IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

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DEMAND LETTER
CERTIFIED

Complaint Intake #: 42454-C

April 15, 2013

Ms. Dawn Ethofer, Administrator
Vintage Hills at Prairie Trail
1275 SW State Street
Ankeny, IA 50023

RE: I. NOTICE OF IMPOSITION OF CIVIL PENALTY – FINAL COMPLAINT/INCIDENT INVESTIGATION REPORT - VINTAGE HILLS AT PRAIRIE TRAIL
II. Reduction of Civil Penalty
III. Appeals/Hearings
IV. Conclusion

Dear Ms. Ethofer:

I. Final Complaint/Incident Investigation Report – Vintage Hills at Prairie Trail, Ankeny, 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 an investigation by DIA on February 26 and March 4, 2013. The Report notes Regulatory Insufficiencies in the area(s) of: Tenant Rights, Tenant Documents, Policies and Procedures, Evaluation, Service Plans, Nurse Review, Dementia Specific Education, Record Checks, Dependent Adult Abuse Training and Plan of Correction.

Vintage Hills at Prairie Trail ("Program") is being assessed a **$750 civil penalty** pursuant to Iowa Code section 231C.14(1)(b) and 481 IAC 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 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.

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 Evaluation, Service Plan and Policies and Procedures.

The determination of a **$750 civil penalty** is based upon repeated regulatory insufficiencies in the areas of: Evaluation, Service Plan and Policies and Procedures. As the enclosed Report details, the Program failed to complete evaluations as required, failed to update service plans as required and failed to follow its policy related to the possible theft of medications belonging to tenants.

II. Reduction of Civil Penalty

If, within 30 days of the notice or service 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 **four hundred eighty seven dollars and fifty cents ($487.50)** within 30 days after the notice or service of this demand letter.

III. Appeals/Hearings

The Program may appeal the DIA decision within thirty (30) days of the notice or service of this demand letter by submitting a written 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 the notice or service of this demand letter.

IV. Conclusion

The Program is being assessed a **$750 civil penalty** pursuant to Iowa Code section 231C.14(1)(b) and 481 IAC 67.12(3)(a)(1). The Plan of Correction (POC) submitted on April 11, 2013, has been reviewed and will constitute the final POC related to the on-site visit of February 26 and March 4, 2013.

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 notice or service 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 #:**42454-C

Dawn Ethofer, Administrator
Vintage Hills at Prairie Trail Assisted Living
1275 S.W. State Street
Ankeny, IA 50023

Date of Complaint/Incident Investigation:

February 26 & March 4, 2013

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:	26
Number of tenants with cognitive disorder:	2
Total Population of Program at time of on-site	28

Dementia-Specific Program by Dedication	
Number of tenants without cognitive disorder:	1
Number of tenants with cognitive disorder:	15
Total Population of Program at time of on-site	16
TOTAL census of Assisted Living Program	44

Program History – The program received a regulatory insufficiency in the area of Medications during the Initial Certification on-site of May 24, 2012. During the December 12, 2012 Complaint Investigation, the program received regulatory insufficiencies in the areas of: Staffing, Policy and Procedures, Evaluations and Service Plans

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

A. Tenant Rights

Complaint/Incident Allegation: It was alleged two tenants, who resided in the dementia unit, had been sexually intimate in the common area of the dementia unit and in each of their apartments. Both tenants had a Global Deterioration Scale (GDS) of four, which indicated moderate cognitive decline.

- Monitoring Observation: Eleven tenant files were reviewed. No issues were found with Tenants #3 through #11.

  Tenant #1, a 79 year old, was admitted on 10-17-12 and had diagnoses of: Dementia, Anxiety, Depression, Gastro Esophageal Reflux Disease, Degenerative Joint Disease and Hyponatremia. Tenant #1 resided in dementia unit. A GDS was completed on 11-17-12 and staged Tenant #1 at four, which indicated moderate cognitive decline. Program records indicated Tenant #1 did not have a Durable Power of Attorney.

