IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

DEMAND LETTER
CERTIFIED
Complaint Intake #: 39858-C

September 7, 2012

Ms. Barbara McFerran, Administrator
Prairie Hills of Independence
505 Enterprise Drive SW
Independence, IA 50644

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

Dear Ms. McFerran:

I. Final Complaint/Incident Investigation Report – Prairie Hills of Independence, Independence, 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 Regulatory Insufficiency in the area(s) of: Life Safety.

Prairie Hills of Independence is being assessed a $500 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. Door to the courtyard from the dementia unit was deactivated during the day and tenants were allowed to go to the garden.

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 **Rose Boccella** and remit the civil penalty assessed by check or money order to the State of Iowa in the amount of three hundred twenty five dollars ($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.14 and 481 IAC 67.12(3)(a). The Plan of Correction (POC) submitted on August 27, 2012, has been reviewed and will constitute the final POC related to the on-site visit of July 31, 2012. The Request for Reconsideration has been denied. The door alarm from the dementia unit to the courtyard was deactivated.

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, Rose Boccella, at 515/281-7039.

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:

Barbara McFerran, Administrator
Prairie Hills Assisted Living
505 Enterprise Drive SW
Independence, IA 50644

Complaint/Incident Intake #: 39858-C

Date of Complaint/Incident Investigation:

July 31, 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:	30
Number of tenants with cognitive disorder:	0
Total Population of Program at time of on-site	30
Dementia-Specific Program by Dedication	
Number of tenants without cognitive disorder:	3
Number of tenants with cognitive disorder:	11
Total Population of Program at time of on-site	14
TOTAL census of Assisted Living Program	44

Program History – The program has not received any regulatory insufficiencies during this certification period.

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

A. Criteria for admission and retention of tenants

Complaint/Incident Allegation: It was alleged a tenant was not evaluated prior to admission to the Program, and the tenant required more care than could be given by the Program.

- Monitoring Observation: The following clinical records were reviewed:

  Tenant #1, a 91 year-old, was admitted on 3-26-12 and had diagnoses of: Insulin Dependent Diabetes Mellitus, Macular Degeneration, Emphysema, Congestive Heart Failure, Hypertension (HTN), Hyperlipidemia, and Arthritis Bilateral Shoulders. Tenant #1 scored two on the mental status questionnaire (MSQ) which indicated low risk for cognitive decline. Tenant #1 resided in the general population in an apartment near the activity and dining room. Functional, cognitive, and health evaluations were completed on 3-8-12 and 4-23-12, prior to admission and within 30 days of admission as required. Tenant #1 required assistance with bathing, dressing, medications, eating, and toileting. Tenant #1 ambulated independently in the apartment with a walker and used an electric chair when out of the apartment. Tenant #1 required the occasional assist of one for transfers. Service plans were completed based on the evaluations of 3-8-12 and 4-23-12. A 90-day nurse review was completed on 6-6-12, which indicated Tenant #1 was referred to the Department for

the Blind and a news radio and talking books were ordered. The 90-day nurse review revealed Tenant #1 remained appropriate for assisted living. Tenant #1 was interviewed and was satisfied with the services received.

Tenant #2, an 84 year-old, was admitted on 6-22-12 following hospitalization for a Urinary Tract Infection. Physician documentation of 6-22-12 revealed Tenant #2 required supervision for medication adjustments and Tenant #2 was to be discharged from the hospital to either a care center or an assisted living program. Tenant #2 had diagnoses of: UTI, Weakness, Retinitis Pigmentosa, HTN, Mild Chronic Obstructive Pulmonary Disease, Esophageal Reflux, Colon Cancer, Legally Blind, and Alzheimer's Disease. Tenant #2 was staged at three on the Global Deterioration Scale (GDS) which indicated mild cognitive decline. Tenant #2 resided in the general population in an apartment near the activity and dining room. The administrator stated Tenant #2 was given a tour of the apartment and Tenant #2 used touch to "view" the apartment. Functional, cognitive, and health evaluations were completed on 6-22-12, prior to admission. Evaluations and a nurse review were completed on 7-3-12 for a change of condition. Tenant #2 required assistance with bathing, dressing, medications, eating, and toileting. Tenant #2 ambulated independently in the apartment and required assistance to and from meals due to visual impairment. A service plan was completed based on the evaluations of 6-22-12. A nurse review dated 7-3-12 revealed Tenant #2's confusion appeared to be clearing related to a recent severe UTI, and cognition was noticeably improving.

During interview, Staff #1 and #3 stated a family member of Tenant #2 was with Tenant #2 most of the time. Staff members would assist Tenant #2 when a family member was not present. Nurse's notes revealed Tenant #2 left the Program on 7-4-12 through 7-10-12 to spend time with family. On 7-12-12 Tenant #2 and a family member met with a representative of the Department for the Blind and books on tape and a tape player were given to Tenant #2.

Nurse's notes dated 7-16-12 revealed Tenant #2's family had given a 30-day notice to move out of the Program. Tenant #2 was out of the Program with family on 7-16-12 and did not return to the Program. A note written by a family member indicated satisfaction with the services received.

Tenant #3, a 92 year-old, was admitted on 12-8-11 from a long-term care facility following a recent right hip fracture. Tenant #3 had diagnoses of: Cardiac Pacemaker, Recent Right Hip Fracture with Repair, HTN, Macular Degeneration, and Esophageal Reflux. Tenant #3 had no cognitive impairment and resided in the general population. Functional, cognitive, and health evaluations were completed on 12-5-11 and 1-4-12, prior to admission and within 30 days of admission as required. Tenant #3 required assistance with bathing and dressing. Tenant #3 ambulated with a wheeled walker and initially required staff assistance for ambulation and transfers. Service plans were completed based on the evaluations of 12-5-11 and 1-4-12. A 90-day nurse review was completed on 7-3-12 which indicated Tenant #3 had improved and was ambulating independently and was planning to return home the following week. The nurse review documented Tenant #3 was satisfied with the services received.

Evaluations for Tenant's #1, #2, and #3 were completed prior to and within 30 days of admission. Service plans were developed based on the evaluations. Tenant's #1, #2, and #3 were appropriate for assisted living.

- Regulatory Insufficiency: None noted.

B. Life Safety

During the course of the investigation, the following was noted:

- Monitoring Observation: During routine staff interviews, Staff #2 stated the door to the garden courtyard from the secured memory unit was deactivated during the day and tenants were allowed to go to the garden. The administrator confirmed what Staff #2 had reported. The exit door alarm from the secured memory unit to the garden was deactivated when an activity was held outside with tenants and staff or when a tenant wanted to go outside with staff. The garden area was not used when there was inclement weather, either hot or cold.

  The Program provided a copy of the door alarm policy. The policy, labeled "Security," listed the features of the lock system, which included the capability of deactivation by a switch. The policy indicated doors had a 15-second delay. The policy did not indicate when deactivation of the alarms was appropriate or measures to be taken to maintain tenant safety in the secured memory unit in the event of deactivation.

  The Program did not have an operating alarm system on a continual basis.

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