IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

DEMAND LETTER
CERTIFIED

September 6, 2012

Ms. Chris Marshall, Executive Director
Sitler Center for Helpful Living
1015 South Iowa Avenue
Washington, IA 52353

RE: I. Final Recertification Monitoring Evaluation Report
II. Civil Penalty
III. Appeals/Hearings
IV. Standard Certification
V. Conclusion

Dear Ms. Marshall:

I. Final Recertification Monitoring Evaluation Report -- Sitler Center for Helpful Living (Program), Washington, IA

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) chapter 481—67 and 481—69. The Report notes the Regulatory Insufficiencies in the area(s) of: Criteria for Exclusion of Tenants, Service Plans, Medications, Food Service, Structural Requirements and Transportation.

Sitler Center for Helpful Living is being assessed a $1,000 civil penalty pursuant to Iowa Code section 231C.14(1)(a) and 481 IAC 67.12(3)(a)(1). The Program failed to comply with regulatory requirements. The non-compliance resulted in imminent danger or a substantial probability of resultant death or physical harm to a tenant. Program allowed tenant to remain in Program, although Program was aware Tenant exceeded level of care for at least 4 months. There was the potential for harm to nine tenants residing in the Program who had access to electrical equipment, including a large 2 X 3 foot warming tray, toaster and several coffee pots.

DIA is accepting the Plan of Correction (POC) following the Program's submission of information. The Request for Reconsideration has been denied as the request did not provide additional information that the program was in compliance with the regulations at the time of the onsite.

II. Civil Penalty

If, within thirty (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 penalty, the assessed penalty will be reduced by thirty-five percent (35%) pursuant in accordance with IAC 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 cover letter to the attention of **Rose Boccella** and remit the penalty assessed by check or money order to the State of Iowa in the amount of six hundred and fifty dollars ($650) 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 30 days of this notice, by submitting a request for appeal to DIA. A contested case hearing will be held pursuant to IAC chapter 481—10. If the Program appeals, the civil penalty will be suspended, pending the appeal process. If the Program does not appeal, the fine is due within 30 days of notice.

IV. Standard Certification

Enclosed you will find the Assisted Living Program Certificate **S0005** with effective dates of **October 1, 2012** through **September 30, 2014**.

V. Conclusion

The Program is being assessed a $1,000 civil penalty pursuant to Iowa Code section 231C.14 and 481 IAC 67.12(3)(a). The POC submitted on July 30, 2012, has been reviewed and will constitute the final POC related to the on-site visit of June 26, 2012. The Request for Reconsideration has been denied.

DIA may revisit the Program to confirm compliance in fulfilling the POC's corrective measures. If the Program wishes to appeal or request a hearing on 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 report, please contact your Program Coordinator, Rose Boccella, at 515/281-7039 or **Rose.Boccella@dia.iowa.gov**

Sincerely,

Ann Martin

Ann Martin, Bureau Chief
Adult Services Bureau

Enclosure

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

Assisted Living Program:

Chris Marshall, Executive Director
Sitler Center for Helpful Living
1015 South Iowa Ave.
Washington, Iowa 52353

Date of Monitoring Visit:

June 26, 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.

General Population Program	
Number of tenants without cognitive disorder:	9
Number of tenants with cognitive disorder:	0
Total Population of Program at time of on-site	9
Dementia-Specific Program by Dedication	
Number of tenants without cognitive disorder:	8
Number of tenants with cognitive disorder:	7
Total Population of Program at time of on-site	15
TOTAL census of Assisted Living Program	24

Tenant/Family Satisfaction Results – A community meeting was held with 12 tenants in attendance. The tenants reported general satisfaction with the program. They reported respectful staff interaction and timely response to calls made using emergency pendants. The tenants reported the food served by the program was palatable and the provision of scheduled activities plentiful. They reported the program's environment to be clean and safe, acknowledging they would recommend it 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.

A. Criteria for Exclusion of Tenants

Monitoring Observation: Tenant #1, an 89 year old, was admitted to the program on 6-7-11 with diagnoses of: Dementia, Myasthenia Gravis, Osteoporosis, Atrial Fibrillation and Seizure Disorder. Tenant #1 resided in the programs secured memory care unit. Tenant #1 scored a 6.4 on the Global Deterioration Scale (GDS) completed on 2-20-12, indicating severe cognitive decline.

The service plan, dated 2-20-12, indicated Tenant #1 was independent with ambulation and required total assistance of a staff member to complete all bathing tasks, grooming/hygiene tasks and dressing. Tenant #1 was totally incontinent of urine and bowel movements, wearing an incontinence product at all times, and required total staff member assistance to assist with care of the incontinence products and perineal cleansing. Tenant #1 occasionally pulled his/her pants down, urinated and defecated in common areas of the unit.

