IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

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DEMAND LETTER
CERTIFIED
Complaint/Incident Intake #: 39911-CR1
39952-IR1

November 16, 2012

Ms. Karen Beck, RN Director
Prairie Hills of Des Moines
5815 SE 27th Street
Des Moines, IA 50320

RE: I. Final First Complaint and First Incident Revisit Report
II. Sanction – Conditional Operation
III. Appeals/Hearings
IV. Civil Penalty
V. Conclusion

Dear Ms. Beck:

I. Final First Complaint and First Incident Revisit Report – Prairie Hills of Des Moines (Program), Des Moines, IA

Enclosed is the **Final First Complaint and First Incident Revisit 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 Compliance with Plan of Correction. **Prairie Hills of Des Moines** is being assessed a $1250 civil penalty pursuant to Iowa Code section 231C.14 and 481 IAC 67.12(3)(a). Program failed to administer medications according to physician ordered parameters.

II. Sanction – Conditional Operation

As reflected in the Preliminary Report, the Program failed to comprehensively follow the regulations in IAC chapters 481—67 and 481—69. Due to the Program's noncompliance, current Regulatory Insufficiencies, and the findings of the on-site monitoring visit of October 29, 2012, the Program will remain under a Conditional Certificate, effective August 14, 2012.

The previous sanction(s) associated with the Conditional Certificate have been lifted.

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. 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 eight hundred and twelve dollars and fifty cents ($812.50) within 30 business days after the receipt of this demand letter.

V. Conclusion

The Program is being assessed a $1250 civil penalty pursuant to Iowa Code section 231C.14 and 481 IAC 67.12(3)(a). The Plan of Correction (POC) submitted on November 14, 2012, has been reviewed and will constitute the final POC related to the on-site visit of October 29, 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 First Complaint and First Incident Revisit Report

Assisted Living Program:

Karen Beck, RN/Director
Prairie Hills at Des Moines
5815 SE 27th St.
Des Moines, Iowa 50320

Complaint/Incident Intake #:

39911-CR-1
39952-IR-1

Date of Complaint/Incident Investigation:

October 29, 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 below were provided by the Program at the time of the on-site visit.

Dementia-Specific Program by Definition	
Number of tenants without cognitive disorder:	29
Number of tenants with cognitive disorder:	6
Total Population of Program at time of on-site	35

Dementia-Specific Program by Dedication	
Number of tenants without cognitive disorder:	0
Number of tenants with cognitive disorder:	11
Total Population of Program at time of on-site	11
TOTAL census of Assisted Living Program	46

Program History – The program received a regulatory insufficiency in the area of Record Checks during the Sept. 14, 2011 Recertification on-site. During the Complaint Investigation (#36136-C) of Oct. 5, 2011, the program received regulatory insufficiencies in the areas of Staffing and Food Service. During the December 12-15, 2011 Complaint Investigation (36937-C, 37112-A), the program received regulatory insufficiencies in the areas of: Tenant Rights, Medications, Staffing and Service Plan. The program received regulatory insufficiencies in the areas of : Tenant Rights, Evaluations, Medications, Service Plan and Staffing during the Complaint Investigation (937367-C) of January 5 and 6, 2012. The program received a regulatory insufficiency in the area of medications during the Feb. 17, 2012 Complaint Investigation (37904-C). During the Complaint Investigation (38113-C, 37367-CR) of March 20 & 21, 2012, the program received regulatory insufficiencies in the areas of: Medications, Evaluation and Service Plan. During the July 30 and 31, and August 6, 2012, Complaint and Investigation Incident (39911-C) (39952-I), the program received regulatory insufficiencies in the areas of: Medication, Evaluation, Service Plan, Tenant Rights, Medication and Staffing.