  Tenant #2, a 79 year old, was admitted on 11-13-12 and had diagnoses of: Dementia, Diabetes Mellitus (DM), Hypertension (HTN), Benign Prostatic Hypertrophy (BPH), Coronary Artery Disease (CAD) and a Supra Pubic Catheter. Tenant #2 resided in the dementia unit. The Short Portable Mental Status Questionnaire was completed on 11-9-12, with Tenant #2 scoring eight of 10, which indicated serious cognitive

impairment. A GDS was not completed within 30-day of admission. Program records indicated Tenant #2 did not have a Durable Power of Attorney.

Two incident reports of 1-17-13 indicated there had been two incidents involving Tenant #1 and Tenant #2. At 11:15 a.m. Tenant #1 and Tenant #2 were seen in the common area. Tenant #2 had his/her hand down in Tenant #1's pants. Staff #2 approached both tenants and told Tenant #2 to keep his/her hands to himself/herself.

At 1:20 p.m. both Tenant #1 and Tenant #2 were again seen in the common area. Tenant #1 was on his/her knees in front of Tenant #2. Tenant #2 had his/her pants unzipped. Staff #1 approached both tenants and asked what they were doing and Tenant #2 was startled.

The nurse reported Tenant #1 and Tenant #2 had a relationship prior to each moving into the Program. A nurse review completed on 11-17-12 characterized Tenant #1's relationship to Tenant #2 as a "significant friendship." The nurse reported concern related to Tenant #2's sexual intimacy with Tenant #1 and had directed staff to redirect both when sexually intimate. The Program nurse reported Tenant #1's cognitive deficits were greater than Tenant #2's and Tenant #1 may not have the ability to say no.

Staff #1, who worked in the dementia unit routinely, reported Tenant #1 was oriented to self only and was not able to make choices and did not have the ability to refuse to sexual relations. Tenant #2 had more insight and could make decisions related to personal cares and needs. Tenant #2 initiated sexual relations with Tenant #1.

Staff #2, who worked in the dementia unit routinely, reported Tenant #1 did not have the ability to "say no to someone." Tenant #2 initiated sexual episodes with Tenant #1 on two separate occasions.

Staff #5, who worked in the dementia unit routinely, reported Tenant #1 was oriented to self and place and was dependent on others to make decisions. Staff knew Tenant #1 and Tenant #2 were sexually intimate and had been in their apartments together alone. Staff was to redirect Tenant #1 and Tenant #2 when they become sexually intimate in public.

The Program did not determine if the sexual intimacy between Tenants #1 and #2 was consensual.

- Regulatory Insufficiency: All tenants have the following rights: To be treated with consideration, respect and full recognition of personal dignity and autonomy. (IAC r. 481-67.3(1))

B. Tenant Documents

Complaint/Incident Allegation: It was alleged there were two incidents of sexual intimacy between Tenant's #1 and Tenant #2. Incident reports were completed for both

but there were no nurse's notes describing the events. It was alleged nurse's notes were "gone" from Tenant #5, #6, #7 and #8s' files.

- Monitoring Observation: Eleven tenant files were reviewed. No issues were found with Tenants #3, #4, #6, #7, #8 and #9, #10 and #11 related to missing nursing notes.

  Program files indicated two incident reports, involving Tenant's #1 and #2 were completed by staff on the same day for incidents that took place between Tenant #1 and #2 at 11:15 a.m. and at 1:10 p.m. A review of Tenant #1's and Tenant #2's nurse's notes indicated no entry was made related to the two incidents. (Assisted living regulations do not require nurse's notes be written detailing events occurring with a tenant.) Staff #1 through #5 reported they had first-hand knowledge and/or had heard from other staff of sexual intimacy between Tenant #1 and Tenant #2.

  Incident reports were completed for two incidents of sexual intimacy between Tenant #1 and #2; however, Staff #1, #2, #5 and #11 reported there had been other incidents of sexual intimacy that were not documented.

  Tenant #5, 69 year old, was admitted on 8-21-12 and had diagnoses of: Atrial Fibrillation, History of Trans Ischemic Attack, Neuropathy and Diabetes Mellitus. A review of Tenant #5's file did not include a cognitive evaluation. Tenant #5 resided in the general population and had been independent with ambulation. Tenant #5 was admitted to the hospital on 10-26-12 with a diagnosis of a Right Acetabular fracture. Hospital consultation notes indicated Tenant #5 sustained a fall while at the Program. No other documentation was found in Tenant #5's file indicating the circumstances surrounding the fall. Tenant #5 was later transferred to a skilled facility, date unknown. Tenant #5's file lacked documentation, including physician orders for transfer back to the Program from a skilled nursing facility.

