IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

DEMAND LETTER
CERTIFIED
Complaint Intake #: 29704-C

October 4, 2010

Ms. Deanna Kahler, Director
Arlington Place of Oelwein
1101 3rd Street SW
Oelwein, IA 50662

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

Dear Ms. Kahler:

I. Amended Final Complaint Investigation Report – Arlington Place of Oelwein, Oelwein, IA

Enclosed is the **Amended 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: Medications, Food Service, Staffing, and Record Checks. **Arlington Place of Oelwein** ("Program") is being assessed a $2500 civil penalty.

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 sixteen hundred twenty five dollars ($1625) 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 $2500 civil penalty. The Plan of Correction (POC) submitted on September 28, 2010, has been reviewed and will constitute the final POC related to the on-site visit of August 19, 2010.

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 Certification 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
Amended Final Complaint Investigation Report

Assisted Living Program: **Complaint Intake #: 29704-C**

Deanna Kahler, Director
Arlington Place of Oelwein
1101 3rd Street SW
Oelwein, Iowa 50662

Date of Investigation:

August 19, 2010

Monitor(s):

Joyce Kix, 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 Arlington Place of Oelwein on August 19, 2010. In preparing this report, the following information was considered:

Current Program Census

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

Current number of tenants without cognitive disorder:	29
Current number of tenants with cognitive disorder:	0
Total Population:	29

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.**

Program History – There were substantiated regulatory insufficiencies this certification period in the areas of: Evaluation of Tenants, Service Plans, Nurse Review, Staffing and Other.

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

A. Medications

Complaint Allegation: It was alleged the registered nurse (RN), dispensed tenants' medications in planners one time per week. The staff then initialed that a number of medications was administered to the tenant. The medication administration procedure allowed for mistakes.

- Monitoring Observation: The process explained by the RN included the completion of a Medication Count sheet with the number of pills to be administered and the time of administration. The employee signed their initials on that sheet after counting the number of pills and giving them to the tenant. The employee then signed off each medication on the medication administration record (MAR).

  The following errors were identified by the monitor.

  1. Tenant #2- The MAR for 8-18-10 for six different medications was not signed to document the administration of the medications at 12 noon.

  2. Tenant #2- The physician's order dated 6-27-10 directed for the medication Ferrous Sulfate 325 milligram every day. The order was transcribed and signed off on the MAR as given every other day from 6-28-10 to 7-14-10.

  3. Tenant #3- The Medication Count sheet was signed as given on 8-18-10 at 4:00 p.m. and 8:00 p.m. but did not have the number of pills to be given written by the RN.

  4. Tenant #5- The Special Remarks sheet of the MAR indicated the tenant received Tylenol on 8-18-10 at 9:50 p.m.; however, the MAR did not document the administration of the as needed (PRN) medication by the signature of initials.

  5. Tenant #6- The number of pills to be given on 8-17-10 at 8:00 p.m. was not transcribed by the RN. Instead, the employee had initialed and written the number six by her name.

- 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. Nurse Review

Complaint Allegation: It was alleged that a tenant's condition was not reviewed by the nurse upon return from the hospital.

- Monitoring Observation: Tenant #7, a 91 year old, was admitted 9-8-09 with diagnoses of: Congestive Heart Failure, Chronic Renal Failure, Chronic Obstructive Pulmonary Disease, Atrial Fibulation, Hypokalemia, and Edema. The tenant was discharged from the hospital on Saturday 8-21-10 and returned to the program. The RN noted the discharge orders and put the medication into a med planner on 8-21-10 at 7:30 p.m. The RN completed cognitive, health and functional assessments on 8-

23-10, with a revised service plan signed by the tenant 8-23-10. The tenant's review was completed within an appropriate time-frame.

- Regulatory Insufficiency: None noted.

C. Food Service

Complaint Allegation: It was alleged that the program's kitchen was not clean.

- Monitoring Observation: Observation of the kitchen on 8-19-10 at noon revealed the following areas of concern:

  1. The kitchen oven had burnt black residue on the backsplash and doors.
  2. Staff serving food onto plates did not wear hair protection.
  3. The freezer in the storage area had debris on the bottom shelf.
  4. The waste basket in the food preparation area was not covered.
  5. The drawers under the kitchen counter had debris in the bottom.
  6. The ice machine had smears under the door handles.

- Regulatory Insufficiency: The building and grounds shall be well-maintained, clean, safe and sanitary. (IAC r. 481 69.35(1) b.)

D. Staffing

Complaint Allegation: It was alleged the program staff did not have training for required tasks.

- Monitoring Observation: The MAR for Tenant #7 documented a physician's order dated 8-10 for a wound dressing change which included flushing the wound with saline and packing it with Meligsorb. Four employee personnel files were reviewed. The files for Staff 1, 2, 3 and 4 lacked documentation of completion of nurse delegation for a wound dressing change with packing.

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

Complaint Allegation: It was alleged that program RN did not always answer the telephone when staff called.

- Monitoring Observation: Two tenants were interviewed. Both reported the nursing staff was available. Two staff were interviewed. Staff 3 and 4 reported that the nurse and administrator were available by telephone when needed.

  Regulatory Insufficiency: None noted

E. Structural requirements

Complaint Allegation: It was alleged that the program turned off the air conditioning on the weekends.

- Monitoring Observation: Tenants control the air conditioning in their rooms. The maintenance person reported that the common areas were controlled by a central thermometer that was set at 78 degrees. Observation of the dining area thermometer on 8-19-10 at noon revealed the room temperature was 78 degrees. Four tenants were interviewed and each reported that the temperature of the program was comfortable. Staff #3, who worked the prior weekend, stated that she did not hear any complaints from the tenants regarding the temperature.

- Regulatory Insufficiency: None noted.

F. Record Checks

Complaint Allegation: It was alleged that all program staff did not have appropriate criminal background and dependent adult abuse background checks completed.

- Monitoring Observation: Employee 2, a universal worker, was hired on 3-2-09. The program provided evidence of a positive criminal history dated 2-9-09. The program's consultant nurse reported the program could not find evidence that the Department of Human Services had approved the employee to work at the program prior to hire.

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

G. Other

Complaint Allegation: It was alleged tenants were not allowed choice regarding when bathing assistance would be provided.

- Monitoring Observation: Three tenants were interviewed who received assistance with showering or the whirlpool bath. All stated that they were happy with the time of day when they received their baths.

- Regulatory Insufficiency: None noted

Dated this 6th day of October 2010.