Revisit Monitoring On-site Evaluation – The monitors made the observations detailed in the following areas:

A. Nurse Review

The program received a regulatory insufficiency, identified during the course of the July/August 2012 onsite complaint/incident investigation, related to the program's failure to complete nurse reviews following significant changes in condition for Tenant #1 (multiple falls) and Tenant #5 (increased pain with unavailability of pain patches for administration). The monitors reviewed the clinical records of Tenants #1 and #5 with additional clinical record reviews for Tenants #2, #4, #8 and #9.

- Monitoring Observation: Tenant #1 moved from the program on 8-31-12. Tenant #5 ceased use of the pain patch in August 2012. Tenant #5's clinical record indicated Tenant #5 experienced multiple falls with appropriate completion of a nurse review addressing the falls on 10-22-12. Tenant #2's clinical record indicated Tenant #2 experienced bloody urine with appropriate completion of a nurse review addressing the bloody urine on 10-8-12. Tenant #4's clinical record indicated Tenant #4 was hospitalized following a pulmonary embolism with appropriate completion of a nurse review addressing the hospitalization on 10-22-12. Tenant #8's clinical record indicated Tenant #8 experienced a gradual weight gain with appropriate completion of a nurse review addressing the weight gain on 10-2-12. Tenant #9's clinical record indicated Tenant #9 was hospitalized with bronchitis with appropriate completion of a nurse review addressing the hospitalization on 10-16-12.

- Regulatory Insufficiency: None noted.

B. Evaluation

The program received a regulatory insufficiency, identified during the course of the July/August 2012 onsite complaint/incident investigation, related to the program's failure to complete health, functional and cognitive evaluations following a significant change in condition for Tenant #1. The monitors reviewed the clinical record of Tenant #1 with additional clinical record reviews for Tenants #2, #4, #5, #8 and #9.

- Monitoring Observation: Tenant #1 moved from the program on 8-31-12. Tenant #2's clinical record indicated Tenant #2 experienced bloody urine with appropriate completion of a nurse review on 10-8-12. Tenant #2 did not experience changes in functional or cognitive status; therefore, Tenant #2 did not require an evaluation.

  Tenant #4's clinical record indicated Tenant #4 was hospitalized following a pulmonary embolism with appropriate completion of a nurse review addressing the hospitalization on 10-22-12. Tenant #4 required the initiation of home health services. Tenant #4's clinical record included an evaluation of Tenant #4's health, functional and cognitive status, completed on 10-22-12.

  Tenant #5's clinical record indicated Tenant #5 experienced multiple falls with appropriate completion of a nurse review addressing the falls on 10-22-12. Tenant #5 experienced changes in abilities to ambulate independently. Tenant #5's clinical record included an evaluation of Tenant #5's health, functional and cognitive status, completed on 10-22-12.

  Tenant #8's clinical record indicated Tenant #8 experienced a gradual weight gain with appropriate completion of a nurse review addressing the weight gain on 10-2-12. Tenant #8 did not experience changes in functional or cognitive status; therefore, Tenant #8 did not require an evaluation.

Tenant #9's clinical record indicated Tenant #9 was hospitalized with bronchitis with appropriate completion of a nurse review addressing the hospitalization on 10-16-12. Tenant #9 did not experience changes in functional or cognitive status; therefore. Tenant #9 did not require an evaluation.

- Regulatory Insufficiency: None noted.

C. Service Plans

The program received a regulatory insufficiency, identified during the course of the July/August 2012 onsite complaint/incident investigation, related to the program's failure to include interventions that met the individualized needs of Tenant #1 following changes in Tenant #1's newly noted resistance to staff member assistance with personal care. The monitors reviewed the clinical record of Tenant #1 with additional clinical record reviews for Tenants #4 and #5.

- Monitoring Observation: Tenant #1 moved from the program on 8-31-12. Tenant #4's clinical record indicated Tenant #4 was hospitalized following a pulmonary embolism with appropriate completion of a nurse review addressing the hospitalization on 10-22-12. Tenant #4 required the initiation of home health services. Tenant #4's 10-22-12 service plan included the newly initiated home health services.

