IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

DEMAND LETTER
CERTIFIED
Complaint Intake #: 33811CR-1
33653CR-1
33852MR-1

August 30, 2011

Mr. Jack Collins, Administrator
Walnut Ridge
1701 Campus Drive
Clive, IA 50325

RE: I. Final Third Recertification Revisit, First Incident Revisit and First Complaint Revisit
II. Civil Penalty
III. Appeals/Hearings
IV. Conclusion

Dear Mr. Collins:

I. Final Third Recertification Revisit, First Incident Revisit and First Complaint Revisit – Walnut Ridge, Clive, IA

Enclosed is the **Final Third Recertification Revisit, First Incident Revisit and First Complaint Revisit** 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 and Monitoring, Plans of Correction and Request for Reconsideration. **Walnut Ridge** ("Program") is being assessed a $2,000 civil penalty pursuant to Iowa Code section 231C.14 and 481 IAC 67.12(3)(a).

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 thirteen hundred dollars ($1300) 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 $2,000 civil penalty pursuant to Iowa Code section 231C.11 and 481 IAC 67.12(3)(a). The Plan of Correction (POC) submitted on August 23, 2011, has been reviewed and will constitute the final POC related to the on-site visit of August 1 & 2, 2011.

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 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 Third Recertification Revisit, First Incident Revisit and First Complaint Revisit

Assisted Living Program:

Jack Collins, Administrator
Walnut Ridge
1701 Campus Drive
Clive, IA 50325

Complaint Intake #:
33811CR-1
33653CR-1
33852MR-1

Date of Investigation:

August 1-2, 2011

Monitor(s):

Joyce Kix, RN
Maribeth Freland, RN
Ann Martin, RN
Rose Boccella MA

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.

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:	34
Current number of tenants with cognitive disorder:	2
Total Population of GPP:	36

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

Total Population of DSP:	17

***These are the census numbers represented by the program to be applicable at the time of the on-site.**

Program History – The program received the following regulatory insufficiencies as the result of the January 12, 18 and 19th, 2011 on site: Evaluation, Criteria for Exclusion of Tenants, Service Plan, Medications, Nurse Review, Staffing, Tenant Rights and Other, (non-notification of elopement). During the April 14th 2011 on-site, the program received regulatory insufficiencies in the areas of: Tenant Rights and Other (not following plan of correction).

The program received regulatory insufficiencies in the areas of: Evaluation, Service Plan, Medications, Nurse Review, Staffing, Tenant Rights, Program Notification to the Department and Plan of Correction during the April 26 and 27 and May 3, 4, 5 2011 Second Recertification Revisit and Complaint and Incident Investigation (33811, 33653, 33852). The program was fined $8,000.

On-Site Revisit Monitoring Evaluation – The monitors made the observations detailed in the following areas.

A. Evaluation of Tenant

The program received an additional regulatory insufficiency, identified during the course of the April/May 2011 onsite complaint investigation/recertification revisit related to the program's failure to complete cognitive, functional and health evaluations according to regulation for Tenants #1, #4, #5 and #13. The monitors reviewed the clinical records of Tenants #1, #4, #5, and #13 with an additional clinical record review for Tenant #6.

- Monitoring Observation: The clinical records for Tenants #1, #4, #5 lacked any indication of changes in the tenants' conditions after the program's plan of correction

date. Evaluations found in the clinical records were completed according to regulation. The clinical record for Tenant #13 included a Global Deterioration Scale (GDS), completed on 7-15-11, which indicated an appropriate scoring by the nurse. The clinical record for Tenant #6 included appropriate evaluations after the program's plan of correction date.

- Regulatory Insufficiency: None noted.

B. Service Plan

The program received an additional regulatory insufficiency, identified during the course of the April/May 2011 onsite complaint investigation/recertification revisit related to the program's failure to identify individualized tenant needs on the service plans for Tenants #1, #4, #5 and #13. The monitors reviewed the clinical records of Tenants #1, #4, #5, and #13 with an additional clinical record review for Tenant #6.

- Monitoring Observation: The clinical records for Tenants #1, #4, #5 and #13 included service plans which included appropriate updates addressing all tenant needs at the time of review. The clinical record for Tenant #6 included an appropriate service plan.

- Regulatory Insufficiency: None noted.

