IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

DEMAND LETTER
CERTIFIED
Complaint Intake #: 39599-C

October 4, 2012

Ms. Brenda Colvin, Administrator
Vriendschap Village Assisted Living
2804 Fifield Road
Pella, IA 50219

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

Dear Ms. Colvin:

I. Final Complaint/Incident Investigation Report – Vriendschap Village Assisted Living, Pella, 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 Insufficiencies in the area(s) of: Medications and Policies and Procedures.

Vriendschap Village Assisted Living is being assessed a $500 civil penalty pursuant to Iowa Code section 231C.14(1)(b) and 481 IAC 67.12(3)(a)(2). The Program failed to comply with regulatory requirements which have been cited previously by the Department. The Program's continued failure (or refusal) to comply with regulatory requirements within the prescribed time frame established has a direct relationship in the health, safety, or security of tenants. The Program failed to ensure medications administered by staff to tenants were available as ordered by the tenant's physician.

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 October 2, 2012, has been reviewed and will constitute the final POC related to the on-site visit of July 3 & 9, 2012.

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: **Complaint/Incident Intake #** 39599-C

Brenda Colvin, Administrator
Vriendschap Village Assisted Living
2804 Fifield Road
Pella, IA 50219

Date of Complaint/Incident Investigation:

July 3 & 9, 2012

Monitor(s):

Hal L. Chase, RN BSN MPH
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 below were provided by the Program at the time of the on-site visit.

General Population Program	
Number of tenants without cognitive disorder:	29
Number of tenants with cognitive disorder:	3
Total Population of Program at time of on-site	33

Dementia-Specific Program by Dedication	
Number of tenants without cognitive disorder:	0
Number of tenants with cognitive disorder:	3
Total Population of Program at time of on-site	3
TOTAL census of Assisted Living Program	36

Program History – During the recertification and complaint visit of visit of February 23 and 24, 2011 the program received insufficiencies in: Service Plan, Medications, and Record Checks.

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

A. Medications

Complaint/Incident Allegation: It was alleged controlled substances (narcotics) disappeared out of Tenant's #1's, #2's, #3's, #4's and Tenant #5's locked drawers during the period of 6-16-12 through 6-18-12.

Monitoring Observation: Seven tenant files were reviewed. The Program's policy for set up and administration of medications indicated medication orders and services delegated to staff were set up by the registered nurse (RN) coordinator or another licensed nurse. The RN coordinator or another licensed nurse filled medication cassettes from original containers weekly. The Program RN reported staff who administered medications had one key that could be used for all tenant's medication drawers. The medication administration record (MAR) indicated only the time in which medication was administered and did not list each individual medication. Staff was to place medications from cassettes into a medication cup and administer to a tenant. Staff was to initial they had administered medications to a tenant.

Staff RN #1 was hired on 3-30-11 as an as needed (prn) nurse; to fill in when the Program nurse was not available. Staff RN #1 was interviewed and provided a written statement which indicated, beginning 6-16-12 through 6-21-12, medications placed in planners were either missing, "were messed up," or placed incorrectly as to time the medication was to be given for Tenant's #1, #3, #4, #5, #6, and Tenant #7. Staff RN #1 reported she didn't know if the medications were missing or if staff had taken the medications. Staff RN #1 resigned from the Program on 6-22-12.

A monitor requested and the Program RN compiled a list of the tenants who had medication missing, the specific medication, and the amount of each medication missing. The list indicated on 6-16-12 Tenant's #1 and #3 each had one medication missing from their medication planner. On 6-17-12, Tenant's #1, #4 and #5 each had one medication missing. On 6-28-12, Tenant's #1 and #3 each had one medication missing. On 7-2-12, Tenant #4 had one medication missing. Investigative findings from the Program RN differed significantly from the list of missing medications provided by Staff RN #1.

A review of staff schedules for each of three shifts, between 6-16-12 through 7-2-12 indicated at least 12 staff had access to a medication key used to unlock tenants' medication drawers.

Staff #1 RN and the Program nurse reported medication, including narcotics placed in each tenant's medication planner were not counted when a licensed nurse removed narcotics from the original bottle and placed in each of the tenant's medication planner. Narcotics placed in each of the tenant's medication planner were not counted by staff when administered.

A review conducted by a monitor was inconclusive as to the number of tenants involved or the number of medications actually missing from each tenant. This was due in large part to the lack of documentation completed by the Program when setting up medication planners, the placement of narcotics in each tenant's medication planner and the lack of documentation related to the counting of narcotics when placed in the each tenant's medication planner. Tenant #2's file was reviewed, but was inconclusive as to whether medications, including narcotics were missing.

The Program did not ensure medications administered by staff to tenants were available as ordered by the tenant's physician.

- 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. Policies and Procedures

During the course of the investigation, the following information was obtained:

- Monitoring Observation: A review of Program documentation indicated incident reports were not completed when the Program determined medications were either missing or not in medication planners for Tenant's #1, #3, #4, #5, #6 and Tenant #7.

- Regulatory Insufficiency: The program's policies and procedures on incident reports, at a minimum, shall include, e. all accidents or unusual occurrences within the program's building or on the premises that affect tenants shall be reported as incidents. (IAC r. 481-67.2(e))