  Tenants #1 and #2 files lacked documentation related to incidents reported by staff. Tenant #5's file did not include physician's orders for transfer from a skilled nursing facility back to the Program.

Complaint/Incident Allegation: It was alleged 30-day evaluations, 90-day nurse reviews and "follow-ups" completed by the Program were missing from tenant's files beginning 10-23-12 through 12-3-12.

- Monitoring Observation: Eleven tenant files were reviewed. A review of Tenant's #3, #6, #7, #10 and 11's files indicated 30-day evaluations, 90-day nurse reviews and "follow-ups" and been completed during the dates cited above.

  A review of Tenants' #1, #2, #3, #4, #5, #8 and #9 files indicated 30-day evaluations, evaluations with a change in health status and 90-day nurse reviews were not consistently completed.

- Regulatory Insufficiency: Documentation for each tenant shall be maintained by the program and shall include: c. the initial evaluations and update; e. the initial individual service plan and updates; i. when any personal or health-related care is delegated to the program, the medication information sheets; documentation of health

professionals' orders, such as those for treatment, therapy and medication; and nurses' notes written by exception. (IAC r. 481-69.25(1)(c,e,i))

C. Policy and Procedures

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

- Monitoring Observation: Tenant #10, a 68 year old, was admitted on 8-21-12 and has diagnoses of: Stage Four Liver Failure, Diabetes Mellitus, History of Urinary Tract Infections and Osteopenia. A cognitive evaluation staged Tenant #3 at three on the GDS, which indicated mild cognitive decline. Tenant #3 resided in the general population. Tenant #10's service plan of 12-7-12 indicated he/she was independent with medication administration.

  Tenant #10 was interviewed by a monitor and reported a bottle of Oxycodone, quantity and dosage unknown, was reported stolen on 2-21-13. Tenant #10 reported keeping the bottle of Oxycodone on top of a dresser in his/her apartment. Tenant #10 didn't have any idea who may have taken the Oxycodone.

  The nurse confirmed what Tenant #10 had reported. Tenant #10 wasn't able to give the quantity, dosage or when the Oxycodone may have been taken. The nurse reported the Program did not conduct an investigation related to the possible theft.

  Tenant #11, an 82 year old, was admitted on 7-1-12 and had diagnoses of: Macular Degeneration, Hard of Hearing, Gout, Degenerative Joint Disease and HTN. A cognitive evaluation scored Tenant #11 at 9 out of 10, which indicated normal cognitive function. Tenant #11 resided in the general population. A service plan of 12-14-12 indicated Tenant #12 was independent with medication administration.

  Tenant #11 was interviewed by a monitor and reported Hydrocodone 5mg/500 mg tablets and Tramadol (dosage unknown) was missing from his/her apartment. Tenant #11 stated he/she picked up from the pharmacy 60 tablets of Hydrocodone and 30 tablets of Tramadol on 11-30-12. Tenant #11 stated he/she was hospitalized 12-6-12 through 12-13-12. Tenant #11 reported on 12-14-12 he/she went to take medication and noticed most of the Hydrocodone and Tramadol was missing. Tenant #11 estimated at a minimum 45 Hydrocodone tablets and 23 Tramadol tablets were missing.

  A police report indicated the Program reported a possible theft on 12-27-12, of Hydrocodone and Tramadol tablets belonging to Tenant #11. A police investigation was conducted and concluded the theft was unfounded. The nurse reported she was not aware if the Program conducted their own investigation.

  The nurse reported Tenant #11 had reported on 2-21-13, 50 to 55 Hydrocodone tablets had been stolen from his/her apartment. The Program nurse reported she was not aware of the Program conducting their own investigation.

  A review of the Program's accident/incident report policy indicated the Program needed to have completed an incident report, report the incident to the Department, conduct an internal investigation and take corrective action.

