IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

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DEMAND LETTER
CERTIFIED
Complaint Intake #: 41630-CR1

June 21, 2013

Ms. Amber Bell, RN Administrator
Linnwood Estates
700 North Linn
Glenwood, IA 51534

RE: I. NOTICE OF IMPOSITION OF CIVIL PENALTY – FINAL COMPLAINT/INCIDENT INVESTIGATION REPORT - LINNWOOD ESTATES
II. Reduction of Civil Penalty
III. Appeals/Hearings
IV. Conclusion

Dear Ms. Bell:

I. Final Complaint/Incident Investigation Report – Linnwood Estates, Glenwood, 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 **May 15 & 16, 2013.** The Report notes Regulatory Insufficiencies in the area(s) of: Staffing, Evaluation, Tenant Documents, Service Plans, Nurse Review, Policies and Procedures, Dependent Adult Abuse Training and Compliance with Plan of Correction.

Linnwood Estates ("Program") is being assessed a **$2,000 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: Evaluations, Tenant Documents, Service Plans, Nurse Review, Policy and Procedure and Dependent Adult Abuse Training.

The determination of a **$2,000 civil penalty** is based upon repeated Regulatory Insufficiencies in the area(s) of: Evaluations, Tenant Documents, Service Plans, Nurse Review, Policy and Procedure and Dependent Adult Abuse Training. As the enclosed Report details, Program failed to perform evaluations prior to development of service plans as required, update service plans with significant changes in condition and include nursing home preference. Program failed to train staff adequately and document dependent adult abuse training.

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 **Jim Berkley** and remit the civil penalty assessed by check or money order to the State of Iowa in the amount of **one thousand three hundred dollars ($1,300)** 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 **$2,000 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 June 13, 2013, has been reviewed and will constitute the final POC related to the on-site visit of May 15 & 16, 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, Jim Berkley, at 515/281-4116.

Sincerely,

Jim Friberg

Jim Friberg, Acting Bureau Chief
Adult Services Bureau

Enclosure

IOWA DEPARTMENT OF INSPECTIONS AND APPEALS
Assisted Living Program
Final Complaint/Incident Investigation Revisit Report

Assisted Living Program:

Amber Bell, RN Administrator
Linnwood Estates
700 North Linn
Glenwood, IA 51534

Complaint/Incident Intake #: 41630-CR-1

Date of Complaint/Incident Investigation:

May 15th and 16th, 2013

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

	General Population Program
Number of tenants without cognitive disorder:	15
Number of tenants with cognitive disorder:	2
Total Population of Program at time of on-site	17
TOTAL census of Assisted Living Program	17

Program History – There were regulatory insufficiencies cited in the area of Other (Dependent Adult Abuse Training), Evaluations, Tenant Documents, Service Plans, Nurse Review, Transportation, Policy and Procedure and Managed Risk during this recertification period

A. Staffing

The program received regulatory insufficiencies related to lack of documented nurse-delegated training and the assessment of tenants by unlicensed personnel.

Monitoring Observation: The report documenting the December 2012 visit to the program by a monitor documented unlicensed staff members were assessing tenants who received antibiotics by documenting "no adverse reactions" were noted.

The clinical record for Tenant #1 and #3 documented the tenants had received antibiotics after the December visit. The entries by unlicensed staff members documented the tenants were receiving antibiotics and also documented the tenant's temperature. The clinical record did not contain assessments completed by unlicensed staff members.

Training records were reviewed for Staff #1, #2, #3, #4, and #5. Records included training on personal cares, medications, and changing of a catheter bag.

Staff #3 and #7 were interviewed. Both stated they applied support stockings. Tenants #7 and #8 were identified as tenants who received assistance with support stockings. The clinical records were reviewed for Tenants #7 and #8 which confirmed staff members were applying and removing physician-ordered support stockings.

The clinical record for Tenant #1 indicated a medicated nebulizer treatment was ordered on 3-18-13 and was to be given regularly for seven days then "as needed" indefinitely. A review of the medication administration record (MAR) indicated staff members had administered the medicated nebulizer treatment. Staff training records for Staff #1, #2, #3, #4, and #5 lacked documentation on the administration of medication through a nebulizer, how to direct the tenant to place the nebulizer in the mouth, and care of the nebulizer equipment after use.

Staff training records lacked documentation of training on support stockings and the administration of medication through a nebulizer.

According to the Plan of Correction following the December visit, the Registered Nurse/Director of Nursing (RN/DON) would complete audits of care staff monthly for three months, then quarterly. The RN/DON stated staff members had been delegated and would be audited annually. The RN/DON was not aware of monthly or quarterly audits. The Plan of Correction was not followed.

