IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

June 14, 2012

Complaint/Incident Intake #: 39194-C

Ms. Julie Waterman, Administrator
Vintage Hills at Prairie Trail Assisted Living
1275 SW State Street
Ankeny, IA 50023

RE: Final Initial Certification & Complaint/Incident Investigation Report, Vintage Hills at Prairie Trail Assisted Living, Ankeny, IA

Dear Ms. Waterman:

Enclosed is the **Final Initial Certification & 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. Based upon a complete review of the Report and your actions to correct the identified Regulatory Insufficiency, DIA accepts your POC and certification of **Vintage Hills at Prairie Trail Assisted Living** will continue.

Enclosed you will find the Assisted Living Program Certificate **S0326** with effective dates of **January 19, 2012** through **January 18, 2014**. This certificate is to be posted in the building for public viewing.

If you have any questions regarding this certification, please contact me at 515/281-7039 or **Rose.Boccella@dia.iowa.gov**

Sincerely,

Rose Boccella

Rose Boccella
Program Coordinator
Adult Services Bureau

Enclosure

IOWA DEPARTMENT OF INSPECTIONS AND APPEALS
Assisted Living Program
Final Initial Certification & Complaint/Incident Investigation Report

Assisted Living Program:

Complaint/Incident Intake #: 39194-C

Julie Waterman, Administrator
Vintage Hills at Prairie Trail Assisted Living
1275 SW State Street
Ankeny, IA 50023

Date of Complaint/Incident Investigation:

May 24, 2012

Monitor(s):

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

General Population Program	
Number of tenants without cognitive disorder:	11
Number of tenants with cognitive disorder:	1
Total Population of Program at time of on-site	12

Dementia-Specific Program by Dedication	
Number of tenants without cognitive disorder:	1
Number of tenants with cognitive disorder:	6
Total Population of Program at time of on-site	7
TOTAL census of Assisted Living Program	19

Tenant/Family Satisfaction Results – A community meeting was held with nine tenants. Tenants reported they liked living at the Program. The building and grounds were well kept, were clean, safe and sanitary. Housekeeping services were completed weekly and staff kept tenant apartments clean and tidy. Nursing services were available when needed; staff was trained to provide the necessary cares and staff was kind, courteous and respectful. The food was "excellent," with a variety of meat, poultry and fish offered as entrée's with a variety of fruits and vegetables. There were enough activities offered throughout the week. Tenants reported feeling safe living at the Program, made their own decisions related to personal and health related cares and would recommend the Program to anyone.

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

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

A. Medications

- Monitoring Observation: A monitor observed staff administering medications to tenants. Staff #2 had reported during an interview she had received training from the Program nurse and returned a demonstration of her competency to administer medications to tenants. Staff #2 was observed administering medications to a tenant in the memory care unit. Staff #2 did not wash her hands prior to and after administering medications to a tenant. Staff #2 also charted the medication as given before administering the medication to a tenant.

- 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))

B. Staffing

Complaint/Incident Allegation: It was alleged a staff person recently hired had been acting suspicious, going into another tenant's apartment one evening with no reason to be in the tenant's apartment. It was alleged a staff person was asking "others" for money and management was watching tenant's wallets for missing money.

- Monitoring Observation: The Administrator was interviewed and reported tenants have not reported any concerns or complaints of staff coming into their apartments without reason or while they were gone from their apartment. The Administrator reported Tenant #2 had spoken to her about how he/she felt regarding Staff #2's demeanor. The Administrator spoke to Staff #2 regarding her behavior toward Tenant #2 and assigned Staff #2 to the memory care unit. The Administrator reported there had been no verbal or written warnings regarding Staff #2's behavior or actions towards Tenant #2.

  A review of the Program's policy on the acceptance of gifts indicated staff was not to accept any type of personal gratuity, including money, jewelry or gifts from tenants, families or their responsible party. Any employee accepting prohibited gifts would be subject to disciplinary action, including termination.

  A community meeting was held with nine tenants in attendance. Tenants reported staff had not asked to borrow money nor had complained of not having enough money to pay their bills. Tenants reported staff treated them well and treated them with respect and consideration and felt safe living at the Program. During the meeting, one tenant asked to speak privately to the monitor.

  Tenant #2 reported he/she had spoken to the Administrator regarding Staff #2's behavior. Tenant #2 reported Staff #2 came to his/her apartment one day about a week and half earlier. Staff #2 had knocked on his/her apartment door and entered. Staff #2 immediately sat down and complained about the cost of her apartment. Staff #2 told Tenant #2 she had asked other staff to borrow money from them and complained of being broke and not having any money. Staff #2 asked Tenant #2 if she could have a bottle of water. Tenant #2 gave Staff a bottle of water and Staff #2 left the apartment. Tenant #2 reported he/she felt intimidated.

  Staff #1 and Staff #2 were interviewed privately. Staff #1 was interviewed and reported there had been rumors of Staff #2 asking other staff to borrow money, but hasn't heard of tenants reporting of missing money or personal items or of staff asking tenants to borrow money. Staff #1 reported he hasn't seen any staff going into tenant's apartments when they were not present.

  Staff #2 was interviewed and reported she had not heard of any staff asking tenants for money and she hadn't asked tenants for money. Staff #2 stated she didn't have any concerns or suspicions of staff acting inappropriately toward tenants and hadn't seen any staff going into tenant's apartments without reason.

- Regulatory Insufficiency: None noted.

C. Structural Requirements

Complaint/Incident Allegation: It was alleged there have been bugs throughout the building. Twice last week someone has come out and sprayed for bugs but they are "still heavy." It was alleged there were ants and bugs all over the floors and big spiders in other tenant's rooms. Two of the big spiders had been rumored to be poisonous.

- Monitoring Observation: The Administrator reported there had been reports from staff and tenants of bugs, including spiders and mites being seen inside the Program. Program records indicated the Program contracted with a local pest control company. Records indicated the pest control company completed pest control spray and rodent control monthly, beginning 1-24-12 through 5-21-12. The Administrator reported she received complaints of insects, possibly mites adjacent to the nurse's station and spiders in the hallway and kitchen. She contacted the Program's pest control company and they sprayed inside and outside the facility. Program records indicated the pest control company inspected and sprayed for insects on 5-18-12. The Administrator reported she and staff hadn't seen any insects inside the Program since the last pest control inspection.

  A monitor inspected the Program's hallways, common areas in the general population, dementia unit and random tenant's apartments. No insects, including spiders or rodents were seen. The building, grounds and tenant's apartments were clean and sanitary. Visual inspection of the kitchen revealed the kitchen floor was clean and free of debris. Inside of cupboards and shelving units were inspected and were found to be clean and free of insects. Crawl spaces and storage areas in the kitchen were inspected and insects, rodents or rodents droppings were not found.

  Staff #1, #2, and #3 were interviewed and each reported there had been insects in the hallway and by the nurse's station, but the Program's pest control company came out the same day and sprayed the inside and outside of the Program and the insects were gone. Spiders were found in the kitchen and killed by Staff #3. Staff #3 reported he showed the pest control representative the spider and it was determined the spider was not poisonous.

  A community meeting was held with nine tenants. Tenants reported they had seen insects and spiders inside the Program, but a pest control company had been out a number of times to inspect and spray some kind of pest control chemical. Since then tenants reported they hadn't seen any other insects or spiders.

- Regulatory Insufficiency: None noted.