IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

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DEMAND LETTER
CERTIFIED

October 17, 2011

Ms. Denise Temple, Administrator
Golden Horizons Assisted Living
800 Byron Godberson Drive
Ida Grove, IA 51445

RE: I. Final Initial Certification and Complaint Investigation Report
II. Civil Penalty
III. Appeals
IV. Standard Certification
V. Conclusion

Dear Ms. Temple:

I. Final Initial Certification and Complaint Investigation Report – Golden Horizons Assisted Living, Ida Grove, IA

Enclosed is the **Final Initial Certification and 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 the Regulatory Insufficiencies in the area(s) of: Medications, Nurse Review, Food Service, Staffing, Transportation, Structural Requirements and Background Checks. Golden Horizons Assisted Living (Program) is being assessed a $500 civil penalty pursuant to Iowa Code section 231C.11 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 a letter to that effect to the attention of **Jim Berkley** and remit the assessed civil penalty 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

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 **S0316** with effective dates of **January 11, 2011** through **January 10, 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 October 3, 2011 has been reviewed and will constitute the final POC related to the on-site visit of August 16, 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, 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 Initial Certification and Complaint Investigation Report

Assisted Living Program: **Complaint Intake #: 34763-C**

Denise Temple, Administrator
Golden Horizons Assisted Living
800 Byron Godberson Drive
Ida Grove, IA 51445

Date of Investigation:

August 16, 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 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 Golden Horizons Assisted Living on August 16, 2011. In preparing this report, the following information was considered:

Current Program Census

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

Current number of tenants without cognitive disorder:	16
Current number of tenants with cognitive disorder:	2
Total Population:	18

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 17 tenants. The best thing about the program was the service provided and the friendly staff. Housekeeping was completed to the tenants' satisfaction. The tenants would like to see furniture moved for cleaning. A maintenance person was not readily available. Tenants used a call pendant to request assistance; staff responded in five minutes or less. The staff was described as being kind and respectful. The food was good, hot foods were served hot. There were enough activities offered for women, but not enough for men. The tenants reported making their own decisions. The tenants were generally satisfied with the program, and would recommend it to others.

Program History – There were no substantiated Regulatory Insufficiencies during this certification period.

On-Site Monitoring Evaluation – The monitor(s) made the observations detailed in the following areas.

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

A. Medications

- Monitoring Observation: A medication pass to three tenants was observed. Staff #1 was not seen washing or sanitizing her hands during the medication pass. Medications were documented as given prior to the actual administration of the medications to the tenants. The Program did not follow accepted professional standards for medication administration.

- 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. Nurse Review

- Monitoring Observation: Tenant #1 (the Tenant), an 84 year-old, was admitted on 2-3-11 and had diagnoses of: Celiac-Sprue Disease, Interstitial Lung Disease, and Hypertension (HTN). The Tenant was staged at three on the Global Deterioration Scale which indicated mild cognitive impairment. The Tenant was admitted to hospice on 3-3-11. The hospice plan of care update dated 6-16-11 revealed oxygen had been initiated. A nurse review was not completed with this change of condition.

  Tenant #2 (the Tenant), an 84 year-old, was admitted on 2-11-11 and had diagnoses of: Depression, Dementia, History of Breast Cancer, and HTN. The Tenant was staged at four on the GDS which indicated early dementia. The Program administered medications to the Tenant. A 90-day nurse review was completed on 5-11-11. The review did not indicate monitoring for adverse reactions to medications. The chart lacked documentation of completion of a 90-day review for August, 2011, 90 days after the previous review.

  Tenant #3, (the Tenant), a 95 year-old, was admitted 2-26-11 and had a diagnosis of: Arthritis. On 5-19-11, the Program requested an order from the physician for a four-wheeled walker. A nurse review was not completed with a change of condition.

- 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 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; and to ensure that health care professionals' orders are current for tenants who receive health care professional-directed care from the program; and 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; and to provide the program with written documentation of the activities under the service plan, as set forth in rule 481—69.26(231C), showing the time, date and signature. (IAC r. 481-69.27(1-4))

C. Food Service

Complaint Allegation: It was alleged proper serving sizes were not being offered. It was alleged a dietitian was not reviewing menus. It was alleged therapeutic diets were being served.

- Monitoring Observation: Staff #2, the head cook, indicated three meals a day were served. She was asked to provide copies of menus. Handwritten menus from a notepad were provided. A dietitian did not sign the menus. When asked how she knew 100% of recommended dietary allowances were being provided, she indicated "I do my best" by following the food guide pyramid and menus from commercial food vendors. Menus from the food vendors were reviewed.

There was no signature by a dietitian. There was no written documentation of serving sizes to be served. The Program did not ensure 100% of the daily recommended dietary allowances were provided.

A menu for August 12 indicated Tenant #1 required gluten-free spaghetti. A review of the service plan for Tenant #1 indicated the Program was to prepare a gluten-free diet for the Tenant. The chart contained documentation signed by a physician, which indicated the Tenant was on a gluten-free diet. A dietitian did not write or approve the therapeutic menu.