C. Medications

The program received a regulatory insufficiency during the onsite 33811C complaint investigation visit completed April 26, 27 and May 3, 4, 5, 2011 related to the program's failure to follow accepted sanitary procedures when crushing tenant medications and failure to keep medications locked and secure from tenants with dementia and failure to keep medications kept in the assisted living medication cart locked and unavailable to unauthorized staff.

The program received a regulatory insufficiency during the onsite 33653C complaint investigation visit completed April 26, 27 and May 3, 4, 5, 2011 related to the program's failure to assure Medication Administration Records (MARS) were completed and available to staff prior to medication pass.

The program received a regulatory insufficiency during the onsite 33852M incident investigation visit completed April 26, 27 and May 3, 4, 5, 2011 related to the program's failure to identify medication documentation discrepancies.

- Monitoring Observation: 33811C- During tour of the dementia unit, the monitor noted the program no longer used a bowl and pestle for medication crushing. The program replaced the bowl and pestle with a sanitary crushing system.

  During observation of Tenant #7's apartment while accompanied by Staff #1, the monitors observed no medications being kept unlocked in Tenant #7's apartment.

Interview with Staff #1, #4 and the Program Nurse revealed Tenant #7's family visited daily to administer medications therefore medications are no longer kept in the apartment.

The medication cart lock for the assisted living area had been repaired and the program now stored only narcotics in the cart and all other tenant medications stored in locked cupboards in each assisted living tenants' apartment; however, on 8-1-11 at approximately 1:30 PM, a monitor noted a plastic bag containing multiple tenant medications and a plastic tote containing multiple tenant medications in the unlocked and unattended office of Staff #10, Registered Nurse, leaving access to the medications available to unauthorized staff.

33653C- Interview with Staff #4 and Staff #7 revealed all MARs for August 2011 were available for staff use timely. Both report June and July MARs had been available for use prior to medication pass.

33852M- The monitors reviewed the clinical records of Tenant #3 and #10 for medication documentation discrepancies, finding none.

During medication pass observation on 8-1-11with Staff #7, the monitor identified the following medication administration/documentation discrepancies:

a. At 11:23 AM, Staff #7 administered one tablet of Carbidopa/Levodopa 25/100 to Tenant #1. Review of Tenant #1's clinical record indicated the current physician's order, dated 5-10-11, directed staff to administer Carbidopa/Levodopa at 7:00 AM and 4:00 PM. The order did not include an administration time of 11:00 AM.

   According to the August 2011 MAR, Staff #7 had administered one and ½ tablets of Carbidopa/Levodopa at 8:00 AM and one tablet at 11:00 AM on 8-1-11 therefore Tenant #1 received ½ tablet too much at 8:00 AM and an extra dose of the medication at 11:00 AM. Upon review of Tenant #1's clinical record, the monitor noted in July 2011 Tenant #1 received one and ½ tablets of Carbidopa/Levodopa at 8:00 AM daily, one tablet of Carbidopa/Levodopa at noon daily and one tablet of Carbidopa/Levodopa at 4:00 PM daily.

b. At 11:15 AM, Tenant #2's eye drops, which should have been administered at 8:00 AM, had not yet been signed off as given. Staff #7 reported she had administered the eye drops however had failed to sign the medication as given.

During medication pass observation on 8-1-11with Staff #4, the monitor identified the following medication administration infection control concerns:

c. Staff #4 applied gloves prior to medication administration pass. Staff #4 administered medications to Tenant #11, #4, #12 and #10 without removing and replacing the gloves and without cleansing her hands between tenants.

d. During medication administration to Tenant #10, a tenant residing in the dementia unit, Staff #4 dropped a B12 tablet on Tenant #10's apartment floor. Staff #4 picked up the pill, telling the monitor and Tenant #10 that as long as the pill was on the floor for less than one minute the pill could still be used. Tenant #10 gave no response and Staff #4 administered the B12 tablet that had previously been on the floor to Tenant #10.

The program's policy, titled Medication Program, directed staff to dispose of any medications dropped on the floor. The Program Nurse reported the program does not allow administration of medications to tenants after a medication had been on the floor. She indicated Staff #4 should have disposed of the medication per program policy.

- 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.)

- Regulatory Insufficiency: When medications are administered traditionally by the program: Medications shall be kept in a locked place or container that is not accessible to persons other than employees responsible for the administration or storage of such medications. (IAC r. 481-67.5(6) b.)

- Regulatory Insufficiency: Each program shall follow its own written medication policy. (IAC r. 481-67.5)

- Regulatory Insufficiency: When medications are administered traditionally by the program: The program shall maintain a list of each tenant's medications and document the medications administered. (IAC r. 481-67.5(6) c.)

