IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

November 29, 2011

Mr. Dan Donohue, Administrator
Heritage Court Assisted Living
1499 Office Park Road
West Des Moines, IA 50265

**RE: Final Recertification Monitoring Evaluation Report – Heritage Court Assisted Living, West Des Moines, IA**

Dear Mr. Donohue:

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 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 **S0056** with effective dates of **January 8, 2012** through **January 7, 2014**.

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 Recertification Monitoring Evaluation Report

**Assisted Living Program:**

Dan Donohue, Administrator
Heritage Court Assisted Living
1499 Office Park Road
West Des Moines, Iowa 50265

**Date of Monitoring Visit:**

October 26, 2011

**Monitor(s):**

Maribeth Freland RN

**Definitions:** ***The following definitions are relevant:***

**Assisted Living Program** – A program certified under 481 IAC 69 that provides housing with contracted services to three or more tenants in a physical structure that provides a homelike environment. Services may include but are not limited to health-related care, personal care, and assistance with instrumental activities of daily living. A General Population Program is an Assisted Living Program that is not dementia-specific but may have tenants with cognitive disorder.

**Dementia-Specific Assisted Living Program** - An assisted living program certified under 481 IAC 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 (GDS), or serves 55 or more tenants and 10 percent or more of the tenants have dementia between Stages 4 and 7 on the GDS, or holds itself out as providing specialized care for persons with dementia, such as Alzheimer's disease, in a dedicated setting.

**Regulatory Insufficiency** - A violation of a statutory or rule provision within the Code of Iowa (2011) or the 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 statutory or rule violations. The plan should identify how and by what date each regulatory insufficiency will be corrected, and what measures will be taken to ensure the problem does not recur. The plan is due to DIA within ten (10) working days of the program's receipt of a Complaint/Incident Investigation Report. Depending on the circumstances, DIA may revisit the assisted living program to confirm progress in fulfilling a plan's corrective measures.

**Overview:** ***In preparing this report, the following information was considered:***

**Current Program Census**

Assisted Living Programs are defined by the type of population served. The census numbers were provided by the Program at the time of the on-site.

| | General Population Program |
|---|---|
| Number of tenants without cognitive disorder: | 14 |
| Number of tenants with cognitive disorder: | 0 |
| Total Population of Program at time of on-site | 14 |
| **TOTAL census of Assisted Living Program** | 14 |

**Tenant/Family Satisfaction Results** – A community meeting was held with five tenants in attendance. The tenants reported general satisfaction with the program. They reported respectful staff member interaction and timely response to calls made using emergency pendants. The tenants reported the food served by the program was palatable however some had concerns with the variety of food items served and tough meats. All reported the provision of scheduled activities plentiful. They reported the program's environment to be clean and safe, acknowledging they would recommend the program to others.

**Program History** – The program had no regulatory insufficiencies this certification period.

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

**Medications**

- Monitoring Observation: During observation of medication pass with Staff #1, licensed practical nurse, Staff #1 administered Actos 30 milligrams (mg.), Aspirin 81 mg. and Lithium 300 mg. to Tenant #4 at 8:50 AM. According to the October 2011 Medication Administration Records (MARs) for Tenant #4, the Actos, Aspirin and Lithium were scheduled to be administered at 7:00 AM.

  The monitor reviewed tenant clinical records for medication discrepancies noting the following:

| Tenant # | Physician's Order | Dates | MAR Documentation |
|---|---|---|---|
| Tenant #2 | Tylenol ES one tablet 4 times daily | 8-31-11 noon dose | Tylenol not signed as given. |
| Tenant #2 | Exelon Patch 9.5 mg./24 hour patch once daily | 8-13-11; 8-14-11 and 8-15-11 8:00 AM doses | Exelon Patch not administered as patches aren't available for staff to administer. |

| | | | |
|---|---|---|---|
| Tenant #3 | Zaroxolyn 2.5 mg. every Monday and Thursday | 8-13-11 | Zaroxolyn not administered as not available for staff to administer. |
| Tenant#3 | Ambien 5 mg. at bedtime. | 8-12-11, 8-13-11 and 8-14-11 | Ambien not administered as not available for staff to administer. |
| Tenant #3 | Ambien 5 mg. at bedtime. | 8-31-11 | Ambien not signed as given. |
| Tenant #3 | Senna Plus tablet twice daily. | 8-31-11 8:00 PM dose. | Senna not signed as given. |
| Tenant #3 | Amiodorone HCL 200 mg. twice daily. | 8-31-11 8:00 PM dose. | Amiodorone not signed as given. |
| Tenant #3 | Potassium Chloride ER 10 milequivelants (mEq) 3 capsules daily. | 8-31-11 | Potassium Chloride ER not signed as given. |

The program failed to maintain adequate amounts of physician ordered medications for multiple tenants receiving program-administered medications. Staff members failed to administer tenant medications according to physician orders and failed to routinely indicate the reason for the omission when omission occurred. The program nurse did not routinely document identification of the staff member's failure to follow the medications as ordered by each physician and the program did not maintain documentation indicating physician notification of the above described inconsistencies.

- 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. (IACr 481-67.5(6)a.)