IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
Lucas State Office Building
321 East 12th Street
Des Moines, IA 50319-0083
(515) 281-4115 Phone
(515) 242-5022 Fax

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

October 16, 2013

Mr. Jerry Bell, Manager
Sunset Park Place Co., LLC
3730 Pennsylvania Avenue
Dubuque, IA 52002

RE: Final Recertification Monitoring Evaluation Report – Sunset Park Place, Dubuque, IA

Dear Mr. Bell:

Enclosed is the **Final Recertification Monitoring Evaluation Report** completed by the Department of Inspections and Appeals (DIA) in accordance with Iowa Code chapter 231C and Iowa Administrative Code (IAC) chapters 481—67 and 481—69.

DIA has completed the review of your Plan of Correction (POC) in response to the **Preliminary Recertification Monitoring Evaluation Report**. Based upon a complete review of the Report and your actions to correct the identified Regulatory Insufficiencies, DIA accepts your POC.

DIA has completed the review of your Request for Reconsideration in reference to Tenant Documents, Service Plans and Life Safety. The request is denied in relation to Tenant Documents as no incident reports were filled out for Tenants 1 & 2 as required. The request is denied in relation to Service Plans as Nurse Reviews were not completed as required when changes were made to the Service Plans. The request is denied in relation to Life Safety as it is required to have an alarm on all exit doors not just required exits. The Final report is enclosed.

The review of the recertification documents you submitted has been completed and the documents are accepted. In addition, the State Fire Marshal's (SFM) inspection report has been received as well as the Facility Engineer's approval of the Evacuation Plans for your program.

Enclosed you will find the Assisted Living Program Certificate **S0127** with effective dates of **October 19, 2013** through **October 18, 2015**.

If you have any questions in regard to this certification, please contact me at 515/281-4116.

Sincerely,

Jim Berkley

Jim Berkley
Program Coordinator
Adult Services Bureau

Enclosure

IOWA DEPARTMENT OF INSPECTIONS AND APPEALS
Assisted Living Program
Final Recertification Monitoring Evaluation Report

Assisted Living Program:

Jerry Bell, Manager
Sunset Park Place Co., LLC
3730 Pennsylvania Avenue
Dubuque, IA 52002

Date of Monitoring Visit:

September 4, 5 and 9, 2013

Monitor(s):

Stephanie Cummins, MA

Definitions: ***The following definitions are relevant:***

Assisted Living Program – A program certified under 481 IAC 69 that provides housing with contracted services to three or more tenants in a physical structure that provides a homelike environment. Services may include but are not limited to health-related care, personal care, and assistance with instrumental activities of daily living. A General Population Program is an Assisted Living Program that is not dementia-specific but may have tenants with cognitive disorder.

Dementia-Specific Assisted Living Program - An assisted living program certified under 481 IAC 69 that serves fewer than fifty-five (55) tenants and has five (5) or more tenants who have dementia between Stages 4 and 7 on the Global Deterioration Scale (GDS), or serves 55 or more tenants and 10 percent or more of the tenants have dementia between Stages 4 and 7 on the GDS, or holds itself out as providing specialized care for persons with dementia, such as Alzheimer's disease, in a dedicated setting.

Regulatory Insufficiency - A violation of a statutory or rule provision within the Code of Iowa (2011) or the Iowa Administrative Code (IAC) governing assisted living programs. A regulatory insufficiency requires a plan of correction to be presented to and approved by the Department of Inspections and Appeals (DIA).

Plan of Correction - A written response to one or more regulatory insufficiencies that are statutory or rule violations. The plan should identify how and by what date each regulatory insufficiency will be corrected, and what measures will be taken to ensure the problem does not recur. The plan is due to DIA within ten (10) working days of the program's receipt of a Complaint/Incident Investigation Report. Depending on the circumstances, DIA may revisit the assisted living program to confirm progress in fulfilling a plan's corrective measures.

Overview: ***In preparing this report, the following information was considered:***

Current Program Census

Assisted Living Programs are defined by the type of population served. The census numbers were provided by the Program at the time of the on-site.

