IOWA DEPARTMENT OF
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DEMAND LETTER
Recertification RV-1

April 29, 2014

Ms. Nancy Halford, RN Nurse Manager
Deerfield Place Assisted Living
505 East Gilman Street
Sheffield, IA 50475

RE: I. NOTICE OF IMPOSITION OF CIVIL PENALTY – FINAL REVISIT TO THE RECERTIFICATION MONITORING EVALUATION REPORT - DEERFIELD PLACE ASSISTED LIVING
II. Reduction of Civil Penalty
III. Informal Conference
IV. Conclusion

Dear Ms. Halford:

I. Final Revisit to the Recertification Monitoring Evaluation Report – Deerfield Place Assisted Living, Sheffield, IA

Enclosed is the **Final Revisit to the Recertification Monitoring Evaluation 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 **April 23, 2014.** The Report notes Regulatory Insufficiencies in the area(s) of: Evaluations, Service Plans, Medications, Nurse Review and Compliance with Plan of Correction.

Deerfield Place Assisted Living ("Program") is being assessed a **$1,000 civil penalty** pursuant to Iowa Code section 231C.14(1)(b) and 481 IAC 67.17(1)(b).

Pursuant to Iowa Code section 231C.14(1)(b) and 481 IAC rule 67.17(1)(b), 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.

Each Regulatory Insufficiency requires that the Program submit a written Plan of Correction (POC).

In preparing the POC, please use the tenant identifiers from the Report, i.e. Tenant #1, when reference is made to specific tenants. If your response includes a specific tenant's assessment or service plan, it is the Program's responsibility to conceal the tenant's name in order to maintain the tenant's anonymity. Your response shall include the following:

1. Elements detailing how the Program will correct each regulatory insufficiency.
2. What measures will be taken to ensure the problem does not recur.
3. How the Program plans to monitor performance to ensure compliance.
4. The date by which the regulatory insufficiency will be corrected.

Please note that all regulatory insufficiencies must be **corrected within 30 days of the date of the exit conference**; however, there may be situations where the timeframe may be shortened or lengthened, at the discretion of the department.

The POC must be submitted/emailed to DIA to my attention within ten (10) working days of receipt of this letter. It may be necessary for DIA to revisit the Program to confirm progress in fulfilling the POC's corrective measures.

The factors to be considered in determining the amount of a civil penalty are contained within rule 481 IAC 67.17(3) 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, Medications and Nurse Review.

The determination of a **$1,000 civil penalty** is based upon repeated Regulatory Insufficiencies in the area(s) of: Evaluations, Service Plans, Medications and Nurse Review. As the enclosed Report details, Program failed to complete evaluations, service plans and nurse review as required. Medications were not administered as ordered.

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 481–67.17(5). 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 **six hundred and fifty dollars ($650)** within 30 days after the notice or service of this demand letter.

III. Informal Conference

As provided by IAC rule 481-67.14, you are afforded one opportunity to refute cited regulatory insufficiencies through the informal conference process. A request for an informal conference must be made within 20 working days of the notice or service of this letter and the final report. Please refer to rule 67.14 for more information.

IV. Conclusion

The Program is being assessed a **$1,000 civil penalty** pursuant to Iowa Code section 231C.14(1)(b) and 481 IAC 67.17(1)(b).

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 as provided in IAC rule 481-67.14.

If you have any questions in regard to this letter and enclosed Report, please contact your Program Coordinator, Rose Boccella, at 515/281-7039 or **Rose.Boccella@dia.iowa.gov**.

Sincerely,

Jim Friberg

Jim Friberg, Acting Bureau Chief
Adult Services Bureau

Enclosure

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

Assisted Living Program: **Recertification RV-1**

Nancy Halford RN, Nurse Manager
Deerfield Place Assisted Living
505 East Gilman Street
Sheffield IA 50475

Date of Monitoring Visit:

April 23, 2014

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

General Population Program	
Number of tenants without cognitive disorder:	17
Number of tenants with cognitive disorder:	0
Total Population of Program at time of on-site	17
TOTAL census of Assisted Living Program	17

Program History – During the course of the Recertification visit conducted on September 18 and 19, 2013, the program received regulatory insufficiencies in the areas of Tenant Documents, Evaluation, Nurse Review, Service Plan, Staffing, Background Checks and Food Safety.

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

A. Evaluation of Tenant

During the course of the recertification visit of September 18 and 19, 2013, Tenants #2, #3, and #4 were identified as not having evaluations completed with a change of condition.

Monitoring Observation: Tenant #4 no longer resided at the program.

Tenant #1, an 83 year-old, was admitted to the program on 10-1-10 and had diagnoses of: Insulin Dependent Diabetes Mellitus, Hypertension, Chronic Renal Insufficiency, and Confusion. Tenant #1 was staged at three on the Global Deterioration Scale (GDS) which indicated mild cognitive decline. Evaluations of function, cognition, and health were completed on 10-8-13 per the plan of correction. The health evaluation was complete with vital signs. A review of the clinical record did not reveal any significant changes that would warrant the completion of evaluations.