- Regulatory Insufficiency: A sufficient number of trained staff shall be available at all times to fully meet tenants' identified needs. (IAC r. 481-67.9(1))

B. Evaluation

The program received regulatory insufficiencies related to evaluations not being completed prior to admission, within 30 days of admission, and with significant change related to Tenants #1, #2, #3, #4, and #5.

- Monitoring Observation: According the Plan of Correction, the nurse reassessed each tenant prior to 1-18-13. The RN/DON was interviewed and stated she did not know a health evaluation was part of the evaluation process.

  Tenant #1, an 85 year-old, was admitted on 2-10-12 and had diagnoses of: Hypothyroidism, Hyperlipidemia, Hypertension (HTN), Esophageal Reflux, Osteoarthrosis, and Neurogenic Bladder. Tenant #1 had a supra-pubic catheter. A functional and cognitive evaluation was completed on 1-14-13. A health evaluation was not completed at that time. Faxes to the physician dated 1-22-13 documented a split between the toes on the right foot, with the great toe swollen. An antibiotic was ordered on 1-25-13 and an appointment was made to see a foot doctor. On 2-27-13 Tenant #1 complained of a headache and the blood pressure was noted to be 180/88. The physician ordered an increase in blood pressure medication. On 2-28-13, the blood pressure was better, but Tenant #1 had a fever and cough with yellow sputum. An antibiotic was ordered. On 3-7-13, Tenant #1 had a productive cough, abnormal lung sounds and Tenant #1 complained of shortness of breath with coughing.

Tenant #1 was seen by the physician who discontinued the original antibiotic, gave Tenant #1 intramuscular shots of antibiotic, and prescribed a new antibiotic by mouth. Nebulizer inhaled medication was started and the physician requested to see Tenant #1 the next day. On 3-8-13 another shot of antibiotic was given. On 3-18-13 the nebulizer inhaled medication was continued for another week. On 3-28-13, Tenant #1 was noted to have a purple toes, with a cool left foot. Tenant #1 was seen by the physician and diagnosed with venous stasis.

An evaluation of Tenant #1's cognition and function was completed on 3-18-13. A health evaluation was not completed until 5-13-13. An evaluation of health was not completed with a change of condition. The Plan of Correction was not followed.

Tenant #2 was discharged on 10-10-12.

Tenant #3, an 82 year-old, was admitted on 12-30-12 and had diagnoses of: Glaucoma, Hyperplasia of the Prostate, Dementia, and Parkinson's disease. Functional and cognitive evaluations were completed on 1-10-13. An evaluation of health was not completed at that time. The plan of correction was not followed.

Tenant #4 died on 12-7-12.

Tenant #5, a 90 year-old, was admitted on 4-26-10 and had diagnoses of: Osteoarthrosis, Senile Dementia, Urinary Incontinence, Anxiety, and Hyperlipidemia. Tenant #5 was staged at six on the Global Deterioration Scale (GDS) which indicated severe cognitive decline. Functional and cognitive assessments were completed on 1-8-13. A health evaluation was not completed. Tenant #5 was discharged on 1-15-13. According to the Plan of Correction, Tenant #5 was re-assessed prior to discharge. The Plan of Correction was not followed.

Tenant #6 was identified as the only new admission since completion of the Plan of Correction. Tenant #6, an 80 year-old, was admitted on 4-4-13 and had diagnoses of: Dementia, Diabetes, and HTN. Tenant #6 had one error on the Short Portable Mental Status Questionnaire which indicated intact intellectual functioning. Tenant #6 was admitted after hospitalization for a Vertebroplasty following a compression fracture of the spine after a fall. Functional and cognitive evaluations were completed on 4-4-13. Health information was documented in the nurse's notes. Evaluations were completed prior to admission.

On 5-13-13, a health evaluation was completed, more than 30 days after admission. Functional and cognitive evaluations were not completed. There was no documentation of functional, cognitive, and health evaluations 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))

C. Tenant Documents

The program received a regulatory insufficiency related to incomplete documentation in the nurse's notes related to Tenant #2.

- Monitoring Observation: Tenant #2 was discharged on 10-10-12 and was cited in the previous report as the documentation was not complete related to the discharge.

  Tenant #5, a 90 year-old, was admitted on 4-26-12 and had diagnoses of: Osteoarthrosis, Senile Dementia, Urinary Incontinence, Anxiety, and Hyperlipidemia. On 1-8-13, Tenant #5 was staged at six on the GDS which indicated severe cognitive decline. The clinical record contained documentation of a decline in Tenant #5's cognitive and functional abilities. Documentation of conversations with the family was also included. Tenant #5 was discharged to a higher level of care on 1-15-13. The documentation was complete.

- Regulatory Insufficiency: None noted.