The plan indicated Tenant #1 frequently wandered into other tenant apartments, resisted bathing and toileting assistance and required frequent multiple attempts when staff members administered medications. The service plan documented Tenant #1 had a private companion who stayed with him/her 12 hours daily to decrease Tenant #1's anxiety, stress and behaviors by redirection. The plan indicated the private companion was initiated so that Tenant #1 would be able to remain in the program instead of being transferred to a higher level of care. Staff members continued to perform all physical care assistance as described in the service plan.

The evaluation, completed 2-20-12 and associated nurse notes documented Tenant #1's combativeness with bathing, hygiene/grooming and toileting assistance when staff members attempted to provide each service. Tenant #1 was dependent upon staff members to complete all bathing, grooming, dressing and toileting tasks due to severe cognitive decline. Tenant #1 was noted to frequently wander into other tenant rooms and pulled pants down to toilet in common areas of the program. The Assisted Living Director spoke with Tenant #1's legal representative to discuss Tenant #1's need to transfer to another facility due to his/her decrease in ability to assist with personal care tasks and the above described behaviors. Tenant #1's legal representative did not wish to have Tenant #1 leave the assisted living. A private companion was then initiated and Tenant #1 was allowed to remain at the program.

During interview, Staff #1, #3 and #4, all direct care workers, reported Tenant #1 was often resistive to care and could become combative with staff members when attempting to provide assistance. Staff #1, #3 and #4 all reported Tenant #1 was completely dependent with bathing, dressing and care of incontinence products and perineal cleansing. All three staff members agreed that Tenant #1 required total assistance with grooming/hygiene as well, with Staff #4 reporting that occasionally Tenant #1 would brush his/her own teeth with much cuing but Tenant #1 did this very rarely.

On 6-26-12 the monitor observed Staff #1 and #4 guiding Tenant #1 from the main common area of the unit to his/her apartment. Tenant #1 was leaning backwards and dragging his/her feet, requiring staff members to hold onto each arm and guide Tenant #1 in the direction of the apartment. Tenant #1's pants were wet with urine. Staff members guided him/her into the apartment bathroom and pulled Tenant #1's pants and incontinence brief down. The brief was soaked with urine. Both staff members attempted to get Tenant #1 to sit on the toilet to remove the wet pants. Tenant #1 refused to sit without much encouragement. Tenant #1 slapped at the staff members and stiffened, requiring staff members to physically guide Tenant #1 onto the toilet. Staff members removed the wet pants, cleansed Tenant #1 and put on clean incontinence briefs and pants. Tenant #1 did not participate in this process at all.

During interview, the Assisted Living Director reported having knowledge that Tenant #1 exceeded the assisted living level of care; however, she reported a belief that with the private companion's presence, Tenant #1 would be able to remain in the program. The Assisted Living Director denied obtaining a waiver from the Department of Inspections and Appeals to allow Tenant #1 to remain, despite his/her exceeding level of care.

The program allowed Tenant #1 to remain in the program for four months following identification of Tenant #1's complete dependence with bathing, grooming/hygiene,

dressing and toileting needs. Tenant #1 was totally incontinent of bowel and bladder and exhibited an inability to care for his/her incontinence products and perineal cleansing. Tenant #1 exhibited behaviors that impeded on the rights of other tenants. Tenant #1 exceeded the level of care allowed to remain residing in an assisted living program.

Regulatory Insufficiency: A program shall not knowingly admit or retain a tenant who Is bed-bound; or b. Requires routine, two-person assistance with standing, transfer or evacuation; or c. Is dangerous to self or other tenants or staff, including but not limited to a tenant who: (1) Despite intervention chronically elopes, is sexually aggressive or abusive, or displays unmanageable verbal abuse or aggression; or (2) Displays behavior that places another tenant at risk; or d. Is in an acute stage of alcoholism, drug addiction, or uncontrolled mental illness; or e. Is under the age of 18; or f. Requires more than part-time intermittent health related care; or g. Has unmanageable incontinence on a routine basis despite an individualized toileting program; or h. Is medically unstable; or i. Requires maximal assistance with activities of daily living. (IAC r. 481-69.23(1))

B. Service Plan

Monitoring Observation: Tenant #1's service plan, dated 2-20-12, indicated Tenant #1 occasionally pulled his/her pants down, urinated and defecated in common areas of the unit. The plan indicated Tenant #1 frequently wandered into other tenant apartments, resisted bathing and toileting assistance and required frequent multiple attempts when staff members administered medications. The service plan documented Tenant #1 had a private companion who stayed with him/her 12 hours daily to decrease Tenant #1's anxiety, stress and behaviors by redirection. The plan indicated the private companion was initiated so that Tenant #1 would be able to remain in the program instead of being transferred to a higher level of care. Staff members continued to perform all physical care assistance as described in the service plan. The service plan lacked any direction to staff members describing interventions to use with Tenant #1 when the above described behaviors were exhibited.