Tenant #2, a 94 year-old, was admitted on 3-12-13 and had diagnoses of: Hypertension, Restless Leg Syndrome, and Atrial Fibrillation. Tenant #2 was staged at two on the GDS which indicated very mild cognitive decline. Evaluations of function, cognition, and health were completed on 10-8-13 per the plan of correction. The health evaluation was complete with vital signs. A review of the clinical record did not reveal any significant changes that would warrant the completion of evaluations.

Tenant #3, an 88 year-old, was admitted on 3-17-11 and had diagnoses of: Hypertension, Glaucoma, Diverticulosis, Anemia, Chronic Back Pain and Dependent Edema. Tenant #3 had no cognitive decline in a cognitive evaluation completed 10-8-13. Evaluations of

function, cognition, and health were completed per the plan of correction on 10-8-13. Vital signs were recorded.

On 12-2-13, the physician ordered physical therapy (PT) to evaluate and treat Tenant #3 for building strength. It was also written that building strength may improve Tenant #3's appetite. Evaluations were not completed with a change of condition, physician-ordered changes to services received by Tenant #3. Evaluations were not completed to determine if a change of services was required regarding Tenant #3's strength and ability to perform self-cares. An evaluation of Tenant #3's nutritional status was not completed.

A communication to the physician dated 1-3-14 documented Tenant #3 had increased pain in the lower back and a change in narcotics was requested. In the communication, the previous nurse also requested medication in an attempt to stimulate Tenant #3's appetite, and a chair cushion to prevent skin breakdown. A communication to the physician dated 1-20-14 documented narcotics were again changed, and Tenant #3 was very sleepy and confused with change of narcotic. It was also documented Tenant #3 had diarrhea which was worse. Evaluations were not completed with medication changes, Tenant #3's lack of appetite, or to determine the condition of Tenant #3's skin.

Tenant #5, an 89 year-old, was admitted on 3-29-14 and had diagnoses of: Asthma, Vertigo, Hypertension, Atrial Fibrillation, Esophageal Reflux, Arthritis, and Congestive Heart Failure. Tenant #5 was on a blood thinner. Evaluations of function, cognition, and health were completed prior to admission.

Nurse's notes and an incident report documented on 4-10-14 Tenant #5 fell. The incident report documented Tenant #5 had an immediate goose egg above the left eye with torn skin and light bleeding. There was a skin tear on the cheekbone. The Universal Worker documented half-hour checks would be instituted. Evaluations were not completed with a change of condition, a head injury in a person on a blood thinner, who had an immediate goose egg above the left eye and a skin tear on the cheekbone.

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))

B. Tenant Documents

During the course of the recertification visit of September 18 and 19, 2013, the program received a regulatory insufficiency related to incident reports and physician-ordered tasks not being on the Medication Administration Record (MAR).

Monitoring Observation: The clinical record was reviewed for Tenants #1, #2, #3, and #5. The following was noted:

The clinical record for Tenant #3 was observed. The record contained signed physician orders for support stockings. The Medication Administration Records (MARs) for January, February, and March 2014 listed the support stockings. The MARs revealed the stockings were applied and removed regularly.

The clinical record for Tenant #3 was reviewed. According to the documentation in the nurse's notes, Tenant #3 was bit by his/her cat. An incident report documented the event of 2-22-14.

The clinical record for Tenant #5 was reviewed. According to the documentation in the nurse's notes, Tenant #5 sustained a fall on 4-10-14. An incident report documented the fall.

The program provided documentation of staff training on incident reports dated 10-3-13 as per the plan of correction.

Regulatory Insufficiency: None noted.

C. Service Plan

During the course of the recertification visit of September 18 and 19, 2013, the service plans for Tenants #2, #3, and #4 were identified as not being completed prior to admission, not meeting tenant needs, and not identifying outside service providers.

Monitoring Observation: Tenant #4 no longer resided at the program.

No issues were identified with the service plan for Tenant #1.

During the September 2013 onsite visit It was observed Tenant #2 had Chlorophyll ordered as one to three tablets as needed for the strong urine odor according to the MARs. The service plan at that time did not give staff direction on the administration of the "as needed" Chlorophyll for urine odor.

Tenant #2's service plan was updated on 10-8-13 after the completion of evaluations. The Chlorophyll was not discontinued by the physician until 1-14-14 upon request of the previous RN for non-usage. The service plan of 10-8-13 was not updated to give staff direction on the administration of the "as needed" Chlorophyll for urine odor.

On 3-25-14, the physician approved Tenant #2 self-administering a laxative. The service plan of 10-8-13, current at the time of the onsite visit of April 2014, documented the program was administering all medications. The service plan was not updated to include the self-administration of the laxative.

The service plan did not meet the identified needs of Tenant #2.

The service plan for Tenant #3 identified the self-administration of Cholestyramine and gas relief medication.

Tenant #3 was receiving services from PT during the month of December 2013. The outside service provider was not on the service plan of 10-8-13.

A communication to the physician dated 1-3-14 documented Tenant #3 had increased pain in the lower back and a change in narcotics was requested. In the communication, the previous nurse also requested medication in an attempt to stimulate Tenant #3's appetite, and a chair cushion to prevent skin breakdown. The service plan did not identify interventions for a decreased appetite or interventions for the prevention of skin breakdown.

