IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

RODNEY A. ROBERTS, DIRECTOR

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

DEMAND LETTER
CERTIFIED
Complaint Intake #:
37608-C
37686-C
37688-C

March 22, 2012

Ms. Stephenie Marckmann, Resident Director
Eiler House Assisted Living
920 West Garfield
Clarinda, IA 51632

RE: I. Final Complaint/Incident Investigation Report
II. Civil Penalty
III. Appeals/Hearings
IV. Conclusion

Dear Ms. Marckmann:

I. Final Complaint/Incident Investigation Report – Eiler House Assisted Living, Clarinda, IA

Enclosed is the **Final Complaint/Incident 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 a Regulatory Insufficiency in the area(s) of: Staffing. **Eiler House Assisted Living** ("Program") is being assessed a $500 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 **Jim Berkley** and remit the civil penalty assessed by check or money order in

the amount of three hundred twenty five ($325) 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 $500 civil penalty pursuant to Iowa Code section 231C.11 and 481 IAC 67.12(3)(a). The Plan of Correction (POC) submitted on March 19, 2012, has been reviewed and will constitute the final POC related to the on-site visit of February 21, 2012.

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, 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 Complaint/Incident Investigation Report

Assisted Living Program:

Stephenie Marckmann, Resident Director
Eiler House Assisted Living
920 West Garfield
Clarinda, IA 51632

Complaint/Incident Intake #:

37608-C
37686-C
37688-C

Date of Complaint/Incident Investigation:

February 21, 2012

Monitor(s):

Hal Chase, RN BSN MPH
Lori Miner, RN BSN

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 below were provided by the Program at the time of the on-site visit.

General Population Program	
Number of tenants without cognitive disorder:	23
Number of tenants with cognitive disorder:	3
Total Population of Program at time of on-site	26
TOTAL census of Assisted Living Program	26

Program History – There were substantiated Regulatory Insufficiencies in the area of Life Safety and Other (Dependant Adult Abuse training not completed), Policy and Procedures, Medications, Staffing, Evaluation of Tenants, Service Plans, Nurse Review and Managed Risk during this certification period.

Complaint/Incident Investigation – The Complaint/Incident investigator(s) made the observations detailed in the following areas:

A. Tenant Rights

Complaint/Incident Allegation: Complaint #37688 and #37608 alleged a tenant was called "bitchy" by a staff member. Complaint #37608 alleged tenants were intimidated by administrative staff. It was alleged former employees were not allowed to visit, which violated tenants' rights to have persons in their home.

- Monitoring Observation: Five tenants were interviewed. None reported inappropriate comments by staff. Five tenants indicated they were treated kindly and with respect. There were no reports of intimidation. Three staff members (#1, #2, #3) were interviewed and none reported hearing other staff members treating tenants rudely or disrespectfully.

  The Program provided policy documentation from the employee handbook which indicated former employees were not permitted in the Program without prior approval from the Residence Director.

- Regulatory Insufficiency: None noted.

B. Staffing

Complaint/Incident Allegation: Complaint #37688 alleged staff members were not trained to perform tenant cares, and staff members were asked to sign paperwork indicating they had been trained even though they had not received the training. Complaint #37608 alleged staff members were not trained.

Complaint #37686 alleged a tenant was not receiving necessary care, there was not enough staff, and staff members were not trained to provide needed cares. It was alleged staff members did not answer call lights in a timely manner, and call lights were not reset after being answered rendering the call light useless. Complaint #37686 and #37608 alleged a nurse was not available.

Monitoring Observation: The Program nurse resigned on 1-20-12. Beginning 1-23-12 the Program provided for another registered nurse (RN) from within the company to provide coverage until another nurse was hired. Documentation was provided to indicate the Regional Director of Clinical and Care Management, an RN, was also providing coverage. The Regional Director was present during the onsite visit. The Program had an RN available.

The Program indicated one PSA was scheduled from 6:00 a.m. to 6:00 p.m. and one PSA was scheduled from 6:00 p.m. to 6:00 a.m. Staff schedules for January and February 2012 indicated one staff person was scheduled for each shift. The Director indicated the Program had utilized staff members from other programs within the company until new staff members were hired. Three new staff (#3, #5,#6) had been hired and according to the staff schedules for January and February 2012, new staff members were in training. The Director, who has had practical nurse training, provided staff coverage for some shifts during that time period.