  Tenant #5's clinical record indicated Tenant #5 experienced multiple falls with appropriate completion of a nurse review addressing the falls on 10-22-12. Tenant #5 experienced changes in abilities to ambulate independently. Tenant #5's 10-22-12 service plan included direction to staff members to assist Tenant #5 with ambulation for short distances and by propelling in a wheel chair for long distances.

- Regulatory Insufficiency: None noted.

D. Tenant Rights

The program received a regulatory insufficiency, identified during the course of the July/August 2012 onsite complaint/incident investigation, related to the program allowing Tenant #1 to lie on the floor following a fall for five and one-half hours due to inadequate staffing availability to assist Tenant #1 from the floor. The monitors reviewed the clinical record of Tenant #1 with additional clinical record review for Tenant #5.

- Monitoring Observation: Tenant #1 moved from the program on 8-31-12. Tenant #5, a cognitively impaired tenant, continued to express a wish to smoke. Tenant #5 required staff member assistance to ambulate and/or propel a wheel chair for long distances. Tenant #5's 10-22-12 service plan directed staff members to take Tenant #5 via wheel chair outside and supervise while Tenant #5 smoked. During the on-site visit, the monitors observed staff members assisting Tenant #5 outside so he/she could continue to smoke as requested.

- Regulatory Insufficiency: None noted.

E. Medications

The program received a regulatory insufficiency, identified during the course of the July/August 2012 onsite complaint/incident investigation, related to the program's failure to administer Furosemide, a diuretic, with weight gain as physician ordered for Tenants #7, #8 and #9; and the program's failure to apply a Lidoderm patch (a patch used for pain relief) as ordered by the physician for one month due to unavailability of the patch. The program failed to contact the physician to report variations of physician orders. The monitors reviewed the clinical records of Tenants #5, #7, #8 and #9 with additional review of medication error reports and Medication Administration Records (MARs) for all program tenants.

- Monitoring Observation: Tenant #5 ceased use of the pain patch in August 2012. Tenants #7, #8 and #9 required daily weights and the use of Furosemide, a diuretic, whenever the weight increased by three or more pounds. Tenant #7 continued to use Furosemide as needed with increased weight. Tenant #7's October 2012 MAR documented Furosemide use whenever identified parameters were exceeded. Tenant #8 continued to use Furosemide as needed with increased weight. Tenant #8's October 2012 MAR documented Furosemide use whenever identified parameters were exceeded. Tenant #9 continued to use Furosemide as needed with increased weight. Tenant #9's October 2012 MAR documented Furosemide whenever identified parameters were exceeded.

The monitors identified the following after review of MARs and the program's medication error reports.

Tenant #	Physician's Order	Parameters	Medication Error
Tenant #8	Monitor blood sugars twice daily	Call if blood sugars are less than 60 or greater than 400.	Staff failed to monitor the blood sugar in the evening of 10-5-12; 10-14-12 and 10-16-12. The physician was notified of the missed monitoring by facsimile on 10-17-12.
Tenant #10	Isosorbide MN ER 30 mg every a.m. and p.m.	Hold if systolic BP (SBP) less than 100 or heart rate (HR) less than 60.	10-1-12 a.m. - HR 57-given. 10-21-12 p.m.-SBP 90/41-given. 10-25-12 a.m.-HR 58-given.
Tenant #10	Metoprolol 50 mg every a.m. and p.m.	Hold if systolic BP (SBP) less than 100 or heart rate (HR) less than 60.	10-1-12 a.m.-HR 57-given. 10-21-12 p.m.-SBP 90/41-given.
Tenant #11	Carvedilol 6.25 mg every a.m. and p.m.	Hold if systolic BP (SBP) less than 130 or heart rate (HR) less than 60.	10-1-12 p.m.-SBP 106/61-given. 10-14-12 p.m.-SBP 110/82-given.

