IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

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DEMAND LETTER
CERTIFIED

November 2, 2012

Ms. Brenda Colvin, Executive Director
Vintage Hills Retirement Community
604 East Hillcrest Drive
Indianola, IA 50125

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

Dear Ms. Colvin:

I. Final Recertification Monitoring Evaluation Report – Vintage Hills Retirement Community (Program), Indianola, 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: Evaluation, Service Plan, Food Service, Dementia Specific Education for Program Personnel and Structural Requirements.

Vintage Hills Retirement Community 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. Program allowed tenants in the dementia unit to be exposed to potential hazards.

DIA is accepting the Plan of Correction (POC) following the Program's submission of information.

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 three hundred twenty five ($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 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 **S0314** with effective dates of **October 26, 2012** through **October 25, 2014**.

V. 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 POC submitted on November 1, 2012, has been reviewed and will constitute the final POC related to the on-site visit of October 4, 2012.

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:

Brenda Colvin, Executive Director
Vintage Hills Retirement Community
604 East Hillcrest Drive
Indianola, IA 50125

Date of Monitoring Visit:

October 4, 2012

Monitor(s):

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 were provided by the Program at the time of the on-site.

General Population Program	
Number of tenants without cognitive disorder:	21
Number of tenants with cognitive disorder:	1
Total Population of Program at time of on-site	22
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	25

Tenant/Family Satisfaction Results – A meeting was held with five tenants. The best thing about the Program was being taken care of, and having staff available to meet needs. Housekeeping was completed to the tenants' satisfaction, both in apartments and common areas. Tenants used a call button to request assistance and staff members responded in less than five minutes. Staff members provided good care and treated tenants kindly and with respect. The food was described as good with alternatives available. Hot foods were served hot. There were enough activities offered with no suggestions for new activities. The tenants reported feeling safe, were generally satisfied, and would recommend the Program to others.

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

On-Site Monitoring Evaluation – The monitor(s) made observations detailed in the following areas.

A. Evaluation of Tenant

Monitoring Observation: Tenant #1, a 75 year-old, was admitted on 6-11-12 and had diagnoses of: Brittle Insulin-Dependent Diabetes Mellitus, Hypertension, Osteoporosis, Venous Insufficiency, Depression, Anxiety, and History of a Stroke. Tenant #1 was identified as using a blood thinner, Warfarin, for a heart condition. Tenant #1 scored 30 of 30 on the mini-mental state examination (MMSE) which indicated no cognitive impairment. Tenant #1 resided in the general population. The initial service plan dated 6-7-12 indicated Tenant #1 administered the insulin and checked blood sugars. The Program administered oral medications. Nurse's notes dated 6-25-12 indicated Tenant #1 was taken to the hospital for lethargy and low blood sugar, but a blood sugar level was not documented in the nurse's notes. The notes from the emergency room (ER) revealed Tenant #1 was taken to the hospital for high blood sugar. The blood sugar level was 473 milligrams/deciliter and an intravenous insulin drip was started. Tenant #1 was

unresponsive in the ER. Tenant #1 was noted to have restricted and pinpoint pupils. An intravenous dose of Narcan, a narcotic antidote, was given and Tenant #1 immediately started following commands. Tenant #1 was noted to have chronic back and side pain and was on scheduled Morphine for the pain. Tenant #1 was noted to have an altered mental status, of an unknown origin. The ER notes indicated the altered mental state was most likely from a narcotic overdose, however testing was being considered to rule out a new stroke. Tenant #1 had a blood test, INR, completed to determine the effectiveness of the blood thinner. The INR level was 5.6, high, and the blood thinner was held until further testing was completed. Tenant #1 also received an intravenous antibiotic for possible atelectasis or pneumonitis. The ER notes documented a significant change in Tenant #1's condition.

