IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

August 19, 2011

Kathy Gerdes, Administrator
Crown Pointe Assisted Living
1400 7th Avenue SE
Sioux Center, IA 51250

RE: Final Recertification Monitoring Evaluation Report – Crown Pointe Assisted Living, Sioux Center, IA

Dear Ms. Gerdes:

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) chapters 481—67 and 481—69.

DIA has completed the review of your Plan of Correction (POC) in response to the Preliminary Recertification Monitoring Evaluation Report. Based upon a complete review of the Report and your actions to correct the identified Regulatory Insufficiencies, 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 **S0125** with effective dates of **October 1, 2011** through **September 30, 2013**.

If you have any questions in regard to this certification, please contact me at 515/281-4116.

Sincerely,

Jim Berkley

Jim Berkley
Program Coordinator
Adult Services Bureau

Enclosure

Iowa Department of Inspections and Appeals
Assisted Living Program
Final Recertification Monitoring Evaluation Report

Assisted Living Program:

Kathy Gerdes, Administrator
Crown Pointe Assisted Living
1400 7th Avenue SE
Sioux Center, IA 51250

Date of Monitoring Visit:

July 13, 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 Crown Pointe Assisted Living on July 13, 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:	20
Current number of tenants with cognitive disorder:	2
Total Population:	22

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 18 tenants. It was reported the best thing about the Program was the friendship, the nice staff, and the service received. The housekeeping was completed to the tenants' satisfaction in apartments and common areas. The sidewalks were kept clear in the winter. Staff members responded to requests for assistance in less than five minutes. The staff treated the tenants with kindness and respect. The tenants indicated the staff was trained to provide needed services. The food was described as good with no improvements needed; hot foods were served hot. There were enough activities offered with no suggestions made for further activities. Generally, the tenants were 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. Medications

Monitoring Observation: Staff #1, a Certified Med Aide (CMA), was observed passing medications to the following tenants:

Tenant #9 (the Tenant), an 85 year-old, was admitted on 4-19-10 with diagnoses of: Hypertension (HTN), Osteoporosis, Gastroesophageal Reflux Disease (GERD), Dementia, and Vertebral Compression Fracture. According to the Medication Administration Record (MAR), the Tenant was scheduled to receive seven medications at 8:00 a.m. Medications included a blood pressure pill (Amlodipine), an anti-ulcer pill (Omeprazole), a medication for dementia (Namenda), and Acetaminophen to be given three times a day. The medications were observed to be given at 9:07 a.m. and signed as given at 8:00 a.m.

Tenant #11 (the Tenant), an 85 year-old, was admitted on 3-18-11 with diagnoses of: Congestive Heart Failure (CHF), HTN, Diabetes Type II, Chronic Kidney Disease, Depression, History of Cerebrovascular Accident, Coronary Artery Disease, and Benign Prostatic Hypertrophy. According to the MAR, the Tenant was scheduled to receive five medications at 8:00 a.m. Medications included a water pill (Furosemide), a blood pressure pill (Lisinopril), an antidepressant (Buproprion), and a Nitroglycerin patch (a vessel dilator) to be applied in the morning and removed in the evening. The medications were observed to be given at 9:24 a.m. and signed as given at 8:00 a.m. According to the MAR, the Tenant was scheduled to receive Novolog 70/30, insulin for diabetes, in the morning before breakfast. The MAR noted the time to be given as 7:00 a.m. The Tenant indicated he/she usually eats breakfast at "8-ish." The Tenant indicated breakfast had already been eaten. Staff #1 reminded the Tenant it was time to check a blood sugar level at 9:25 a.m. Staff #1 gave a pre-filled syringe of insulin to the Tenant to self-administer at 9:28 a.m. The insulin was signed as given at 7:00 a.m.

Tenant #4 (the Tenant), an 88 year-old, was admitted on 11-26-08 with diagnoses of: Syncope, Pain, Osteoporosis, Psychosis, Transient Ischemic Attack (TIA), HTN, and Hypothyroidism. According to the MAR, the Tenant was scheduled to receive seven medications at 8:00 a.m. Medications included blood pressure pills (Amlodipine, Metoprolol, and Benazepril), pain medication (Tramadol and APAP), and a heart medication (Digoxin). The medications were observed to be given at 9:32 a.m. The medications were signed as given at 8:00 a.m.

In a discussion with Staff #1 at 9:34 a.m., she indicated medications still needed to be given to the following five tenants: #2, #5, #6, #7, and #8. According to the MAR's, the medications were due at 8:00 a.m.

Tenant	Medications
#2	Nine medications due including included an antiarrhythmic (Diltiazem), a blood pressure medication (Amlodipine), a water pill (Furosemide), and an antidepressant (Celexa).
#5	Four medications were due including Ibuprofen; a pain pill to be given three times a day with food.
#6	Two medications were due including an antidepressant (Celexa)
#7	Two medications were due including a pill for dementia (Namenda)
#8	Nine medications were due including blood pressure pills (Amlodipine, Atenolol, and Benazepril), Acetaminophen for pain, and a nebulizer treatment and diskus (Albuterol and Advair) for breathing

Medications were given to eight tenants outside the prescribed time frame

- Regulatory Insufficiency: When medications are administered traditionally by the program the administration of medications shall be provided by a registered nurse, licensed practical nurse or advanced registered nurse practitioner registered in Iowa or by unlicensed assistive personnel in accordance with requirements in 655—Chapter 6 governing nurse delegation. (IAC r. 481-67.5(6)(a))

B. Other: Dependent Adult Abuse Training

Monitoring Observation: The following staff files were reviewed:

Staff and Job Title	Date of hire	Date of Dependent Adult Abuse Training
#1 CMA	8-7-89	2-4-09
#2 Universal Worker (UW)	1-12-10	3-1-10
#3 Licensed Practical Nurse	5-22-03	2-21-11
#4 UW	5-16-11	6-29-11
#6 UW	10-14-10	4-3-07
#7 UW	9-13-05	2-12-08

The Program provided documentation of Dependent Adult Abuse Training on the dates listed above. The certificates of completion indicated the course was a combined course which covered mandatory reporting of both dependent adult abuse and child abuse. The course was a three-hour course. The Program failed to provide documentation that the course included two hours devoted to mandatory reporting of dependent adult abuse.

- 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. (235B.16 (5)(b))

Dated this 19th day of August, 2011.