Staff #1 hired 8-18-08 as a Personal Service Attendant (PSA) and Staff #2 hired 9-22-11 as a cook, indicated they had received training to do the job and had not been asked to sign documentation in regards to training that was not completed. Staff #1 had documentation of nurse-delegated training on 8-6-11. Staff #3 hired 2-13-12 was still in training as a PSA. Documentation indicated Staff #3 had been observed by the RN performing personal cares on 2-7-12. Staff #3 indicated she had not been asked to sign documentation in regards to training that was not completed. The Regional Director indicated the RN had completed nurse-delegated training to staff.

Three tenant files were reviewed. Tenant #1's and Tenant #2's file indicated each had given the program a 30-day notice of their intent to leave the program.

Tenant #3, a 96 year-old, was admitted on 10-9-10 and had diagnoses of: Congestive Heart Failure, Atrial Fibrillation, Bradycardia, Hypothyroidism, and HTN. Tenant #3 was staged at two on the Global Deterioration Scale (GDS) which indicated very mild cognitive decline. Functional, cognitive, and health evaluations were completed on 1-26-12 following hospitalization for Pneumonia, Congestive Heart Failure, and Urinary Tract Infection. Tenant #3 was noted to have right knee pain rated at nine on the 1 to 10 scale which indicated a higher level of pain. Tenant #1 was also noted to sometimes have urinary incontinence with standing. Short term interventions were established and the service plan was updated 2-1-12. Resident services notes dated 1-26-12 indicated Tenant #3 was not to get up without assistance.

Call lights were observed in five tenant apartments. All call lights were set and activated. Staff #1 and #3 indicated call lights had not been turned off to render them non-functional. Call light response records were reviewed on the computer for five days randomly selected in January and February 2012. Fifteen calls were recorded over the five days.

On 1-26-12, Tenant #3 requested assistance; it took staff 31 minutes to respond. On 2-4-12, Tenant #3 requested assistance; it took staff almost 26 minutes to respond.

Staff members did not respond in a timely manner to requests for assistance.

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))

C. Food Service

Complaint/Incident Allegation: Complaint #37688 and 37608 alleged the kitchen and utensils were dirty.

- Monitoring Observation: The Program held a current food license issued by the Iowa Department of Inspections and Appeals. The most recent food service inspection was completed on 1-18-12 which indicated a can opener needed cleaning. A review of training records for the two staff employed as cooks (Staff #2, #4) indicated both had current serve-safe certifications. Five tenants were interviewed. One indicated the food is getting better and the kitchen is clean now. Four tenants indicated no concerns with the food or the cleanliness of the kitchen or utensils. Three staff members (#1, #2, #3) were interviewed. One indicated there was no problem with silverware being dirty; one indicated a fork or spoon is dirty once every couple weeks and needs to be sent back; and one indicated if the dishes and silverware were kept clean if they were pre-rinsed. It was reported dishes or silverware was rarely returned to the kitchen due to lack of cleanliness. The kitchen was observed at two separate times during the onsite visit. The kitchen was noted to be clean. The noon meal was observed with no dirty dishes or utensils noted.

- Regulatory Insufficiency: None noted.

D. Life Safety

Complaint/Incident Allegation: Complaint #37688 alleged door alarms were turned off. No tenants were reported to be harmed during the time the alarms were off.

- Monitoring Observation: The Director indicated the Program chose to keep exit doors alarmed. The Program provided documentation of twice-daily door alarm checks for the months of January and February 2012. The Program provided documentation of staff training in regards to persons with dementia and elopement which included the use of door alarms. The Program had a procedure in place for tenant elopements. During monitors entrance and exit from the building, the door alarms were noted to be on. During the course of the visit it was noted visitors were unable to enter the building without staff assistance. The Program is not dementia specific by definition or dedication and is not required to have the doors alarmed.

- Regulatory Insufficiency: None noted.

E. Activities

Complaint/Incident Allegation: Complaint #37608 alleged there were no activities even though an activity calendar indicated activities would be held.

- Monitoring Observation: The activity director worked 10 hours per week according to the Program. In the absence of the activity director, other staff members led the scheduled activity. Five tenants were interviewed. All indicated there were enough activities. One would like to see more card games in the evening. One tenant reported an activity was not held as the minister that was to conduct the program did not show up. Four staff members (#1, #2, #3, Director) were interviewed. Activities were completed 70-80 % of the time. Reasons given for not holding a scheduled activity were: the staff member was busy with a tenant, the leader from the community did not show up, or no tenants came to the activity even after staff members went door-to-door reminding tenants of the activity. The Program provided the February 2012 activity calendar. According to the activity calendar, exercise class and cards would be activities held during the onsite visit. Both activities were observed to be held.

- Regulatory Insufficiency: None noted.