General Population Program	
Number of tenants without cognitive disorder:	42
Number of tenants with cognitive disorder:	1
Total Population of Program at time of on-site	43
Dementia-Specific Program by Dedication	
Number of tenants without cognitive disorder:	6
Number of tenants with cognitive disorder:	3
Total Population of Program at time of on-site	9
TOTAL census of Assisted Living Program	52

Tenant/Family Satisfaction Results – A community meeting with 14 tenants was held. The apartments were cleaned one time per week and were cleaned to their satisfaction. The dining room was cleaned after each meal and the hallways were clean. The building and grounds were safe, clean and sanitary. There were no improvements provided regarding maintenance, laundry or housekeeping. Nursing services were available and staff responded quickly when assistance was requested. The tenants received the services expected when the occupancy agreements were signed. The tenants described staff as great and excellent and said staff was always smiling. Staff knew what services to provide and was trained to provide those services. The tenants liked the food and did not have any complaints regarding the food. There was a variety of foods offered and they enjoyed the salad bar. Hot foods were served hot and cold foods were served cold. The tenants enjoyed the sweet corn that was served recently. There were enough activities offered and they received an activity calendar. They enjoyed Bingo, movies and outings. The tenants would like to see increased tenant participation in card games and some instructions on card games that were unfamiliar. They said there was something to do all day and tenants could decline to participate in activities. The tenants felt safe and made their own decisions. They felt they could go to administrative staff with concerns. They enjoyed having transportation, liked the close knit group, felt like they were more social than would be at home and received services if needed. The tenants were satisfied living at the Program and would recommend it to others.

Program History – During the course of the Recertification visit conducted on September 4, 5 and 9, 2013, the Program received regulatory insufficiencies in the areas of: Tenant Documents, Service Plan and Life Safety (exit door alarm).

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

A. Tenant Documents

Monitoring Observation: Five tenant files were reviewed.

Tenant #1, an 86 year old, was admitted on 11-22-08 and diagnoses included: Cellulitis (8/2013), Cellulitis Right Hand (2/2012), Glaucoma, Bronchitis, Mental Changes (2008), Atrial Fibrillation, Urinary Tract Infection (UTI), Osteoarthritis, Restless Leg Syndrome, Alcohol Intoxication (2008), Tibia/Fibula and Fracture (5/2008). Tenant #1 was staged at a three on the Global Deterioration Scale (GDS), which indicated mild cognitive decline.

Nurse's Notes dated 8-5-13 indicated the on the weekend staff noticed bruising on Tenant #1 behind the middle of Tenant #1's leg and a bruise in the mid-section of Tenant #1's stomach. Staff asked Tenant #1 if Tenant #1 fell or remembered anything that would have caused the bruising. Tenant #1 said Tenant #1 did not fall and did not know why they were there. Tenant #1 reported no pain to staff. Staff notified Tenant #1's family member. Tenant #1 reported no pain and was ambulating without difficulty. Bruising remained present behind the middle of the right leg behind the knee cap area that went slightly above and below the knee cap and it was purple in color. There was a bruise in the mid-section of the stomach, oval in shape approximately two inches and purple in color. Tenant #1 did spend a lot of time sitting on the dining room chairs, the area behind the leg that was bruised was where Tenant #1's leg rested on the chair. The family member and Nurse agreed if Tenant #1 were to have fallen, more than likely Tenant #1 would not have the strength to get up. Tenant #1 did have some adjustments to Tenant #1's Coumadin in the past month as Tenant #1's International Normalized Ratio was elevated, which could be related to the bruising. Staff would continue to watch for bruising on Tenant #1 and would report to nursing when it was seen. An incident report was not completed related to the bruising of unknown origin.

Tenant #2, an 83 year old, was admitted on 7-20-13 and diagnoses included: Macular Degeneration, Stroke, Dementia, Depression, History of Blood Clot, Gastro Esophageal Reflex Disease and Unresponsive Episode (9/2/13). Tenant #2 was staged at a three on the GDS, which indicated mild cognitive decline.

According to Nurse's Notes dated 9-2-13, staff called for nursing assistance after Tenant #2's spouse paged for help. Tenant #2's spouse was cutting Tenant #2's hair when Tenant #2's head went down and Tenant #2's body became heavy. Tenant #2's spouse said it took all the spouse had to hold Tenant #2 on the chair until staff came. When nursing arrived, Tenant #2 was pale in color, blue/purple color to Tenant #2's lips, limp body and Tenant #2 was sweating profusely. Nursing lowered Tenant #2 to the floor, placed Tenant #2 on Tenant #2's side and gave Tenant #2 a pillow. Family was called and they said to call 911. Blood pressure was 120/90, and lungs were clear. Nursing was unable to get a heart-rate or pulse. Tenant #2 was breathing heavy and was able to answer yes or no. Tenant #2 denied chest pain or pain anywhere. While waiting for paramedics to arrive, Tenant #2 did experience an episode where Tenant #2 stopped breathing for approximately 20 seconds and was unresponsive. Paramedics arrived and transported Tenant #2 to a hospital. An incident report was not completed related to the incident on 9-2-13.