The Program did not follow their policy related to the possible theft of medication belonging to Tenants #10 and #11. The Program did not complete an incident report, did not notify the Department of potential theft of medications belonging to Tenants' #10 and #11 and did not conduct their own investigation.

- Regulatory Insufficiency: A program's policies and procedures must meet the minimum standards set by applicable requirements. The program shall follow the policies and procedures established by a program. All programs shall have policies and procedures related to the reporting of incidents including allegations of dependent adult abuse. (IAC r. 481-67.2(1))

D. Evaluation

Complaint/Incident Allegation: It was alleged a tenant who resided in the general population was dying of Cancer and had a weight loss of approximately 54 pounds in the last four months. The Program had not completed functional, cognitive and health evaluations with a change in health status.

- Monitoring Observation: Eleven tenant files were reviewed. No issues were found related to this allegation for Tenants #1, #2, #4, #5, #6, #7, #8 and #9, #10 and #11.

  Tenant #3, an 83 year old was admitted on 9-20-12 and had diagnoses of: Active Deep Vein Thrombosis, Atrial Fibrillation, Diabetes Mellitus, Hyperlipidemia and HTN. Tenant #3 was admitted to hospice on 2-11-13 with an admitting diagnosis of Pancreatic Cancer. Tenant #3 passed away on 2-17-13. A cognitive evaluation of 1-18-13 indicated normal cognition. Tenant #3 resided in the general population.

  Functional, cognitive and health evaluations were completed on 1-18-13 and indicated Tenant #3 needed reminders for bathing and was independent with grooming, toileting, dressing, medication administration, ambulation and transfer. A hospice evaluation of 2-12-12 indicated Tenant #3 needed staff assistance with bathing, dressing, ambulation and transfer. Evaluations were not updated to reflect Tenant #3's decline in health status and assistance with activities of daily living (ADLs).

  The Program did not complete functional, cognitive and health evaluations with a significant change in health status.

Complaint/Incident Allegation: It was alleged Tenant #4 had skin excoriation of the groin and skin breakdown, of the buttocks, chest and abdominal folds. Tenant #4's file lacked documentation of the tenant's status related to skin care of the groin and abdominal folds.

- Monitoring Observation: Eleven tenant files were reviewed. No issues were found related to the above allegation for Tenants #1, #2, #3, #5, #6, #7, #8 and #9, #10 and #11.

Tenant #4, a 77 year old, was admitted on 2-18-12 and had diagnoses of: HTN, CAD, Hyperlipidemia, Hypothyroidism, and Pre-Senile Dementia. A GDS was completed on 5-11-12 and staged Tenant #4 at six, which indicated severe cognitive decline. Tenant #4 resided in the dementia unit.

A review of MARs for March, 2013 indicated Tenant #4 received three topical ointments to affected area(s): Hydrocort Crème 1% – apply to affected areas twice daily until clear, Clotrimazole ointment 1% - apply topically to affected areas twice daily until clear and Zeasorb Powder – apply topically to affected areas daily for prevention. The two ointments and the Powder were ordered on 4-13-12. On 1-8-13 Bactroban ointment was to be applied for seven days due to excoriation to the upper leg.

The Program notified Tenant #4's physician on 1-8-13 of red, painful, burning of excoriated area in the crease of the upper leg. The excoriated area had a "yeasty look/smell to it." The Program reported Tenant #4 was currently on two ointments and one powder and asked if the physician wanted to do something different. An order was given for Bactroban ointment- applied twice/three times daily for seven days and resume previous treatments.

Staff #1, #2, #5 and #11 reported Tenant #4 had skin irritation to abdominal folds and skin excoriation to the groin. Staff reported topical ointments were administered and recorded on the MARs.

Functional and health evaluations completed on 8-9-12 indicated no evaluation of Tenant #4's skin care of the abdominal fold or excoriation of the groin and upper leg. A cognitive evaluation was not completed.

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

- Monitoring Observation: Tenant #2's file indicated the Program completed a GDS on 11-9-12. The initial cognitive evaluation was to be a scored, objective evaluation of Tenant #2's cognitive status. If the score from the cognitive evaluation indicated moderate cognitive decline a GDS was to be used. The Program did not complete a 30-day cognitive evaluation.