D. Nurse Review

The program received a regulatory insufficiency during the onsite 33811C complaint visit completed April 26, 27 and May 3, 4, 5, 2011 related to the program's failure to complete nurse reviews with changes in tenant conditions for Tenants #1, #4 and #5. The monitors reviewed the clinical records of Tenants #1, #4 and #5 with additional clinical record reviews for Tenants #2, #8 and #10.

- Monitoring Observation: 33811C- The clinical records for Tenants #1 and #5 lacked indication of changes in condition after the program's plan of correction date. The

clinical record for Tenant #4 indicated the tenant fell on 7-29-11, resulting in no injury. The nurse completed an appropriate nurse review following the incident. The clinical record for Tenant #2 lacked indication of changes in condition after the program's plan of correction date. The clinical record for Tenant #8 indicated the tenant sustained an injury on 7-7-11 with appropriate completion of a nurse review following the incident. The clinical record for Tenant #10 indicated the tenant sustained an injury on 7-7-11 with appropriate completion of a nurse review following the incident.

- Regulatory Insufficiency: None noted.

E. Staffing

The program received a regulatory insufficiency during the January 2011 onsite recertification visit and during the onsite recertification revisit completed April 26, 27 and May 3, 4, 5, 2011 related to the program nurse's failure to observe each resident care aide perform tenant care tasks prior to delegating the task to be performed independently for Staff #2, #3, #8, #11, #12 and #13. The monitors reviewed the personnel files Staff #2, #3, #8, #11, #12 and #13 with additional personnel file reviews for Staff #6, #9 and #14.

- Monitoring Observation: Staff #5, RCA, no longer works for the program. The personnel files for Staff #2, #3, #8, #11, #12 and #13 indicated all had been observed by the nurse and re-delegated to each tenant care task appropriately. The personnel files for Staff #6 and #9 indicated both had been observed by the nurse and delegated to each tenant care task appropriately. The personnel file for Staff #14 contained a nurse delegation sheet indicating all tenant care tasks had been observed and delegated however the nurse reported she had not observed or delegated medication pass to Staff #14.

- Regulatory Insufficiency: None noted.

F. Tenant Rights

The program received a regulatory insufficiency during the onsite 33811C complaint visit completed April 26, 27 and May 3, 4, 5, 2011 related to the program's failure to respond to tenant requests within a reasonable amount of time.

- Monitoring Observation: 33811C- The monitors reviewed the program's computerized call light response times from 7-25-11 to 8-1-11, noting no response times exceeding 15 minutes.

- Regulatory Insufficiency: None noted.

G. Program Notification to the Department

The program received an additional regulatory insufficiency, identified during the course of the April/May 2011 onsite complaint investigation/recertification revisit related to the program's failure to report tenant major injuries to the Department of Inspections and Appeals.

- Monitoring Observation: The monitors reviewed the program's incident reports completed from 7-1-11 through 8-1-11, noting no occurrence of major injury requiring notification to the Department of Inspections and Appeals.

- Regulatory Insufficiency: None noted.

H. Monitoring, Plans of Correction and Requests for Reconsideration

The program received two additional regulatory insufficiencies, identified during the course of the April/May 2011 onsite complaint investigation/ recertification revisit, related to the program's failure to provide all necessary documentation requested by the monitors to determine compliance with requirements for certification and for failure to follow their plan of correction.

- Monitoring Observation: The program readily provided all requested information during the on-site visit completed 8-1 and 8-2-2011. The program no longer maintained communication books for the assisted living floors or the dementia unit.

  The program's Plan of Correction, submitted to the Department on 6-1-11, included a plan of correction indicating a plan to correct the cited insufficiencies related to medication safety issues, medication sanitation issues, documentation discrepancy identification and lack of adherence to program policies.

  During the monitoring revisit conducted 8-1, 2-11, the monitors continued to find unlocked medications left accessible to unauthorized staff, medications administered under unsanitary conditions, medication documentation discrepancies and program medication policies not being followed by program staff.

- Regulatory Insufficiency: The department may conduct a monitoring revisit to ensure that the plan of correction has been implemented and the regulatory insufficiency has been corrected. A monitoring revisit by the department shall review the program prospectively from the date of the plan of correction to determine compliance. IAC r. 481-67.10(8)

Dated this 29th day of August 2011