IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

RODNEY A. ROBERTS, DIRECTOR

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

April 27, 2012

Ms. Paula Pierce, Administrator
3801 Grand Assisted Living
3801 Grand
Des Moines, IA 50312

RE: Final Recertification Monitoring Evaluation Report – 3801 Grand Assisted Living, Des Moines, IA

Dear Ms. Pierce:

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 Insufficiencies, 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 **S0003** with effective dates of **June 1, 2012** through **May 31, 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:

Paula Pierce, Administrator
3801 Grand Retirement Campus
3801 Grand
Des Moines, IA 50312

Date of Monitoring Visit:

March 20th and 21st, 2012

Monitor(s):

Lori Miner, RN BSN
Hal Chase, RN BSN MPH

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.

Dementia-Specific Program by Definition	
Number of tenants without cognitive disorder:	30
Number of tenants with cognitive disorder:	6
Total Population of Program at time of on-site	36

Dementia-Specific Program by Dedication	
Number of tenants without cognitive disorder:	0
Number of tenants with cognitive disorder:	10
Total Population of Program at time of on-site	10
TOTAL census of Assisted Living Program	46

Tenant/Family Satisfaction Results – A meeting was held with eight tenants. The best thing about the Program was the security of assistance if needed and the activities. Housekeeping was completed to the tenants' satisfaction in apartments and common areas. Tenants used call buttons located in their apartments to request assistance. It was reported staff members responded in less than five minutes to requests for assistance. Staff members were described as kind and respectful. The food was good with alternatives available. A variety of meats, fruits, and vegetables, was served. There were enough activities with no suggestions for additional activities. The tenants reported feeling safe, and were generally satisfied with the Program. The tenants would recommend 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 observations detailed in the following areas.

A. Evaluation of Tenant

Monitoring Observation: Tenant #2, a 78 year-old, was admitted on 7-8-09 and had diagnoses of: Neurodermatitis, Hypertension (HTN), Hypothyroidism, and Hyperlipidemia. Tenant #2 was staged at four on the Global Deterioration Scale (GDS) which indicated moderate cognitive decline. Tenant #2 resided in the general population which was dementia-specific by definition. Nurse notes dated 1-9-12 indicated Tenant #2 had difficulty breathing and an ambulance was called. Nurse notes dated 1-14-12 indicated Tenant #2 returned to the Program from the hospital. Discharge instructions dated 1-14-12 indicated the reason for hospitalization was Pneumonia. Functional, cognitive, and health evaluations were completed on 1-13-12. The health evaluation form identified Tenant #2 had Pneumonia and had a space for vital signs but none were

documented. The health evaluation form did not document Tenant #2's respiratory rate or an assessment of Tenant #2's lung status following the Pneumonia. An evaluation of Tenant #2's respiratory health was not completed following hospitalization for pneumonia, a change of condition.

Tenant #3, a 77 year-old, was admitted on 10-4-11 and had diagnoses of: Ataxia, Benign Prostatic Hypertrophy, Cognitive Disorder, Depression, Progressive Supranuclear Palsy, and Speech Articulation Dysarthria. On 11-4-11 Tenant #3 scored 25 of 30 on the Mini Mental State Examination which did not indicate further evaluation. Tenant #3 resided in the general population of the building which was dementia-specific by definition. On 1-29-12 Tenant #3 left the building and fell on the ground. According to the nurse review completed on 1-30-12, a neighbor brought Tenant #3 back to the Program. The nurse review indicated a family member was contacted regarding safety needs, a secure environment and the need to initiate the use of a wander guard, which alarmed if Tenant #3 exited the Program. A wander guard was placed on Tenant #3's walker. The service plan was updated to include the use of the wander guard, but the service plan was not supported by a functional, cognitive and health evaluation with a change in condition.

A nurse review on Tenant #3 was completed on 2-22-12 following falls on 2-20-12 and 2-21-12. Tenant #3 was noted to have skin tears after both falls according to faxes to the physician of the same date. The nurse went on to complete functional, cognitive, and health evaluations on 2-22-12. Tenant #3 was staged at four on the GDS which indicated moderate cognitive decline. The health evaluation form identified Tenant # 3 had Supranuclear Palsy and Alzheimer's, and had a space for vital signs but none were documented.

Nurse notes dated 2-24-12 indicated Tenant #3 was standing in the lobby, lost balance and fell, hitting the head against the wall. Tenant #3 complained of headache, hip pain, dizziness, and lethargy. Tenant #3 was transported to the emergency room and returned to the Program the same day. Nurse notes documented falls on the following dates: 2-26-12, found on apartment floor and complained of headache; 2-28-12 at 12:15 a.m. was incontinent and fell taking off clothes; 2-28-12 4:20 a.m. found on floor by bed; 2-29-12 laying on floor by kitchen and complained of lower back pain; 3-6-12 found on floor; and 3-9-12 fell and complained of headache. An order was received to start physical therapy on 2-28-12.

Tenant #3 was seen by a physician on 3-5-12 for frequent falls and a swollen and painful right elbow. Notes from the visit indicated Tenant #3 had been on Amantadine following a neurological evaluation and, because Tenant #3 was having adverse effects, the medication was stopped. The medication was ordered 2-15-12.

Tenant #3 was given a 30-day notice to leave the Program on 3-8-12.

Functional, cognitive, and health evaluations were not completed after 2-22-12. After the evaluations were completed Tenant #3 had at least six falls, one requiring evaluation in an emergency room. Tenant #3 was also evaluated by a physician for an elbow injury, and a medication was discontinued due to adverse effects. Functional, cognitive, and health evaluations were not completed with the series of events which constituted a change of condition.