Tenant #3, an 84 year old, was admitted on 8-24-10 and had diagnoses of: Alzheimer's Disease, Osteoarthritis and Gastroesophageal Reflux Disease. Tenant #3 scored 5 on the GDS completed on 9-23-11, which indicated moderately severe cognitive decline. Tenant #3 resided in the secured memory care unit. The clinical record documented Tenant #3 fell on 2-4-12 which resulted in a fractured left wrist. Occupational and Physical Therapy services were initiated 2-17-12. The injury required Tenant #3 wear cast on the wrist and support the cast with a sling. According to the nurse's notes, Tenant #3 experienced swelling under the cast and required transfer to the hospital for evaluation and cast removal and reapplied. The service plan, dated 9-23-11, did not contain any up-dates for the change in condition and services and/or interventions required to care for Tenant #3 while the cast was in place and therapy services were provided.

Tenant #1 and Tenant #3's service plans were not individualized with interventions which reflected the identified needs for each.

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

C. Medications

Monitoring Observation: According to the program's policy, titled Assisted Living Medication Policy and dated as reviewed 3-24-10, all medications are to be kept in the original containers until given. The policy also directed staff members to obtain physician's orders for all medications given and no change without first obtaining a physician's order to do so.

Tenant #2, a 75 year old, was admitted to the secured memory care unit on 5-10-10 with a diagnosis of Alzheimer's Dementia. Tenant #2 scored a 6.4 on the GDS completed on 5-24-12, which indicated severe cognitive decline. The program provided medication administration for Tenant #2. The Medication Administration Record (MAR) for May 2012 documented the medication Lorazepam, (an anti anxiety medication) was not given (marked H to indicate Hold) for 20 of 31 days. The clinical record documented the Lorazepam was discontinued at the end of the month of May 2012; however, lacked communication with the physician or a physician's order to hold the Lorazepam as stated above.

The MAR for June 2012 documented the medication Haldol, which was ordered for twice a day administration, was marked as the second dose held on 6-3, 4, 5 and 6-12. The clinical record lacked documentation of communication with the physician until 6-7-12 regarding Tenant #2's questionable sedation from the medications and did not include a physician's order to hold the Haldol until 6-7-12..

Program staff members did not administer Tenant #2's Lorazepam and Haldol as ordered by the physician during May and June 2012. The program did not have a physician's order to hold the medications prior to doing so, which did not follow the program's policy or 655- Chapter 6 requirements.

On 6-26-12, during medication administration at 12:10 p.m., Staff #3, certified medication aide (CMA), removed Pyridostigmine one 60 milligram (mg) tablet from the plastic package prepared and labeled by the pharmacy and prescribed for Tenant #1. Staff #3 placed the medication into an unlabeled paper medication cup. Staff #3 placed the unlabeled paper cup onto a tray and left the medication on the counter in the medication room. The Pyridostigmine was not to be given to Tenant #1 until 2:00 p.m.

Staff #3 removed Tenant #1's medication from the original packaging prior to the time to administer the medication, which did not follow the program's policy. Staff #3 placed the medication into an unlabeled paper medication cup, thereby leaving the medication now unlabeled on the counter in the medication room.

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

D. Food Service

Monitoring Observation:

During the entrance interview, the Executive Director, the Assisted Living Director and the Certified Dietary Manager reported tenant noon and supper meals are prepared in the nursing home kitchen and transported to the secured memory care unit in the assisted living to be served to tenants by the program staff members. The secured memory care unit in the assisted living had a kitchen area within the unit. The program staff members routinely prepare and serve breakfast in the memory care unit. All dishware used in the memory care unit is washed in the unit using a hot water/chemical dishwasher. The assisted living kitchen housed a stove/oven, microwave and refrigerator/freezer. The program stored milk, juices, fresh eggs, salad dressings, vegetables and precooked sausages and bacon in the assisted living kitchen area.

Staff members verified all breakfasts were prepared in the kitchen located in the secured memory care unit, indicating eggs, pancakes, bacon and sausages are routinely prepared in the same kitchen. Staff members also indicated baked fish and grilled sandwiches are prepared in the assisted living kitchen as well to supplement meals brought to the unit from the nursing home kitchen. Staff members reported all dishes used to serve program tenants were stored in the assisted living kitchen and washed in the assisted living kitchen with the exception of the steam table pans used to transport food from the nursing home kitchen were returned to the nursing home for washing.