According to the Program's policy regarding incident reports, each employee would immediately notify the Nurse/Manager if a tenant became ill, had fallen, their behavior was abnormal or any unusual event occurred. An incident form would be completed by the Health Care Coordinator or Manager for documentation purposes. The Health Care Coordinator or Manager would indicate a person in charge on the schedule to fill out the report in their absence.

Review of tenant files, incident reports and the Program's policy on incident reports indicated incident reports were not completed related to the incidents with Tenant #1 and Tenant #2.

Regulatory Insufficiency: Documentation for each tenant shall be maintained by the program and shall include: Incidents reports involving the tenant, including but not limited to those related to medication errors, accidents, falls and elopements (such reports shall be maintained by the program but need not be included in the tenant's medical record). (IAC r. 481-69.25(1)(o))

B. Service Plan

Monitoring Observation: Five tenant files were reviewed.

Tenant #3, an 87 year old, was admitted on 8-10-09 and diagnoses included: Coronary Artery Disease, HTN, Diabetes Mellitus Type II, Depression, Dementia, High Cholesterol and History of Upper Respiratory Infection (URI). Tenant #3 was staged at a three on the GDS, which indicated mild cognitive decline. Tenant #3 resided in the dementia unit.

The annual nurse review dated 7-22-13 indicated Tenant #3 might be moving to the dementia unit in the future. Tenant #3's service plan was updated on 8-30-13 and reflected Tenant #3 resided in the dementia unit. The service plan also reflected Tenant #3 had right and left hearing aids as previously Tenant #3 only had the left hearing aid. The service plan reflected Tenant #3 could use the dementia unit phone and Tenant #3 had 24 hour supervision in the dementia area. According to Nurse's Notes dated 8-30-13, Tenant #3 moved to the dementia unit. A new occupancy agreement was signed on 8-30-13 regarding Tenant #3's move to the dementia unit. The service plan was updated when Tenant #3 moved to the dementia unit; however, a nurse review was not completed. A nurse review was not completed when minor discretionary changes were made to the service plan.

Tenant #4, an 89 year old, was admitted on 5-3-10 and diagnoses included: Status/Post (S/P) Bowel Obstruction (12/2009), Rotator Cuff Right Shoulder, Non-Insulin Dependent Diabetes Mellitus, History of URI and UTI, Irritable Bowel Syndrome, HTN, Hypothyroidism and Arthritis. Tenant #4 was staged at a three on the GDS, which indicated mild cognitive decline. Tenant #4 resided in the dementia unit.

The service plan was updated on 5-3-13 and reflected staff made sure Tenant #4 was up every morning to eat breakfast with the other tenants. The service plan was updated on 6-24-13 and reflected to have staff monitor wheelchair and be sure wheels were locked when Tenant #4 was sitting still or wanted to stand.

The service plan was updated on 7-5-13 and reflected Tenant #4 did not like the taste of the medications crushed in applesauce. Tenant #4 preferred staff only crushed the larger pills and kept the smaller pills whole in applesauce. The service plan was updated on 7-24-13 and reflected Tenant #4 had a positioning device on the side of Tenant #4's bed to help Tenant #4 get in and out of bed safely. A nurse review was not completed related to the updates on 5-3-13 and 7-24-13. A nurse review was completed on 6-24-13; however, the nurse review was related to falls and did not address the update to the service plan. A 90 day nurse review was completed on 7-5-13; however, the nurse review did not address the update to the service plan. The service plan was updated on 5-3-13, 6-24-13, 7-5-13 and 7-24-13 and nurse reviews that reflected the updates to the service plan were not completed. Nurse reviews were not completed when minor discretionary changes were made to the service plan.

Review of tenant files indicated service plans were updated with minor discretionary changes without the completion of nurse reviews.

Regulatory Insufficiency: When a tenant needs personal care or health-related care, the service plan shall be updated within 30 days of the tenant's occupancy and as needed with significant change, but not less than annually. If a significant change does not exist, the program may, after nurse review, add minor discretionary changes to the service plan without a comprehensive evaluation and without obtaining signatures on the service plan. (IAC r. 481-69.26(3)(b))

C. Life Safety

Monitoring Observation: The Program had a general population and a secured dementia unit.

According to the Manager, there were nine apartments in the dementia unit. Two apartments in the dementia unit had sliding glass doors that went to a patio and to a secured courtyard. One of the apartments with the sliding glass door had a door alarm on the door and staff was notified via the pager if the door was opened. The other apartment with a sliding glass door did not have a door alarm on the door. The Manager reported there had been no elopements related to the doors. Both apartments were occupied by tenants.

An exit door from a tenant apartment in the dementia unit did not have any operating door alarm.

Regulatory Insufficiency: An operating alarm system shall be connected to each exit door in a dementia-specific program. (IAC r. 481-69.32 (2).