  Tenant #5's file indicated a cognitive evaluation; either scored or staged had not been completed upon admission. Tenant #5 was admitted to the hospital on 10-26-12 with a diagnosis of a Right Acetabular fracture. Hospital consultation notes indicated Tenant #5 sustained a fall while at the Program. No other documentation was found in Tenant #5's file indicating the circumstances surrounding the fall.

  Tenant #5 was later transferred to a skilled facility, date unknown, but skilled nursing notes of 11-23-12 indicated Tenant #5 needed staff assist with transfers and ADLs and needed reminders to call for assistance. The date of transfer back to the Program was not determined as no other documentation was found.

  Functional and health evaluations of 12-4-12 indicated Tenant #5 was to have 50% weight bearing; however, functional and health evaluations were not complete as

portions of the evaluations were empty. A cognitive evaluation was not completed with a change in status.

Tenant #8, an 80 year old, was admitted on 8-23-12 and had diagnoses of Arthritis, Glaucoma, Diabetes Mellitus and Depression. Tenant #8 resided in the general population. A functional evaluation was not completed prior to or within 30-days of admission.

Tenant #9, an 83 year old, was admitted on 11-27-12 and had diagnoses of: Dementia, HTN, Depression, Fatigue, Osteoporosis and Allergic Rhinitis. On 11-27-12, Tenant #9 scored 7 out of 10, which indicated moderate intellectual functioning. Tenant #4 resided in the dementia unit. Functional, cognitive and health evaluations 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 services 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, the following information was obtained.

- Monitoring Observation: Tenant #1's file indicated two incidents, both occurring on 1-17-13, of sexual intimacy between Tenant #1 and Tenant #2. Staff #1, #2, #5 and #11 reported there had been other incidents of sexual intimacy between Tenant #1 and Tenant #2 but these incidents were not documented. Tenant #1's service plan did not establish interventions when Tenant #1 and Tenant #2 were sexually intimate.

  Tenant #2's file indicated two incidents, both occurring on 1-17-13, of sexual intimacy between Tenant #2 and Tenant #1. Staff #1, #2, #5 and #11 reported there had been other incidents of sexual intimacy between Tenant #2 and Tenant #1 were not documented. Tenant #2's service plan did not establish interventions directing staff when Tenant #2 and Tenant #1 were sexually intimate.

  Tenant #3 was admitted to hospice on 2-11-13 with an admitting diagnosis of Pancreatic Cancer. A service plan of 1-18-13 indicated Tenant #3 needed reminders for bathing and was independent with grooming, toileting, dressing, medication administration, ambulation and transfer. A hospice evaluation of 2-12-12 indicated Tenant #3 needed staff assistance with bathing, dressing, ambulation and transfer. The Program did up update the service plan with a significant change in status and did not establish interventions related to the assistance with cares.

Tenant #4's service plan of 8-9-12 indicated Tenant #4 needed assistance with bathing, grooming, dressing, stand-by assist with transfer and ambulation and medication administration. Staff #1, #2, #5 and #11 reported Tenant #4 had skin irritation to abdominal folds and skin excoriation to the groin. Staff reported topical ointments were administered and recorded on the MARs.

A review of MARs for March, 2013 indicated Tenant #4 received three topical ointments to affected area(s); Hydrocort Crème 1% – apply to affected areas twice daily until clear, Clotrimazole Crème 1% - apply topically to affected areas twice daily until clear and Zeasorb Powder – apply topically to affected areas daily for prevention. The two ointments and the Powder were ordered on 4-13-12. On 1-8-13 Bactroban ointment was to be applied for seven days due to excoriation to the upper leg.

The service plan of 8-9-12 was not updated to reflect a significant change in status and interventions related to additional skin irritation to the abdominal folds, excoriation of the groin and upper leg.
Tenant #5's service plan of 12-7-12 was not supported by functional, cognitive and health evaluations.

Tenant #8's service plan was not updated within 30-days of admission.

Tenant #9's service plan was updated within 30-days of admission; on 12-25-12, but was not supported by functional, cognitive and health evaluations.