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

Monitoring Observation: Tenants #7 and #8 were identified as tenants who received assistance with support stockings. The clinical records were reviewed for Tenants #7 and #8 which confirmed staff members were applying and removing physician-ordered support stockings. Staff members documented the application and removal of the support stockings on task sheets. MAR's dated April-May 2013 did not contain an entry for the support stockings. The physician-ordered support stockings were not listed on the MAR.

- Regulatory Insufficiency: Documentation for each tenant shall be maintained by the program and shall include: (q) When the tenant is unable to advocate on the tenant's own behalf or the tenant has multiple service providers, including hospice care providers, accurate documentation of the completion of routine personal or health-related care is required on task sheets. If tasks are doctor-ordered, the tasks shall be part of the medication administration records (MARs). (IAC r. 481-69.25(1)(q))

D. Service Plans

The program received insufficiencies related to service plans not based on evaluations, not updated with change in condition, not identifying outside service providers, not meeting identified tenant needs, and not identifying tenant preference for nursing facility care related to Tenants #1, #2, #3, #4, and #5.

Monitoring Observation: Tenant #1 had a service plan that was updated on 1-14-13 and 3-18-13. An evaluation of function and cognition was completed, but not an evaluation of health. The service plan was not based on evaluations. The home health agency was on the service plan. Tenant #1's preference for nursing facility care was not identified.

Tenant #2 was discharged on 10-10-12.

Tenant #3 had a service plan that was updated on 1-11-13 and 4-4-13. An evaluation of function and cognition was completed but not an evaluation of health. The service plan was not based on evaluations. The service plan did not identify a nursing facility preference.

Tenant #3 underwent a tooth extraction on 4-11-13. Home care instructions included not using a straw, eating soft foods, and no rinsing of the mouth for several days. The service plan did not reference the changes to Tenant #3's care.

Tenant #4 died on 12-7-12.

Tenant #5 was discharged on 1-15-13.

Tenant #6 was admitted after hospitalization for a Vertebroplasty following a compression fracture of the spine after a fall. The service plan dated 4-4-13 indicated no changes were needed to the service plan after the 30-day review. Functional and cognitive evaluations were not completed within 30-days of admission. The service plan was not based on evaluations.

The physician ordered Physical Therapy (PT) and Occupational Therapy (OT). The service plan did not identify outside service providers. The service plan did not identify a nursing facility preference.

Tenant #9, an 87 year-old, was admitted on 6-4-04 and had diagnoses of: Depressive Disorder, Diabetic Retinopathy, HTN, Osteoarthrosis, Diabetes, and Dementia. On 4-9-13, Tenant #9 was staged at six on the GDS which indicated severe cognitive decline. Nurse's notes dated 2-28-13 through 4-23-13 documented Tenant #9 wandered into other tenant's room and swallowed mouthwash instead of spitting it out. On 4-25-13, Tenant #9 was found coming through the front door. Notes dated 4-26-13 through 5-6-13 documented Tenant #9 was more confused and agitated. Nurse's notes dated 4-28-13 through 5-6-13 documented several episodes of bowel incontinence.

The service plan for Tenant #9 did not identify interventions for wandering or the use of mouthwash. The service plan did not identify interventions for confusion or agitation. The service plan did not identify a toileting schedule for the bowel incontinence. The service plan did not meet the identified needs of Tenant #9. The service plan did not identify a nursing facility preference. The service plan did not identify activities, planned and spontaneous, for Tenant #9, a person with dementia.

- 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; (c) The service provider(s), if other than the program, including but not limited to providers of hospice care, home health care, occupational therapy, and physical therapy; (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; and (e) Preferences, if any, of the tenant or the tenant's legal representative for nursing facility care, if the need for nursing facility care presents itself during the assisted living program occupancy. (IAC r. 481-69.26(4)(a,c,d,e))

E. Nurse Review

The program received regulatory insufficiencies related to lack of documentation of a review of health, medications, and physician's orders every 90 days and with significant change for tenants receiving personal or health care from the program related to Tenants #1, #2, #3, #4, and #5. .

- Monitoring Observation: On 1-22-13, Tenant #1 was noted to have a split between the toes, was given an antibiotic, and was seen by a foot doctor. On 2-17-13, Tenant #1 had an elevated blood pressure and the blood pressure medication was increased. Faxes 2-28-13 through 3-18-13 documented symptoms and care of a respiratory infection.

  Tenant #1 had a 90-day nurse review documented in the nurse's notes on 3-18-13. The documentation indicated staff administered medications to Tenant #1. The documentation of the 90-day nurse review included evaluations of function and cognition. The nurse's notes indicated there were no changes noted. The 90-day nurse review did not document Tenant #1's health status nor monitor progress of health conditions over the previous 90 days. There was no documentation of a review of medications. A nurse review was not completed following antibiotic administration to determine the effectiveness of the antibiotic or any adverse reactions.

Tenant #2 was discharged on 10-10-12.

