Incident Investigation 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: Nurse Review, Staffing, and Dementia Specific Education for Program Personnel. Keelson Harbour Assisted 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 **Jim Berkley** 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 **S0258** with effective dates of **June 14, 2011** through **June 13, 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 June 30, 2011, has been reviewed and will constitute the final POC related to the on-site visit of June 7, 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, 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 and Incident Investigation Report

Assisted Living Program:

Incident Intake #: 33761-I

Sue Hyde, Administrator
Keelson Harbour Assisted Living
2810 Aurora Avenue
Spirit Lake, IA 51360

Date of Monitoring Visit:

June 7, 2011

Monitor(s):

Hal L. Chase, MPH 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 Keelson Harbour Assisted Living on June 7, 2011. 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 fewer than 55 tenants and has 5 or more tenants who have dementia between Stages 4 and 7 on the Global Deterioration Scale (GDS):	46

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

Total Population of DSP:	23
Total Census of ALP:	69

***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 45 tenants. Tenants reported it was nice living at the program, but reported housekeeping services were not always consistent and could be better. The building and grounds were safe, clean and sanitary. Nursing services were available and staff responded within 10 minutes of being called. Staff treated tenants with respect and provided the services needed. The food was good, with a variety of meats, vegetables and fruits offered. Food was prepared and served to tenants' satisfaction tenants did report second helpings were not always available when requested. Tenants reported they would like a library at the program. Tenants made their own decisions related to personal and health related cares and were generally satisfied with what the program offered.

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. Nurse Review

Incident Allegation #33761-I: It was reported Tenant #1 fell on 4-14-11, when he/she ambulated to the dining room while pushing his/her oxygen tank. The Tenant became entangled in the oxygen tubing. The Tenant was hospitalized the same day for a left hip repair.

- Monitoring Observation: Six files were reviewed. Tenant #1 (the Tenant), a 68 year old, was admitted on 9-4-09 and had diagnoses of Dementia, Anxiety, Chronic Obstructive Pulmonary Disease (COPD) and Hypertension (HTN). Program documentation revealed a cognitive evaluation was completed on 4-14-11 and staged the Tenant at five on the Global Deterioration Scale (GDS), which indicated moderately severe cognitive decline. The Tenant resided in the dementia unit.

A service plan, including task sheets, dated 9-3-10, revealed the Tenant needed assistance with activities of daily living (ADLs.) The Tenant needed supervision with bathing, reminders for grooming and hygiene, but was independent with transfers and ambulation. Staff was to assist the Tenant as needed with oxygen therapy, as the Tenant was on continuous oxygen therapy.

90-day nurse reviews were completed on 1-7-11 and 4-14-11 and concluded the tenant's needs for assistance with cares were unchanged. The Tenant continued to use oxygen via nasal cannula without any problems and the Tenant required some help with ADLs. Records indicated three incidents of falls between 4-1-11 through 4-16-11. On 4-1-11, a staff member was assisting the Tenant with showering and slipped on a wet mat while getting out of the shower. The Tenant sustained a bump on the head and cheek. On 4-15-11 the Tenant was in the bathroom, had pulled his/her pants down to use the toilet and lost his/her balance. The Tenant fell, but did not sustain an injury. On 4-16-11, the Tenant reported he/she was trying to get up and walk but got tangled in the oxygen tubing. A staff member was alerted to the fall from another tenant. The Tenant was not able to move his/her right leg.

Progress notes of 4-16-11 revealed the Tenant was taken to a hospital emergency room (ER) for evaluation and was diagnosed with a right hip fracture. On 4-20-11, the program was notified the Tenant passed away. Despite the Tenant being independent with ambulation and transfer, the program nurse did not complete a nurse review after the Tenant had fallen on 4-1-11, 4-15-11 and 4-16-11 to determine the Tenant's health status.

Staff members #1, #2, #3 and #4 were interviewed. Staff #1 worked in the general population and did not know the Tenant and could not give any information related to the Tenant's status. Staff #2 stated the Tenant had a steady gait and took short steps when he/she ambulated. The staff member was not worried about the Tenant's ability to ambulate. Staff was attentive to the tenant's oxygen tubing, making sure it wasn't in the way when the Tenant ambulated. Staff #3 did not know the Tenant, as she did not work in the dementia unit. She was not aware of the Tenant's status or needs. Staff #4 stated the Tenant was independent with ambulation and did not use a cane or walker when ambulating. The Tenant needed prompting for most ADLs. Staff was to keep the oxygen tubing up and away from the Tenant's feet however, the Tenant would usually take care of this on his/her own.

- Regulatory Insufficiency: If a tenant does not receive personal or health-related care, but an observed significant change in the tenant's condition occurs, a nurse review shall be conducted. If a tenant receives personal or health-related care, the program shall provide for a registered nurse or a licensed practical nurse via nurse delegation, to assess and document the health status of each tenant, to make recommendations and referrals as appropriate, and to monitor progress relating to previous recommendations at least every 90 days and whenever there are changes in the tenant's health status. (IAC r.481-69.27 (3))

B. Staffing

Monitoring Observation: Staff #4, #5, #6, #8, #9 and #10's personnel files were reviewed. Staff #4 was hired 5-17-11, Staff #5 was hired 3-31-11, Staff #6 was hired 11-8-10, Staff #8 was hired 12-21-10, and Staff #9 was hired 2-28-11 and Staff #10 was hired on 5-8-11. Each provided personal and health related cares to tenants. A review of personnel files revealed no documentation of nurse delegated training by the program nurse and return demonstration of staff performing personal and health related cares given to tenants.

In a written statement by the Administrator, the previous Nurse, Staff #11Registered Nurse (RN) was terminated on 2-17-11. The training files were in the nurse's office. On 2-21-11 the Administrator noted some of the employee training files were missing. The Administrator stated (RNs) were the acting Program Nurse until 3-28-11. Staff # 12 RN was hired on 3-29-11 until 5-16-11. Staff #13 RN was hired on 5-16-11, and is the current Program Nurse. Staff #11 RN did not ensure staff who performed personal and health related cares were trained to provide these cares. Despite having missing training files, the program did not establish nurse delegated training and return demonstration from staff whose files did not have the necessary documentation.

- Regulatory Insufficiency: A sufficient number of training staff shall be available at all times to fully meet tenants' identified needs. (IAC r.481-67.9(1))

- Regulatory Insufficiency: The program shall have training and staffing plans on file and shall maintain documentation of training received by program staff. (IAC r.481-67.9(4))

C. Dementia-specific education for program personnel

Monitoring Observation: Staff #5, #6, #8 and #10's personnel files were reviewed. Staff #5 was hired 3-31-11 and completed four hours of dementia training by 3-31-11. Staff #6 was hired 11-8-10 and completed four hours of dementia training by 5-3-11. Staff #8 was hired 12-21-10 and completed four hours of dementia training 4-30-11. Staff #9 was hired 2-28-11 and completed four hours of dementia training by 4-26-11. Each of the staff listed above did not have eight hours of dementia training within 30-days of employment.

- Regulatory Insufficiency: All personnel employed by or contracting with a dementia-specific program shall receive a minimum of eight hours of dementia-specific education and training within 30-days of either employment or the beginning date of the contract, as applicable. (IAC r.481-69.30(1))

Dated this 14th day of July, 2011.