- Regulatory Insufficiency: A service plan shall be developed for each tenant based on On the evaluation 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: When a tenant needs personal care or health-related care, the service plan shall be updated within 30days of the tenant's occupancy and as needed with significant change, but not less than annually. (IAC r. 481-69.26 (3))

- 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

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

- Monitoring Observation: A review Tenant #1's 90-day nurse review of 2-15-13 did not include events of 1-17-13 between Tenant #1 and Tenant #2. Staff #1, #2, #5 and #11 reported there had been other incidents of sexual intimacy between Tenant #1 and Tenant #2. A 90-day nurse review of 2-15-13 did not include the behavior exhibited by Tenant #1, which indicated a significant change in Tenant #1's condition.

Tenant #2's file indicated two incidents, both occurring on 1-17-13, of sexual intimacy between Tenant #2 and Tenant #1. Staff #1, #2, #5 and #11 reported there had been other incidents of sexual intimacy between Tenant #2 and Tenant #1 were not documented. A 90-day nurse review of 2-22-13 did not include the behavior exhibited by Tenant #2, which indicated a significant change in condition.

Tenant #4's MARs for March, 2013 indicated Tenant #4 received three topical ointments (ordered 4-13-12) to affected area(s); Hydrocort Crème 1% – apply to affected areas twice daily until clear, Clotrimazole ointment 1% - apply topically to affected areas twice daily until clear and Zeasorb Powder – apply topically to affected areas daily for prevention. On 1-8-13 Bactroban antibiotic (ATB) ointment was to be applied for seven days due to excoriation to the upper leg.

Staff #1, #2, #5 and #11 reported Tenant #4 had skin irritation to abdominal folds and skin excoriation to the groin. Staff reported topical ointments were administered and recorded on the MARs.

Ninety-day nurse reviews of 11-7-12 and 2-15-13 did not include an evaluation of Tenant #4's skin irritation and excoriation of abdominal folds, groin and leg and efficacy of treatment.

- Regulatory Insufficiency: If a tenant does not receive personal or health-related care, but an observed significant change in the tenant's condition occurs, a nurse review shall be conducted. If a tenant receives personal or health-related care, the program shall provide for a registered nurse or a licensed practical nurse via nurse delegation: to monitor, at least every 90 days, or after a significant change in the tenant's condition, any tenant who receives program-administered prescription medications for adverse reactions to the medications and to make appropriate interventions or referrals, and to ensure that the prescription medication orders are current and that the prescription medications are administered consistent with such orders. (IAC r.481-69.27(1))

- Regulatory Insufficiency: To assess and document the health status of each tenant, to make recommendations and referrals as appropriate, and to monitor progress relating to previous recommendations at least every 90 days and whenever there are changes in the tenant's health status. (IAC r.481-69.27(3))

G. Medications

Complaint/Incident Allegation: It was alleged the Program nurse notified Tenant 2's physician of Tenant #2's low blood sugars. The physician ordered to increase Insulin when it was contraindicated to increase Insulin when the tenant's blood sugar was low. Another Registered Nurse (RN) intervened before the order was implemented, contacted the tenant's physician and the order was changed.

- Monitoring Observation: Tenant #2's MAR's for January, 2013 indicated Tenant #2 Accu-checks three times daily; 7:00 a.m., 11:00 a.m. and again at 9:00 p.m. Tenant #2 received 35 units of Lantus at 9:00 a.m. and Humalog 5 units, twice daily; at 11:30

a.m. and 4:30 p.m. On 1-23-13 Tenant #2's physician was notified Tenant #2's accu-check indicated blood sugars in the 40's to 50's. An order was received and Tenant #2's MAR's was changed to Lantus to 25 units at 9:00 a.m.

- Regulatory Insufficiency: None noted.

H. Staffing

Complaint/Incident Allegation: It was alleged the Program nurse abandoned the Program and was gone for several days.

- Monitoring Observation: Five staff personnel files were reviewed. Staff #2, #3, #4, #5 and #11 reported the Program nurse was always on call and always responded to their texts or calls for assistance. Staff reported the Program nurse responded within 10 minutes of being called.

  A community meeting was held with 15 tenants. Tenants reported the nurse was available when needed and voiced no concerns regarding the cares they received.

- Regulatory Insufficiency: None noted.

