IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

May 31, 2012

Ms. Nichole Will, Director
Country Manor
900 W. 46th Street
Davenport, IA 52806

RE: Final Recertification Monitoring Evaluation Report – Country Manor, Davenport, IA

Dear Ms. Will:

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) and your Request for Reconsideration 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.

Based on the information provided, DIA accepts your Request for Reconsideration in the area of Dementia Specific Education.

Enclosed you will find the Assisted Living Program Certificate **S0017** with effective dates of **June 30, 2012** through **June 29, 2014.**

If you have any questions in regard to this certification, please contact me at 515/281-4116.

Sincerely,

Jim Berkley

Jim Berkley
Program Coordinator
Adult Services Bureau

Enclosure

IOWA DEPARTMENT OF INSPECTIONS AND APPEALS
Assisted Living Program
Final Recertification Monitoring Evaluation Report

Assisted Living Program:

Nichole Will, Director
Country Manor
900 W 46th St.
Davenport, IA 52806

Date of Monitoring Visit:

March 6, 2012

Monitor(s):

Maribeth Freland, RN
Joyce Kix, 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.

Dementia-Specific Program by Dedication	
Number of tenants without cognitive disorder:	1
Number of tenants with cognitive disorder:	22
Total Population of Program at time of on-site	23
TOTAL census of Assisted Living Program	23

Tenant/Family Satisfaction Results – A community meeting was not conducted due to the cognitive decline of the tenants.

Program History – The program did not receive any regulatory insufficiencies during this certification period.

On-Site Monitoring Evaluation – The monitors made observations detailed in the following areas.

A. Policies and Procedures

Monitoring Observation: The following observations were made by the monitors during the recertification visit:

1. 9:45 a.m. A male tenant exited the door into the courtyard with an alarm sounding. There was no staff response.
2. 10:00 a.m. The monitor exited into the courtyard with a motion alarm sounding. There was no staff response.
3. 11:00 a.m. Monitor exited from the side door in Pod A into courtyard with motion alarm sounding. There was no staff response.

The program policy for Alarmed Exit Doors directed that exit doors will be alarmed at all times and staff were to respond immediately to door alarm signals. Staff #1, #2 and #3 reported during interview that when alarms sound they are to be checked immediately to verify who went out.

The program failed to follow policy and procedure established to maintain safety of tenants in a dementia specific program by checking when alarms sounded indicating someone leaving the program.

Regulatory Insufficiency: A program's policies and procedures must meet the minimum standards set by applicable requirements. The program shall follow the policies and procedures established by the program. (IAC r. 481-67.2)

B. Medications

Monitoring Observation: The program provided evidence of the following medication errors:

Tenant #	Physician's Order	Deviation from Order
#1	Calcium 600 mg at 8:00 a.m.	2-14-12 Med signed as given but not given
#2	Donepezil HCL 10 mg at p.m.	2-3-12 Med signed as given but not given
#3	Namenda 10 mg at 8:00 a.m.	2-20-12 Med signed as given but not given
#4	Sinemet 25-100 mg at noon	2-4-12 Med signed as given but not given
#4	Sinemet 25-100 mg 6:30 a.m.	12-1-11 Med signed as given but not given
#4	Sinemet 25-100 mg 6:30 a.m.	12-4-11 Med signed as given but not given
#5	Methylin ½ tab 5 mg at 8:00 a.m.	12-9-11 Med signed out as given but not given
#5	Vitamin D 50,000 iu weekly	1-23-12 Medication given but not signed as given
#6	Acetaminophen 500 mg at 11:00 p.m.	325 mg given instead of 500 mg on 1-9-12

During observation of medication pass on 3-6-12 at 11:00 a.m. the following medications were observed:

1. In medication room A- one bottle of Tramadol 50 mg tablets with an expiration date of 12-16-11
2. In medication room A- one bottle of Naproxen 500 mg tablets with an expiration date of 1-22-12
3. In medication room C- one bottle of Meclizine 25 mg tablets with an expiration date of 12-3-10

The program provided medication administration to all 23 tenants of the program and failed to maintain all medications within expiration dates and failed to accurately administer medications according to physician's orders.

Regulatory Insufficiency: The administration of medications shall be provided by a registered nurse, a licensed practical nurse or advanced registered nurse practitioner registered in Iowa or by unlicensed personnel in accordance with requirements in 655-Chapter 6 governing nurse delegation. (IAC r. 481-67.5(6) a.)

C. Food Service

Monitoring Observation: The program initially provided a menu for breakfast 3-6-12 which included juice of choice, banana, hot cereal, boiled egg, toast, milk, and coffee or tea.

Observation of the breakfast meal served 3-6-12 revealed: juice, cold cereal with milk, banana and coffee cake. Staff #2 who had served the breakfast said the program did not have any shell eggs to give the tenants that morning.

Staff #1, certified nurse aide (CNA) stated she was responsible for ordering the food for the program and had been adjusting the menu for the past year. She stated she changed the menu to fit within the cost criteria for the program. Staff #1 provided the current menu from the kitchen with included juice of choice, fruit cup, hot cereal, coffee cake, milk and coffee or tea. Staff #1 said she did not know that changes from the menu provided by a food service company needed to be substituted by similar foods. Staff #1 said she had met with the company chef and they were in the process of changing to the initial menus but had not yet done so.

Due to the unapproved changes made to the menu that were served to the tenants, the tenants did not receive the adequate amount of daily recommended dietary allowances for the breakfast meal.

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: (c) One hundred percent if the program provides three meals per day. (IAC r. 481-69.28(3)(c))

D. Life Safety

Monitoring Observation: During tour of the program at 8:45 a.m. on 3-6-12, the egress door alarm from Pod C showed a red light. The door was able to be opened without inputting a code and without an alarm indicating the door was opened.
The Director reset the alarm with a key turning the light to green. The Director stated the alarm is not supposed to be turned off. The door led to the unsecured parking area that bordered neighboring backyards.

The program failed to maintain all alarms in working condition.

Regulatory Insufficiency: An operating alarm system shall be connected to each exit door in a dementia-specific program. (IAC r. 481-69.32(2))

E. Transportation

Monitoring Observation: The program reported they used two employee vehicles to transport tenants. Observation of the vehicles revealed no fire extinguishers or safety triangles on board.

Regulatory Insufficiency: When transportation services are provided directly or under contract with the program: 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))