Regulatory Insufficiency: A program shall evaluate each tenant's functional, cognitive and health status within 30 days of occupancy. A program shall also evaluate each tenant's functional, cognitive and health status as needed with significant change, but not less than annually, to determine the tenant's continued eligibility for the program and to determine any changes to services needed. The evaluation shall be conducted by a health care professional or human service professional. A licensed practical nurse may complete the evaluation via nurse delegation when the tenant has not exhibited a significant change. (IAC r. 481-69.22(2))

B. Service Plan

Monitoring Observation: Tenant #2 was hospitalized for Pneumonia 1-9-12 to 1-14-12. Discharge instructions included instructions to notify the physician of increased shortness of breath, a frequent cough, a mucus-producing cough, or a fever. The discharge medication list included an inhaler to be used "as needed" as Tenant #2 was on nebulizer treatments while hospitalized. The service plan, updated 1-13-12, did not include instructions to staff members on observations to report to the nurse regarding shortness of breath, cough, or fever. The service plan indicated medications were administered by staff per physician's orders, but did not include directions to staff members as to when the "as needed" inhaler was to be used.

On 1-29-12 Tenant #3 left the building. A nurse review form dated 1-10-12 with a note added 2-9-12 indicated Tenant #3 wandered the building at night. The service plan, dated 11-4-11 and current at that time, did not indicate Tenant #3 was to have night checks completed. Night checks were not added to the service plan until 2-22-12.

A nurse review completed 2-28-12 indicated Tenant #3 tried to ambulate independently and sometimes without the use of a walker. The review indicated Tenant #3 was taught about safety and "paging" whenever he/she wanted to ambulate. The service plan was not updated to provide staff direction to remind Tenant #3 to "page" when needing assistance. Tenant #3 had several falls documented in February and March 2012. Fall interventions were not identified on the service plan. Tenant #3 was observed on 3-21-12 sitting in a chair in the apartment. There was no call cord within reach of Tenant #3. The service plan did not include the identified needs of Tenant #3.

Tenant #4, a 99 year-old, was admitted on 8-1-06 and had diagnoses of: Osteoporosis, Anxiety, Diabetes Mellitus, HTN, and Osteoarthritis. Tenant #4 was staged between five and six on the GDS which indicated moderately severe to severe cognitive decline. Tenant #4 resided in the dementia unit. During staff interviews, Staff #2 stated Tenant #4 was a routine two-person transfer. Staff #3 stated Tenant #4 was routinely a one-person transfer. The nurse stated Tenant #4 was routinely a one-person transfer and was wheelchair bound. The service plan dated 1-16-12 did not indicate Tenant #4 required the assistance of one person for transfers. The service plan did not include the identified needs of Tenant #4.

Regulatory Insufficiency: The service plan shall be individualized and shall indicate, at a minimum: (a) The tenant's identified needs and preferences for assistance. (IAC r. 481-69.26(4)(a))

C. Medications

Monitoring Observation: On 3-20-12, a medication pass was observed with Staff #1 at 10:50 a.m. Staff #1 was observed administering Levoxyl, a thyroid medication to Tenant #1. According to the Medication Administration Record (MAR) the medication was to be given at 8:00 a.m. Staff #1 stated she always gave the Levoxyl at 11:00 a.m. The medication was not given within one-hour before to one-hour after the scheduled time.

Tenant #2's chart contained an order for Proair HFA (an albuterol inhaler), 2 puffs four times daily for two weeks, then decrease to 2 puffs twice daily for two weeks, then stop. The order was signed by the physician on 1-25-12. A review of the MAR for January 2012 indicated the medication was "as needed" and was not administered according to the order. According to the February 2012 MAR, the medication was not given. The inhaler was not given as ordered.

Regulatory Insufficiency: When medications are administered traditionally by the program: (a) 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))

D. Exit Door Alarm System

Monitoring Observation: The Program had recertification visits on 7-7-10 and 3-20 to 3-21-12. During both of those visits, the general population of the Program had fewer than 55 tenants and had more than five tenants with cognitive disorder. The Program was dementia-specific by definition for two consecutive recertification periods. During the onsite visit of March 2012, the exit doors were not alarmed.

Regulatory Insufficiency: If a program meets the definition of a dementia-specific assisted living program during two sequential certification monitorings, the program shall meet all requirements for a dementia-specific program, including the requirements set forth in rule 481—69.30(231C), subrules 69.29(2) and 69.29(4), paragraph 69.35(1)*"d,"* and subrule 69.32(2), which includes the requirements relating to door alarms. (IAC r. 481-69.2(2))

E. Structural

Monitoring Observation: On 3-20-12 an unattended cleaning cart was in the hallway on the third floor. The housekeeper was at the other end of the hall. Some of the items on the cart were:

Container on cart labeled:	**Contains the following hazardous ingredients (according to the Material Safety Data Sheet (MSDS)):**	**MSDS indicates:**
Bacterial digestant	None	May be mildly irritating to skin and eyes
Bowl Cleaner	Hydrochloric Acid	Danger. Corrosive. Causes

		eye and skin burns. Harmful or fatal if swallowed
Liquid Scour Cleanser	Dodecylbenzene Sulfonic Acid	Warning-may be severely irritating to eyes and skin. May cause permanent damage. Harmful if swallowed.
Dust mop treatment	Petroleum Distillates	Excessive inhalation of vapors can be harmful. Eye irritation. May aggravate existing eye, skin, or upper respiratory conditions

The Program was dementia-specific by definition for two consecutive certification periods. According to the tenant list provided by the Program, there were three tenants on the third floor with a GDS score of four, which indicated moderate cognitive decline. An unattended cleaning cart in the hallway created a potential hazard.

Regulatory Insufficiency: The buildings and grounds shall be well-maintained, clean, safe and sanitary. (IAC r. 481-69.35(1)(b))