I. Dementia-Specific Education

Complaint/Incident Allegation: It was alleged the Program's Beautician, who provided services for tenants with Dementia, had not completed an initial eight hours of dementia training within 30-days of being hired. It was alleged maintenance staff had not completed eight hours of dementia training within the first 30-days of employment.

- Monitoring Observation: The Administer reported the actual date of hire of a Beautician was unknown, but was sometime in February or March of 2012. Records indicated the Beautician had never completed the initial eight hours of dementia training. Staff #6, who was the maintenance person, was hired on 3-26-12. A review of Staff #6's file indicated he received eight hours of dementia training on 8-5-12, but not within 30-days of hire.

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

Monitoring Observation: Staff #1 was hired on 10-15-12, Staff #10 was hired on 12-14-12 and Staff #11 was hired on 1-9-13. A review of staff records indicated each had not completed eight hours of dementia training since hire.

- Regulatory Insufficiency: 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))

J. Record Checks

Complaint/Incident Allegation: It was alleged the Program did not complete criminal background checks, including child and dependent adult and sexual abuse prior to hire for the Beautician and Staff #6.

- Monitoring Observation: Program records indicated a criminal background check, dependent adult abuse, and child abuse checks were completed on 2-11-13 for the Beautician, approximately one year after the Beautician was hired.

  Staff #6 was hired on 3-26-12. Program records indicated a criminal background check, dependent adult abuse and child abuse checks were completed 3-12-12

  The Program did not complete a criminal history check, dependent adult abuse, and child abuse check prior to the Beautician working at the Program.

- Regulatory Insufficiency: Pursuant to Iowa code section 135C.33, a prospective employee of a program shall have a criminal history check, dependent adult abuse, and child abuse check performed before the prospective employee starts work. If a prospective employee has a criminal history or an abuse history, the prospective employee shall not be employed by the program unless the department of Human Services has performed an evaluation and determined that the record does not warrant the employment prohibition. Proof of the pre-employment background check shall be maintained in the program's employee file. The program must meet all requirement of Iowa code 135C 33 and Administrative rules adopted pursuant to Iowa Code section 135 C 33. (IAC r. 481-67.9 (3))

K. Dependent Adult Abuse Training

Complaint/Incident Allegation: It was alleged maintenance staff had not completed dependent adult abuse within six months of hire. It was alleged an outside provider, who was the beautician and provided services on 1-23-12, had not completed two-hours of dependent adult abuse training.

- Monitoring Observation: Staff #6, who was the maintenance person was hired on 3-26-12. A review of Staff #6's file indicated no record of Staff #6 completing dependent adult abuse training.

  A review of the Beautician's personnel file indicated she had not completed dependent adult abuse training.

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

- Monitoring Observation: Staff #8 was hired on 8-31-12. Program records indicated Staff #8 had not completed dependent adult abuse since hire.

- Regulatory Insufficiency: A person required to report cases of dependent adult abuse pursuant to section 235B.3, other than a physician whose professional practice does not regularly involve providing primary health care to adults, shall complete two hours of training relating to the identification and reporting of dependent adult abuse within six months of initial employment or self-employment which involves the

examination, attending, counseling, or treatment of adults on a regular basis. Within one month of initial employment or self-employment, the person shall obtain a statement of the abuse reporting requirements from the person's employer or, if self-employed, from the department. The person shall complete at least two hours of additional dependent adult abuse identification and reporting training every five years. 235B.16 (5)(b))

L. Plan of Correction.

Complaint/Incident Allegation: It was alleged the Program did not comply with their Plan of Correction of Complaint #41668-C. The Program indicated staff was to receive nurse delegated training and staff would return demonstration of medication administration, including the administration of narcotics by 2-1-13.

- Monitoring Observation: A review of staff training files indicated the following: Staff #1, hired 10-12-12 and Staff #11, hired 1-9-13, received nurse delegated training and returned demonstration of medication administration, including narcotics to the previous Program Administrator but not by the Program nurse.

  Staff #10, hired 12-14-12 and Staff #7, hired 2-4-13 received nurse delegated training and returned demonstration of medication administration, including narcotics to the Program nurse.

  The Program did not follow their Plan of Correction as the Program nurse did not complete the nurse delegated training and had staff return demonstration of medication administration, including narcotics.

- 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))