IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

September 26, 2011

Lonny Smith, Administrator
Forest Plaza Assisted Living
635 Hwy 9 East
Forest City, IA 50436

RE: Final Complaint & Recertification Monitoring Evaluation Report – Forest Plaza Assisted Living, Forest City, IA

Dear Mr. Smith:

Enclosed is the **Final Complaint & 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 Complaint & Recertification Monitoring Evaluation Report. Based upon a complete review of the Report and your actions to correct the identified Regulatory Insufficiency, 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 **S0131** with effective dates of **November 29, 2011** through **November 28, 2013**.

If you have any questions in regard to this certification, please contact me at 515/281-7039.

Sincerely,

Rose Boccella

Rose Boccella
Program Coordinator
Adult Services Bureau

Enclosure

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

Assisted Living Program: **Complaint: 35257-C**

Lonny Smith, Administrator
Forest Plaza Assisted Living
635 Hwy 9 East
Forest City, IA 50436

Date of Monitoring Visit:

August 29, 2011

Monitor(s):

Hal L. Chase, RN BSN MPH

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 Forest Plaza Assisted Living on August 29, 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:	29
Current number of tenants with cognitive disorder:	2
Total Population:	31

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 community meeting was held with 28 tenants in attendance. Tenants reported it was a nice place to live if you have to live in an assisted living program. Housekeeping services were provided to their satisfaction. The building and grounds were clean, safe and sanitary. Staff responded promptly, less than ten minutes when they called for assistance and nursing services were available. Staff and the Nurse treated them as they wanted to be treated. Tenants received the services requested and reported no concerns related to care given by staff. The food was good and a variety of meats, vegetables and desserts were offered. Hot foods were served hot and cold foods were served cold. Tenants did not offer any improvements for the food. There was enough activities offered and the Program prepared weekly and monthly activity calendars. Tenants felt safe, made their own decisions, were satisfied with the services they received and recommended the Program 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. Nurse Review

Complaint allegation: It was alleged the Program failed to give a tenant medication for Dementia for ten days. The tenant was hospitalized for three days due to the severe side effect of not receiving the medication. The tenant was transferred to a local nursing facility.

Monitoring Observation: Four tenant files were reviewed. Tenant #4, (the Tenant) a 77 year old, was admitted on 6-30-10 and had diagnoses of: Parkinson's Disease, Early Alzheimer's Disease and Hypothyroidism. A Global Deterioration Scale was completed on 6-22-10 and staged the Tenant at three, which indicated mild cognitive decline. A service plan of 7-20-10 indicated the Program administered medications to the Tenant. Medication Administration Records (MARs) indicated on 7-1-10, Galantamine 4mg-one tablet was prescribed four times daily.

On 5-23-11, the Nurse indicated a seven day supply remained of Galantamine 4mg tablets. The Nurse called the pharmacy, located in another state and requested a refill. On 5-30-11, the medication had not arrived. The Nurse contacted the pharmacy and the pharmacy reported they would check on the delay and would call back. Later that day the pharmacy reported the Tenant's insurance carrier would not authorize a refill of Galantamine. The pharmacy reported they would send the necessary paperwork to the Tenant's physician for authorization. On 6-3-11, the Nurse called the pharmacy and reported the Galantamine had not arrived. The pharmacy reported they had not heard back from the Tenant's physician. On 6-8-11, the Tenant's family visited and was informed the Tenant's Galantamine had not been received. On 6-10-11 the Tenant's family brought the Tenant's Galantamine.

Nurse's notes of 6-10-11 indicated the Tenant was upset and confused. The Tenant complained of nausea and requested he/she talk with a physician. Nurse's notes of the same day but separate entry, indicated the Tenant had increased confusion, was yelling and took off his/her clothing. The Tenant was transported to a local hospital emergency room and was later admitted to the hospital. The Tenant did not return to the program. MARs for 6-1-11 through 6-30-11 indicated Galantamine was not given 6-1-11 through 6-10-11. The MARs for this period indicated the medication was not available due to "insurance." The Program did not make appropriate interventions by requesting direction from the Tenant's physician. The Program did not ensure the prescription medications were available and administered consistently as ordered the physician.

- Regulatory Insufficiency: If a tenant does not receive personal and 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 monitor, at least every 90 days, or after a significant change in the tenant's condition, any tenant who receives program-administered prescription medications for adverse reactions to the medications and to make appropriate interventions or referrals, and to ensure that the prescription medication orders are current and that the prescription medications are administered consistent with such orders. (IAC r. 481-69.27(1))

Dated this 23th day of September, 2011.