IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

**AMENDED DEMAND LETTER**
**CERTIFIED**
**Complaint Intake #: 38113-C**
**37367-CR**

March 20, 2013

Ms. Karen Beck, Administrator
Prairie Hills Assisted Living
5815 S.E. 27th Street
Des Moines, IA 50320

HEALTH FACILITIES
APR 03

**RE: NOTICE OF IMPOSITION OF CIVIL PENALTY – FINAL COMPLAINT/INVESTIGATION REPORT – PRAIRIE HILLS ASSISTED LIVING**

Dear Ms. Beck:

**I. Final Complaint/Incident Investigation Report – Prairie Hills Assisted Living, Des Moines, IA**

Enclosed is the **Final Complaint/Incident Investigation Report ("Report")** issued 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, following a complaint investigation by DIA on March 20-21, 2012. The Report notes Regulatory Insufficiencies in the area(s) of: Medications, Evaluation and Service Plans.

**Prairie Hills Assisted Living** ("Program") is being assessed a $1,500 civil penalty pursuant to Iowa Code section 231C.14(1)(b) and 481 IAC rule 67.12(3)(a)(2).

Pursuant to Iowa Code section 231C.14(1)(b) and 481 IAC rule 67.12(3)(a)(2), the continued failure or refusal to comply within a prescribed time frame with regulatory requirements that have a direct relationship to the health, safety, or security of tenants may result in a civil penalty of up to $5,000.

The Report reflects that the Program failed to comply with regulatory requirements which have been cited previously by the Department. The program previously received regulatory insufficiencies in the areas of Medications, Evaluation, and Service Plans.

The factors to be considered in determining the amount of a civil penalty are contained within rule 481 IAC 67.12(3)(b) and include:

(1) the frequency and length of time the regulatory insufficiency occurred;

(2) the past history of the program as it relates to the nature of the regulatory insufficiency;
(3) the culpability of the program as it relates to the reasons the regulatory insufficiency occurred;
(4) the extent of any harm to the tenants or the effect on the health, safety, or security of the tenants which resulted from the regulatory insufficiency;
(5) the relationship of the regulatory insufficiency to any other types of regulatory insufficiencies;
(6) the actions of the programs after the occurrence of the regulatory insufficiency;
(7) the accuracy and extent of records kept by the program which relate to the regulatory insufficiency and the availability of such records to DIA;
(8) the rights of tenants to make informed decisions; and
(9) whether the program made a good-faith effort to address a high-risk tenant's specific needs and whether the evidence substantiates this effort.

In this case, the determination of a $1,500 civil penalty is based upon repeated regulatory insufficiencies in the areas of Medications, Evaluation and Service Plans. As the enclosed Report details, numerous medication errors were noted, including crushing one Tenant's medications during a period of approximately 15 days, without a doctor's order to do so. The program RN did not complete evaluations of a tenant's health, functional and cognitive status, and did not update the tenant's service plan to reflect assigned tasks which accurately met the tenant's identified needs. Over the course of approximately two weeks, the tenant had been unable to eat, had been drinking fluids with his/her medications only, had been bed bound with "skin issues," required repositioning every two hours, was non-ambulatory and began having swallowing difficulties, which required crushing of all oral medications.

**II. Reduction of Civil Penalty**

If, within 30 days of the receipt of this demand letter, you withdraw your previous request for formal hearing and 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 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 in the amount of nine hundred seventy-five dollars ($975) within 30 days after the receipt of this demand letter.

**III. Conclusion**

The Program is being assessed a $1,500 civil penalty pursuant to Iowa Code section 231C.14(1)(b) and 481 IAC 67.12(3)(a)(2). The Plan of Correction (POC) submitted on April 19, 2012 has been reviewed and will constitute the final POC related to the on-site visit of March 20 & 21, 2012.

DIA may revisit the Program to confirm compliance in fulfilling the POC's corrective measures.

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 Revisit and Complaint/Incident Investigation Report

**Assisted Living Program:**

Kit Steiber, Administrator
Prairie Hills at Des Moines
5815 SE 27th St.
Des Moines, IA 50320

**Complaint/Incident Intake #:**

38113-C
37367-CR

**Date of Complaint/Incident Investigation:**

March 20 & 21, 2012

**Monitor(s):**

Joyce Kix, RN
Maribeth Freland, 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: | 31 |
| Number of tenants with cognitive disorder: | 11 |
| Total Population of Program at time of on-site | 42 |
| **Dementia-Specific Program by Dedication** | |
| Number of tenants without cognitive disorder: | 0 |
| Number of tenants with cognitive disorder: | 4 |
| Total Population of Program at time of on-site | 4 |
| **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 Complaint Investigation (37904-C) of February 17, 2012.