Nurse's notes dated 6-29-12 documented Tenant #1 returned to the Program and medications were changed. The clinical record at the Program lacked a hospital discharge record. On 6-29-12, the MMSE contained documentation of "no change" although the form does not document Tenant #1's scores on individual questions. Evaluations of function and health were not completed upon return to the Program. Evaluations were not completed with a change of condition.

Nurse's notes dated 7-5-12 documented Tenant #1 had been at the Program for 30 days. Functional, cognitive, and health forms were not completed. Documentation was contained in the nurse's notes which indicated Tenant #1 was non-compliant with a diabetic diet, did not do much walking, and the back pain was under control. A health evaluation related to blood sugar level and respiratory status following ER treatment of possible atelectasis was not completed since return from the hospital. A functional evaluation was not completed to determine the ability to walk or to determine any changes in functional ability since admission. Evaluations of function, cognition, and health were not completed within 30 days of admission.

Regulatory Insufficiency: A program shall evaluate each tenant's functional, cognitive and health status within 30 days of occupancy. A program shall also evaluate each tenant's functional, cognitive and health status as needed with significant change, but not less than annually, to determine the tenant's continued eligibility for the program and to determine any changes to services needed. The evaluation shall be conducted by a health care professional or human service professional. A licensed practical nurse may complete the evaluation via nurse delegation when the tenant has not exhibited a significant change. (IAC r. 481-69.22(2))

B. Service Plan

Monitoring Observation: The Program identified Tenant #1 as being at the Program 30 days on 7-5-12. The service plan was signed by Tenant #1 on 7-5-12. The service plan did not contain the signature of the nurse at 30 days. Evaluations of function, cognition, and health were not completed on 7-5-12. The service plan was not based on evaluations.

Tenant #2, an 82 year-old, was admitted on 10-11-11 and had diagnoses of: Insulin-Dependent Diabetes Mellitus, Alzheimer's Dementia, History of Fractured Hip, and History of Pressure Ulcer. Tenant #2 was staged at five on the Global Deterioration Scale which indicated moderately severe cognitive decline. Tenant #2 resided in the secured dementia unit.

Nurse's notes dated 10-1-12 revealed Tenant #2 was not cooperative with ambulation. Tenant #2 was noted to get angry and yell. Tenant #2 was reported to be pleasant and cooperative one day and the next day Tenant #2 may be feisty and yelling at staff members. Tenant #2 was noted to have a short attention span and trying to get Tenant #2 to continue in an activity resulted in Tenant #2 getting angry. Episodes of being uncooperative were becoming more frequent. Tenant #2's service plan did not identify interventions for Tenant #2's behavior. The service plan did not identify specific activities based on Tenant #2's personal abilities and interests.

Regulatory Insufficiency: A service plan shall be developed for each tenant based on the evaluations conducted in accordance with subrules 69.22(1) and 69.22(2) and shall be designed to meet the specific service needs of the individual tenant. The service plan shall subsequently be updated at least annually and whenever changes are needed. (IAC r. 481-69.26(1))

Regulatory Insufficiency: Prior to the tenant's signing the occupancy agreement and taking occupancy of a dwelling unit, a preliminary service plan shall be developed by a health care professional or human service professional in consultation with the tenant and, at the tenant's request, with other individuals identified by the tenant, and, if applicable, with the tenant's legal representative. All persons who develop the plan and the tenant or the tenant's legal representative shall sign the plan. (IAC r. 481-69.26(2))

Regulatory Insufficiency: The service plan shall be individualized and shall indicate, at a minimum: (a) The tenant's identified needs and preferences for assistance; and (d) For tenants who are unable to plan their own activities, including tenants with dementia, planned and spontaneous activities based on the tenant's abilities and personal interests. (IAC r. 481-69.26(4)(a,d))

C. Food Service

Monitoring Observation: Staff #1 and #8, care associates, were interviewed. Both stated they served food. During the noon meal on the day of the monitoring visit, care associates were observed serving food in the dining room.