- Regulatory Insufficiency: Menus shall be planned to provide the following percentage of the daily recommended dietary allowances as established by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences based on the number of meals provided by the program: One hundred percent if the program provides three meals per day. (IAC r. 481-69.28(3)(c))

- Regulatory Insufficiency: Therapeutic diets may be provided by a program. If therapeutic diets are provided, they shall be prescribed by a physician, physician assistant, or advanced registered nurse practitioner. A current copy of the Iowa Simplified Diet Manual published by the Iowa Dietetic Association shall be available and used in the planning and serving of therapeutic diets. A licensed dietitian shall be responsible for writing and approving the therapeutic menu and for reviewing procedures for food preparation and service for therapeutic diets. (IAC r. 481-69.28(4))

D. Staffing

Complaint Allegation: It was alleged nurse delegation was not correct. It was alleged staff was not current with mandatory training on dependent adult abuse.

- Monitoring Observation: Staff #1 was interviewed. She indicated she passed medications, applied compression stockings, and provided personal cares such as bathing. She indicated she had no specific training on compression stockings or bathing. Staff #3 indicated she passed medications, removed compression stockings, but did not provide personal cares. Tenant #1 was observed using oxygen. Tenant #2 had a physician's order for compression stockings. Staff training records were reviewed. The Program did not provide documentation of nurse delegation training on oxygen, compression stockings, or personal cares for Staff #1, #4, and #5 who were employed as Assisted Living Attendants (ALA). Training records indicated Staff #3 was not observed performing all tasks delegated. The Program did not complete nurse delegation training.

  Staff #4 and #5 began work on 12-23-10. The Program was unable to provide documentation of dependent adult abuse training.

  During the course of the investigation, Staff #1 reported fire drills had not been done in a long time. Staff #3 reported she had not participated in a fire drill.

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

- 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))

E. Transportation

- Monitoring Observation: Staff #1 indicated the Program provided transportation and accompanied this monitor to view the minivan. The minivan was not equipped with a fire extinguisher or safety triangles. Staff #1 indicated she drove the minivan with tenants as passengers as part of her job duties. Staff #1 did not have a chauffeur's license. A review of the Iowa Department of Transportation publication Commercial Driver's License in a Nutshell dated July 2010, revealed when transporting 15 or fewer persons for wages, the driver is required to possess a Class "D" (chauffeur's) license.

- Regulatory Insufficiency: The driver shall have a valid and appropriate Iowa driver's license or commercial driver's license as required by law for the vehicle being utilized for transport. If the driver is licensed in another state, the license shall be valid and appropriate for the vehicle being utilized for transport. The driver shall meet any state or federal requirements for licensure or certification for the vehicle operated. (IAC r. 481-69.33(6))

- Regulatory Insufficiency: Each vehicle shall have a first-aid kit, fire extinguisher, safety triangles and a device for two-way communication. (IAC r. 481-69.33(7))

F. Structural requirements

Complaint Allegation: It was alleged the program had no stationary eyewash station in the building.

- Monitoring Observation: Doran Pruisner, Facility Engineer with the Iowa Department of Public Safety in the State Fire Marshal Division, reported stationary eyewash stations were not required in assisted living programs. The Program was noted to have bottles of eyewash at a sink in the kitchen and laundry room.

- Regulatory Insufficiency: None noted.

Onsite Allegation: During the onsite investigation the monitor discovered the program staff is not familiar with fire drill requirements and that only one fire drill was performed.

- Monitoring Observation: See attached report from the Department of Public Safety.

- Regulatory Insufficiency: The structure in which a program is housed shall be built, at a minimum, of Type V (111) construction as provided in Section 22.3.1.3.3 and Sections 6.2.1A to 6.2.2 of NFPA 101, Life Safety Code, 2003 edition, published by the National Fire Protection Association, 1 Batterymarch Park, Quincy, Massechusetts 02169-7471, or as required in administrative rules promulgated by the state fire marshal. (IAC r. 481-69.35(1)e.)

G. Background Checks

- Monitoring Observation: Staff #1 began work on 12-28-10; the criminal background check was completed on 3-10-11. Staff #3 began work on 6-25-11. The Program was unable to provide documentation of the completion of a criminal background check, a child abuse check, or a dependent adult abuse check. Staff #4 began work on 12-23-10; the criminal background check was completed on 3-10-11 which revealed a criminal history record was attached. The Program was unable to provide documentation from the Department of Human Services that Staff #4 was cleared for employment. Staff #5 began work on 12-23-10; the criminal background check was completed on 3-10-11. Staff #6 began work on 8-10-11. The Program was unable to provide documentation of the completion of a child abuse check or a dependent adult abuse check. Background checks were not completed prior to beginning work.

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

Dated this 13rd day of October, 2011.