**Complaint/Incident Investigation** – The Complaint/Incident investigators made the observations detailed in the following areas:

**A. Tenant Rights**

Complaint Allegation #38133-C and 37367-CR: It was alleged tenants with cognitive deficits were not reminded to go to meals and activities.

The program received a regulatory insufficiency for failure to meet Tenant #1's, individual needs during the January 2012 37367-C complaint investigation. Tenant #1 received hospice services.

- Monitoring Observation: Upon entrance and during the investigation, the monitors observed the Activity Director going room to room announcing and inviting tenants to attend a scheduled activity. During interview, the Activity Director, stated she routinely keeps records of tenant attendance of activities and makes sure that each

tenant attends at least one activity per week. The Activity Director reported she started 15 minutes prior to the activity and goes door to door to announce the activity to all tenants, even if the tenant had previously declined attendance. The activity attendance records for February and March documented that each tenant attended at least one activity weekly.

The Dietary Manager reported that Tenant #3 and #6 required reminders to come to meals due to cognitive deficits. The Dietary Manager provided the monitors with three months of Census Checklists which indicated Tenant #3 attended all three meals with the exception of two refusals of lunch. Tenant #6 was documented as attending all meals while present in the building, missing five meals due to outings. On 3-21-12, the monitors observed the Dietary Manager requesting staff remind two tenants to come to breakfast.

Tenant #1 no longer resided at the program. The program identified Tenant #5 as the only tenant receiving Hospice services during the investigation. The monitors reviewed the clinical records of Tenant #2, #3, #4, #5, #6, and #7 and observed staff provision of services with Tenant #5, finding no concerns related to tenant rights.

- Regulatory Insufficiency: None noted.

**B. Medications**

During the course of the investigation of 37367-C, the program received a regulatory insufficiency for failure to sign medications when given, missing or incomplete physician's orders and failure to complete treatments as ordered for Tenant #1.

- Monitoring Observation: Tenant #1 no longer resided at the program. The monitors reviewed the clinical records of Tenants #2, #3, #4, #5, #6 and #7, finding no concerns with Tenant #3 and #4.

  The monitors reviewed all medication error reports from 2-16-12 to current time finding one error for Tenant #8. The monitors identified the following medication errors.

| Tenant # | Medication | Physician's Order | Error |
|---|---|---|---|
| #2 | Lidoderm 5% patch | Apply to left back shoulder daily on for 12 hours and off for 12 hours | Lidoderm patch was not placed on 3-11-12 |
| #2 | Fentanyl patch 100 mcg per hour | Apply one patch and change every 72 hours. Remove old patch | One Fentanyl patch was placed on 3-9-12 and a second patch mistakenly placed 3-11-12 without removal of old patch |
| #5 | All oral medications | No physician's order found | From 3-6-12 to 3-20 12, staff members |

| | | | |
|---|---|---|---|
| | | | crushed all medications without a Dr's order to do so |
| #5 | Calcitonin-Salmon 200 units | One spray in one nostril daily alternating nostrils | Not signed as given 3-18-12 |
| #5 | Op Site patch | To affected area of spine, change every 3 days and as needed | Not applied on 3-9-12 as no patches available |
| #6 | Metamucil | One tablespoon twice daily | Not given as ordered 2-26-12 a.m. with no reason identified for the omission |
| #7 | Donepezil-HCL 10 mg | One every evening | Not signed as given on 3-19-12 |
| #7 | Seroquel 25 mg | Bedtime daily | Not signed as given on 2-20-12 or 3-10-12 |
| #7 | Levofloxacin 500 mg | One every day for 7 days beginning on 3-14-12 | Not signed as given on 3-18-12 |
| #7 | Vitamin C 500 mg | Three times daily | Not signed as given for afternoon dose on 3-3 and 3-4-13 |
| #7 | Duo Neb 0.5-2.5 per vial | One vial four times daily | Noon dose not signed as given on 2-23, 3-3 and 3-4-12 |
| #7 | Check SPO2 | Every shift | Not signed as completed 2-17, 18 and 19-12 |
| #8 | Digoxin | 0.125 mg once daily, Hold for pulse less than 60 | The medication was given on 3-11-12 with documentation of pulse of 56 beats per minute. |

- Regulatory Insufficiency: 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)

**C. Staffing**

During the course of the investigation of 37367-C, the program received a regulatory insufficiency for Staff #1, #2 and #3's lack of knowledge of Tenant #1's planned care tasks and delineation of hospice interventions.