Staff #2, a cook was hired 9-19-11. Staff #3 a care associate, was hired 5-11-12. Staff #4, a care associate, was hired 3-31-12. Staff #5, a care associate, was hired 7-27-12. Staff #6, a care associate, was hired 2-6-12. The Program was unable to provide documentation of an orientation or annual inservice on food protection.

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 annual in-service training on food protection. (IAC r. 481-69.28(5))

D. Dementia-Specific Education for Program Personnel

Monitoring Observation: Training records were reviewed for the following staff members:

Staff member	Records contained:
#3	A document which indicated Staff #3 watched videos on dementia. The document was not dated or signed by an instructor.
#4	A document which indicated Staff #4 watched videos on dementia and was completed on 9-14-12. Staff #4 was hired 3-31-12; the training was not completed within 30 days of hire.
#5	A document which indicated Staff #5 watched videos on dementia. The document was not dated or signed by an instructor.
#6	No documentation of any training on dementia

Staff #3, #4, #5, and #6 were care associates providing direct care to tenants. Training records lacked documentation of eight hours of dementia education within 30 days of hire.

Regulatory Insufficiency: **69.30(1)** All personnel employed by or contracting with a dementia-specific program shall receive a minimum of eight hours of dementia-specific education and training within 30 days of either employment or the beginning date of the contract, as applicable. (IAC r. 481-69.30(1))

E. Structural requirements

Monitoring Observation: A tour of the Program was taken with the Office Manager. During the tour of the secured dementia unit, a cart was observed to be sitting in the common area against a wall, and was unattended. The cart contained two coffee makers. The coffee makers appeared to be household rather than commercial, and the pots were glass. One of the coffee makers was "on" and the coffee pot was hot to the touch. Also on the cart was a toaster that was plugged in. When the toaster lever was pushed, the toaster came on. When the items were identified as potential hazards, the Office Manager immediately removed the items from the secured dementia unit.

The tour of the secured dementia unit continued. An open office space was noted within the dementia unit. The desk area was surrounded by a half-wall/counter, approximately waist high. There was no door or other object to block the pathway from the common area of the dementia unit into the office area. According to Staff #1, caregiver in the unit at the time of the tour, tenants have come into the office space to look out the window. Within the office space, a microwave oven was observed to be plugged in and able to be turned "on." A closet with two doors on a track was opened. The doors to the closet were not secured. Within the closet, the following chemicals were found:

Chemical Name	Material Safety Data Sheet information:
Multi-task #4	Restroom cleaner, Corrosive to eyes, and may cause burns to the eye on contact. Harmful if swallowed, overexposure to vapors or mists may be harmful. Personal protection: normal good ventilation, protective gloves, and safety glasses National Fire Protection Association (NFPA) rating 2 for health hazard.
Q-256	Cleaner/disinfectant, Corrosive, causes irreversible eye damage, may cause burns to skin if contact occurs. Personal protection: normal good ventilation, protective gloves, and safety glasses. NFPA rating 2 for health hazard.

Multi-task 007	Water-based hydrogen peroxide cleaner, irritant to eyes, skin, and stomach. Personal protection: normal good ventilation, protective gloves, and safety glasses NFPA rating 1 for health hazard.
Multi-task #2	Water-based cleaner, irritant to eyes, and skin. Overexposure to vapors may be harmful. Personal protection: ventilation as required to keep vapor levels low, gloves and safety glasses. NFPA rating 1 for health hazard.
Disinfectant cleanser with Chlorinal	Contains bleach. Irritant to eyes, skin, and stomach. Mild respiratory irritant. No personal protection required with normal use. NFPA rating 1 for health hazard.

A coffee maker was "on" and the pot was hot to the touch. A coffee pot, toaster, and microwave were plugged in and ready to use. Chemicals were not secured in a closet in the dementia unit. The dementia unit contained potential hazards and was not safe.

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