			10-20-12 p.m.-SBP 128/82-given. 10-22-12 p.m.-SBP 138/68-held medication. Staff failed to monitor the SBP or HR in the evening of 10-11 and 14-12.
Tenant #12	Monitor blood sugars twice daily.	Notify physician if blood sugar less than 60 or more than 300.	Staff failed to monitor the blood sugar in the evening on 10-5-12. Blood sugar readings- 10-1-12- 321; 10-4-12- 321; 10-10-12- 304; 10-11-12- 309. The physician was notified of the high blood sugars by facsimile on 10-12-12.
Tenant #13	Amlodipine Besylate 2.5 mg daily	Hold if systolic BP (SBP) less than 100 or heart rate (HR) of 55 or less.	Parameters transcribed as "hold if less than 55". HR 55 on 10-24-12- given due to incorrect transcription.
Tenant #14	10-1-12- monitor blood sugar every a.m.	Call if greater than 200.	10-2-12- 268; 10-8-12- 456; 10-9-12- 303. The physician was notified of high blood sugars by facsimile on 10-12-12.

During interview, Staff #2, licensed practical nurse (LPN) reported if a physician's order states "notify" she sends information via facsimile. The LPN reported if a physician's order states "call" she "picks up the phone and calls with changes". The nurse did not notify the physician as ordered for Tenants #8 and #14.

Staff members, who had been delegated to administered medications, did not follow physician ordered parameters when administering tenant medications. During interview with the current RN/Director, she reported noting an increase in medication administration errors. The Director indicated she had stopped multiple staff members from administering medications due to the errors and planned to retrain the individuals prior to having them administer medications.

- 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)

F. Staffing

The program received a regulatory insufficiency during the 39952-I on-site visit completed July 30 and31, 2012 and August 6, 2012 related to the program's related to the program allowing Tenant #1 to lie on the floor following a fall for five and one-half hours due to

inadequate staffing availability despite knowledge of the requirement for two staff to lift Tenant #1 when on the floor.

The program received a regulatory insufficiency during the 39911-C on-site visit completed July 30 and 31, 2012 and August 6, 2012 related to the program registered nurse (RN), Staff #2, LPN, and the Director failed to respond to pages when on-call when Tenant #3 became ill, requiring medical evaluation. Staff #1, administrative assistant, who had no medical experience or training, came to the program and made an evaluation to send Tenant #3 to the emergency room. The monitors reviewed the clinical records of Tenant #1 and Tenant #3.

- Monitoring Observation: 39952-CR- Tenant #1 moved from the program on 8-31-12. 39911-CR- Tenant #3 was hospitalized during the July/August on-site visit. Tenant #3 moved to a long term care facility following hospitalization without ever returning to the program.

  The previous Director left employment with the program on 10-16-12. Staff #1, the previous administrative assistant, left employment with the program on 10-16-12. The previous RN left employment with the program on 9-7-12. Staff #2, LPN, continued to work for the program. Staff #2 and the current RN/Director shared on-call coverage during the month of October 2012.

  The monitors interviewed Staff #3, #4, #5 and #6, all direct caregivers. All reported response to on-call pages had much improved. None reported having concerns with reaching a nurse when needed during weekends or after hours.

- Regulatory Insufficiency: None noted.

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

G. Compliance with Plan of Correction

- Monitoring Observation: The program's Plan of Correction, submitted to the Department on 8-20-12, included a plan of correction indicating a plan to correct the cited insufficiencies related to medication safety issues, documentation discrepancy identification and lack of adherence to following physician's orders.

  During the monitoring revisit conducted 10-29-12, the monitors continued to find medication documentation discrepancies and medication administration errors.

- Regulatory Insufficiency: The department may conduct a monitoring revisit to ensure that the plan of correction has been implemented and the regulatory insufficiency has been corrected. A monitoring revisit by the department shall review the program prospectively from the date of the plan of correction to determine compliance. (IAC r. 481-67.10(8))