- Monitoring Observation: Tenant #1 no longer resided at the program. Staff #1 and #3 no longer worked at the program. Staff #2 was not available for interview during the monitors' visit. The program identified Tenant #5 as the only tenant currently receiving hospice services. The monitors interviewed Staff #4, Universal Worker (UW) Staff #5, Certified Nurse Aide (CNA), and Staff #6, UW. All provided care for Tenant #5. All were able to verbalize accurate and specific individualized interventions assigned by the registered nurse.

- Regulatory Insufficiency: None noted.

**D. Evaluation**

During the course of the investigation of 37367-C, the program received a regulatory insufficiency for the registered nurse's failure to complete an evaluation when Tenant #1, a hospice tenant, exhibited significant changes in health and functional status.

- Monitoring Observation: Tenant #1 no longer resided at the program. The program identified Tenant #5 as the only current tenant who received hospice services. The monitors reviewed the clinical records of Tenants #2, #3, #4, #5, #6 and #7, finding no concerns related to Tenants #2, #3, #4, #6 and #7.

  Tenant #5, an 85 year old, was admitted on 2-10-12 and had diagnoses of: Metastatic Bone Cancer, Osteoarthrosis and a current Compression Fracture. Tenant #5 was admitted to hospice services on 3-4-12. The Global Deterioration Scale completed on 3-4-12 scored Tenant #5 at 3, which indicated mild cognitive decline. Tenant #5 resided in the program's general population area.

  The health and functional evaluation, completed by Staff #7, registered nurse (RN) on 3-4-12 following Tenant #5's hospital stay which resulted in admission to hospice services, documented Tenant #5 ate all meals independently and requested all meals to be eaten in his/her room, transferred and ambulated with the physical assistance of one staff member and the use of a gait belt, was continent of bowel and bladder and toileted using a bedside commode with the assistance of one staff member and required assistance of one staff member for bathing, dressing and grooming.

  The clinical record documented Tenant #5 experienced multiple open areas to his/her spine on 3-9-12. Task sheets, dated 3-9-12 to 3-20-12, indicated staff members were repositioning Tenant #5 every two hours and had been checking him/her for incontinence every two hours with changing of incontinence products with each incontinent episode.

  On 3-20-12, the monitor observed Tenant #5 lying in bed with his/her eyes closed. He/she was turned onto the right side and positioned with pillows. Tenant #5's

family member, who had been staying with him/her 24 hours daily, reported Tenant #5 had been sleeping most of the time and had essentially been bed bound for the past "couple of weeks". The family member indicated Tenant #5 had not been taking in any food and was drinking minimally.

During interview, Staff #4, UW, reported Tenant #5 had not been using the bedside commode "for a while", was dependent with all activities of daily living (ADLs), had been requiring staff repositioning every two hours, had not been eating and required staff members to check him/her for incontinence every two hours.

During interview, Staff #5, CNA, reported Tenant #5 was currently bed bound, had not been using the bedside commode since 3-5-12, required staff member assistance with repositioning, required staff member to check him/her for incontinence episodes and had been having a hard time swallowing since return from the hospital on 3-4-12, The inability to swallow required staff members to crush all oral medications and place in applesauce.

During interview, Staff #6, UW, reported Tenant #5 repositioned him/her self and was initially able to use the bedside commode upon returning from the hospital on 3-4-12 ; however, during the past "couple of weeks", Tenant #5 was reportedly bed bound, required repositioning by staff members every two hours, exhibited sores on his/her back, had to be checked for incontinence episodes and changed by staff members when incontinence occurred as he/she was no longer using the commode, had not been eating any food and was non-ambulatory. For the past two weeks, Tenant #5 had experienced difficulty swallowing, requiring all oral medications to be crushed.

During interview, Staff #7, RN, reported that Tenant #5 had been unable to eat, had been drinking fluids with his/her medications only, had been bed bound with "skin issues", required repositioning every two hours, was non- ambulatory and began having swallowing difficulties, which required crushing of all oral medications during the past couple of weeks. Staff #7 concurred she had not completed evaluations of Tenant #5's health, functional and cognitive status due to a lack of knowledge of the regulatory requirement to complete evaluations with all significant changes in health, functional and cognitive status. Staff #7 completed all three evaluations on 3-21-12, following review with the monitors of their concerns.