The program's assisted living kitchen area was not licensed pursuant to the Iowa Code Chapter 137F, which considers the program kitchen to be a food establishment if it stores, prepares, packages, serves, vends or otherwise provides food for human consumption.

Staff #1, a certified nursing aide (CNA), had a hire date of 8-13-07 and worked primarily in the program's memory care unit. Staff #1's personnel file lacked documentation of food safety and sanitation training since 10-26-10.

Staff #2, a CMA, had a hire date of 4-30-07 and worked occasionally in the program's memory care unit. Staff #2's personnel file lacked documentation of food safety and sanitation training since 8-14-10.

Staff #3, a CMA, had a hire date of 3-20-07 and worked primarily in the program's memory care unit. Staff #3's personnel file lacked documentation of food safety and sanitation training since 3-20-11.

Staff #4, a CMA, had a hire date of 9-28-10 and worked primarily in the program's memory care unit. Staff #2's personnel file lacked documentation of food safety and sanitation training since 10-25-10.

Staff #1, #2, #3 and #4 work in the memory care unit where staff members were required to prepare and serve breakfast in the memory care unit and serve lunch and supper to tenants in the memory care unit. None of the aides' personnel files included documentation of the required annual training in food safety and sanitation.

Regulatory Insufficiency: Programs engaged in the preparation and service of meals and snacks shall meet the standards of state and local health laws and ordinances pertaining to the preparation and service of food and shall be licensed pursuant to Iowa Code Chapter 137F. (IAC r. 481-69.28(6))

Regulatory Insufficiency: Personnel who are employed by or contract with the program and who are responsible for food preparation or service, or both food preparation and service, shall have an orientation on sanitation and safe food handling prior to handling food and shall have an annual in-service training on food protection. (IAC r. 481-69.28 (5))

E. Structural requirements

Monitoring Observation: The kitchen in the program's secured memory care unit was open to allow tenant entrance. The monitors noted a three foot by two foot metal warming tray built into the counter in the secured memory care unit kitchen. The warming tray's on/off knob is located directly below the counter and is hidden by a mock drawer front. The drawer front is not able to be locked or secured in any way, allowing access to the switch by cognitively impaired tenants. The drawer fronts hinges have become worn, allowing the drawer front to not close tightly, making the area located behind the drawer front visible. Staff members turn the warming tray on during all meal service and place foods in pans on the tray to keep warm.

On 6-26-12 at approximately 11:50 a.m., the monitors observed one tenant serve his/herself from the pans placed on the warming tray. The monitors found the warming tray to be extremely hot to the touch.

On 6-26-12 at approximately 2:00 p.m., the monitors noted a toaster and two coffee pots plugged in and sitting on the counters in the memory care unit kitchen. The monitor turned the warming tray knob and noted the tray began to warm, indicating the electric power to the tray was intact. The program allowed hazardous electrical equipment to be available to cognitively impaired tenants in the open kitchen area of the secured memory care unit which presented a potential danger to tenants residing in the unit.

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

F. Transportation

Monitoring Observation:

The Executive Director reported the program provided transportation to tenants during activities. The Executive Director indicated the program used a five passenger seat van and a 13 passenger seat bus for such transportation. The Executive Director reported Staff #4, #5, #6, #7 and the Assisted Living Director all drive or have the potential for driving program tenants in the van and/or bus.

Staff #4's driver license indicated she had been issued a Class C driver license by the State of Iowa, indicating approval to drive a non-commercial vehicle. Staff #5's driver license indicated she had been issued a Class C driver license by the State of Iowa, indicating approval to drive a non-commercial vehicle. Staff #6's driver license indicated she had been issued a Class C driver license by the State of Iowa, indicating approval to drive a non-commercial vehicle. Staff #7's driver license indicated she had been issued a Class C driver license by the State of Iowa, indicating approval to drive a non-commercial vehicle. The Assisted Living Director's driver license indicated she had been issued a Class C driver license by the State of Iowa, indicating approval to drive a non-commercial vehicle.

The State of Iowa requires persons to have a class D (Chauffeur's) driver's license with endorsement 3, allowing non-commercial use of a vehicle when transporting less than 16 passengers for hire.

Regulatory Insufficiency: When transportation services are provided directly or under contract with the program, the driver shall have a valid and appropriate driver's license or commercial driver's license as required by law for the vehicle being utilized for transport. If the driver is licensed in another state, the license shall be valid and appropriate for the vehicle being utilized for transport. The driver shall meet any state or federal requirements for licensure or certification for the vehicle operated. (IAC r. 481-69.33(6))