Tenant #3 had a 90-day nurse review completed on 4-4-13. A health evaluation was not completed at that time. The Program administered medications to Tenant #3. A review of medications for adverse reactions was not completed.

On 4-11-13, Tenant #3 underwent a tooth extraction. Nurse's notes of 4-12-13 documented Tenant #3 was prescribed Hydrocodone postoperatively, but was allergic to it. The clinical record lacked documentation of notification to the physician of the allergy and an order to discontinue the Hydrocodone. Medication orders were not current.

Tenant #4 died on 12-7-12.

Tenant #5 was discharged on 1-15-13.

Tenant #6 was admitted to the Program following hospitalization. PT and OT were ordered by the physician. PT and OT were completed by 5-8-13. A nurse review was not completed at the end of the therapies to determine Tenant #6's functional ability.

Tenant #9 had a 90-day nurse review completed on 4-10-13. A review of Tenant #9's health and medications was not completed.

- 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 ensure that health care professionals' orders are current for tenants who receive health care professional-directed care from the program. (IAC r. 481-69.27(2))

- 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))

F. Transportation

The program received regulatory insufficiencies because the program had a van that was not outfitted for use and drivers who were not properly licensed.

- Monitoring Observation: The Program utilized one minivan for transporting tenants. A fire extinguisher, first aid kit, and safety triangles were present in the van. Staff #7, identified as a van driver, indicated she always carried a cell phone when driving the van.

  The RN/DON stated she, as well as the Activity Director and Staff #7 and #8, drove the van to transport tenants. Driver's licenses were checked. The Activity Director and Staff #7 had current Iowa driver's licenses, Class D with endorsement #3. The RN/DON and Staff #8 had current Nebraska licenses, Class O. According to the Nebraska Department of Motor Vehicles, there were no restrictions on transporting persons for paid wages under Class O. Identified drivers of the Program's van were properly licensed.

- Regulatory Insufficiency: None noted.

G. Activities

There were no regulatory insufficiencies related to activities.

H. Policies and Procedures

The program received a regulatory insufficiency for not following policies and procedures related to managed risk agreements and incident reports.

- Monitoring Observation: Tenants #1, #3, and #6 all had managed risk agreements. The policy on managed risk was followed.

  Tenant #1 fell on 5-15-13; no injury was noted. An incident report was completed appropriately. Tenant #3 fell on 3-30-13; no injury was noted. An incident report was completed appropriately.

  Staff #3 and #7 were interviewed and stated they had received training related to the use of incident reports. The Program provided documentation the Incident Reports Policy had been reviewed on 1-10-13.

- Regulatory Insufficiency: None noted.

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

- Monitoring Observation: Tenant #1 received services from a home health agency for care of a supra-pubic catheter. The clinical record contained documentation of a visit by the agency on 5-14-13. According to the RN/DON the home health agency made visits weekly. The clinical record lacked documentation of the services provided by the home health agency.

  Tenant #6 began PT on 4-16-13 and was discharged on 5-8-13. OT was started on 4-8-13 and ended on 4-23-13. The clinical record lacked documentation of PT and OT visits. The RN/DON obtained faxed copies of the visits at the request of the monitor.

  According to the Documentation from Outside Agency Policy, documentation of the visit by the outside agency was to be left at the Program the day of services. The Program did not follow its policy.

- 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)

I. Dependent Adult Abuse Training

The program received a regulatory insufficiency related to lack of documented mandatory reporter training for dependent adult abuse for Staff #1, #2, #3, #4, and #5.

- Monitoring Observation: Training records for Staff #1, #3, #4, and #5 all contained documentation of mandatory reporter training for dependent adult abuse.

  Training records for Staff #2 lacked documentation of the training.

  According to the plan of correction, a tracker was created and maintained by an administrative assistant responsible for maintaining personnel files. According to the Business Manager, a tracking system had not been created and she was not aware she was to create one.

- 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))

J. Managed Risk Statement

The program received a regulatory insufficiency related to managed risk statements because Tenant #2 was not cognitively able to participate in the process and did not sign the agreement.

- Monitoring Observation: Tenant #2 was discharged from the Program on 10-10-12.

  Tenants #1, #3, and #6 all had managed risk agreements. Those tenants had no cognitive impairment and had signed the agreement.

- Regulatory Insufficiency: None noted.

K. Compliance with Plan of Correction

- Monitoring Observation: The Program's Plan of Correction dated 1-22-13 included a plan to correct the cited insufficiencies related to staffing, evaluation, service plan, nurse review, policies and procedures, and dependent adult abuse training.

  During the monitoring visit conducted 5-15-13 and 5-16-13, the monitor continued to find discrepancies related to staffing, evaluation, service plan, nurse review, and dependent adult abuse training.

- 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))