Tenant #5 experienced significant changes in health and functional status beginning on 3-6-12. The RN did not complete evaluations of Tenant #5's health, functional and cognitive status until after the monitors identified the concerns.

- 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))

**E. Service Plans**

During the course of the investigation of 37367-C, the program received a regulatory insufficiency for the RN's failure to update service plans for Tenants #1 and #2, both hospice tenants, after each exhibited significant changes in health and functional status.

- Monitoring Observation: Tenant #1 no longer resided at the program. Tenant #2 continued to reside at the program; however, no longer received hospice services. The program identified Tenant #5 as the only current tenant who received hospice services. The monitors reviewed the clinical records of Tenants #2, #3, #4, #5, #6 and #7, finding no concerns related to service plans for Tenants #2, #3, #4, #6 and #7.

  Tenant #5's clinical record included documentation of a service plan, completed by Staff #7, RN on 3-5-12 following Tenant #5's hospital stay which resulted in admission to hospice services. The service plan identified Tenant #5 ate all meals independently and requested all meals to be eaten in his/her room, transferred and ambulated with the physical assistance of one staff member and the use of a gait belt, was continent of bowel and bladder and toileted using a bedside commode with the assistance of one staff member and required assistance of one staff member for bathing, dressing and grooming. The service plan included tasks included on the hospice's care plan and hospice aide care plan, documenting a plan for the hospice aide to perform assistance with a shower or bed bath two to three times weekly.

  The clinical record documented Tenant #5 experienced multiple open areas to his/her spine on 3-9-12, requiring staff members to complete wound care to the areas. Task sheets, dated 3-9-12 to 3-20-12, indicated staff members were repositioning Tenant #5 every two hours and had been checking him/her for incontinence every two hours with changing of incontinence products with each incontinent episode.

  On 3-20-12, the monitor observed Tenant #5 lying in bed with his/her eyes closed. He/she was turned onto the right side and positioned with pillows. Tenant #5's family member, who had been staying with him/her 24 hours daily, reported Tenant #5 had been sleeping most of the time and had essentially been bed bound for the past "couple of weeks". The family member indicated Tenant #5 had not been taking in any food and was drinking minimally.

  During interview, Staff #4, UW, reported Tenant #5 had not been using the bedside commode "for a while", was dependent with all ADLs, required staff repositioning every two hours, had not been eating and required staff members to check him/her for incontinence every two hours.

  During interview, Staff #5, CNA, reported Tenant #5 was currently bed bound, had not been using the bedside commode since 3-5-12, required staff member assistance with repositioning, required staff member to check him/her for incontinence episodes and had been having a hard time swallowing since return from the hospital on 3-4-12, which required staff members to crush all oral medications and place in applesauce.

  During interview, Staff #6, UW, reported Tenant #5 repositioned him/her self and was able to use the bedside commode upon returning from the hospital on 3-4-12.

For the past "couple of weeks", Tenant #5 was reportedly bed bound, required repositioning by staff members every two hours, exhibited sores on his/her back, had been checked for incontinence episodes and changed by staff members when occurred as was no longer using the commode, had not been eating any food and was non- ambulatory. For the past two weeks, Tenant #5 had experienced difficulty swallowing, requiring all oral medications to be crushed.

During interview, Staff #7, RN, reported for past "couple of weeks" Tenant #5 had been unable to eat, had been drinking fluids with his/her medications only, had been bed bound with "skin issues", required repositioning every two hours, was non-ambulatory and began having swallowing difficulties, which required crushing of all oral medications. Staff #7 concurred she had not updated Tenant #5's service plan due to a lack of knowledge of the regulatory requirement to update service plans with all significant changes in functional status. Staff #7 updated the services plan on 3-21-12, following review of the monitors concerns.

Tenant #5 experienced significant changes in health and functional status beginning on 3-6-12. The RN did not update Tenant #5's service plan to reflect assigned tasks which accurately met his/her identified needs.

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

**F. Nurse Review**

The program received a regulatory insufficiency for the registered nurses failure to complete nurse reviews when she identified significant changes in condition occurred with Tenant #1, a hospice patient during the January 2012 37367-C complaint investigation.

Monitoring Observation: Tenant #1 no longer resided at the program.

- Regulatory Insufficiency: None noted.