Tenant #3 had a service plan dated 3-5-14. The service plan was not signed by Tenant #3. Tenant #3 was discharged from the program on 3-30-14.

Tenant #5 had a service plan created prior to admission. According to the service plan, Tenant #5 self-administered medications. According to the MAR, the program administered the blood thinner. The service plan did not meet the needs of Tenant #5.

Service plans did not meet identified needs of the tenants, and did not identify outside service providers.

Regulatory Insufficiency: Prior to the tenant's signing the occupancy agreement and taking occupancy of a dwelling unit, a preliminary service plan shall be developed by a health care professional or human service professional in consultation with the tenant and, at the tenant's request, with other individuals identified by the tenant, and, if applicable, with the tenant's legal representative. All persons who develop the plan and the tenant or the tenant's legal representative shall sign the plan. (IAC r. 481-69.26(2))

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))

Regulatory Insufficiency: The service plan shall be individualized and shall indicate, at a minimum: (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. (IAC r. 481-69.26(4)(c))

D. Medications

During the course of the recertification visit of September 18 and 19, 2013, medications and treatments such as blood sugars and pulse checks were not regularly documented as having been completed.

Monitoring Observation: Tenant #1 was diabetic and required routine blood sugar checks. MARs for January through March 2014 were reviewed. Blood sugars were documented as being checked as per order.

A review of the MARs for Tenant #1 revealed medications were generally administered as ordered. On one occasion, 1-1-14, the medications Lisinopril, Aspirin, and Amlodipine were not documented as given at 8:00 a.m.

Tenant #2 was on medication that required the checking of a pulse prior to the administration of the medication. MARs for January through March 2014 were reviewed. Tenant #2's pulse was documented as checked.

MARs for Tenant #2 for January through March 2014 were reviewed. Medications were generally administered as ordered. On one occasion, 1-1-14, the medications Amlodipine, Lisinopril, and Polyethylene Glycol were not documented as given at 8:00 a.m.

Tenant #2 developed conjunctivitis and received an order dated 11-14-13 for an antibiotic eye drop to be administered every six hours to the right eye until 24 hours after the irritation cleared. The MAR for November 2013 was reviewed. The medication was administered at 8:00 a.m., Noon, 6:00 pm, and 10:00 p.m. The medication was not administered every six hours as per the order and the directions on the MAR.

The antibiotic eye drop administration continued for 16 days, until Tenant #2 refused the medication. There was no documentation as to the condition of the eye and whether or not the irritation had cleared.

MARs for Tenant #3 for January through March 2014 were reviewed. On 2-27-14 a communication was sent to the physician on 2-27-14 requesting the use of an antibiotic ointment to a wound from a cat bite that was scabbed. The communication was signed by the physician on 2-28-13. Neither the February nor March 2014 MARs contained an entry for the antibiotic ointment. There was no documentation in the clinical record as to why the antibiotic ointment was not given.

Regulatory Insufficiency: When medications are administered traditionally by the program: (a) The administration of medications shall be provided by a registered nurse, licensed practical nurse or advanced registered nurse practitioner registered in Iowa or by certified and noncertified staff in accordance with subrule 67.9(4) or a physician assistant (PA) in accordance with 645—Chapter 327. Injectable medications shall be administered as permitted by Iowa law by a registered nurse, licensed practical nurse, advanced registered nurse practitioner, physician, pharmacist, or physician assistant (PA). (IAC r. 481-67.5(6)(a))

E. Nurse Review

During the course of the recertification visit of September 18 and 19, 2013, nurse reviews were not completed with changes in condition, every 90 days when the program provided services, and did not document the health status of a tenant, or any adverse reactions from program-administered medications. MARs did not contain a time, date, or signature when medications were changed. Tenants #1, #2, #3, and #4 were identified.

Monitoring Observation: Tenant #4 no longer resided at the program.

The clinical record for Tenant #1 was reviewed. According to the nurse's notes, a 90-day nurse review was completed on 12-26-13. The nurse review did not indicate whether or not Tenant #1 was experiencing adverse reactions to medications. According to the nurse's notes, a 90-day nurse review was next completed on 4-21-14. A nurse review was not completed every 90 days. The nurse review of 4-21-14 did not indicate whether

or not Tenant #1 was experiencing adverse reactions to medications. Nurse reviews were not completed every 90 days. The nurse review did not indicate whether or not Tenant #1 was experiencing adverse reactions to medications.

Tenant #1's MARs were reviewed for January through March 2014. Entries on the MARs generally included time, date, and signature of the person making the change to the MAR.

The January through March 2014 MARs were reviewed for Tenant #2. The March 2014 MAR contained an entry for Hydrocodone/APAP. The February 2014 MAR contained entries for Lisinopril and Hydrocodone/APAP. The January 2014 MAR contained entries for Clotrimazole, Trospium, and Coumadin. The entries did not include time, date, and signature of the person making the change to the MAR.

Tenant #2 received antibiotic eye drop administration or attempted administration continued for 16 days, until Tenant #2 refused the medication. There was no documentation as to the condition of the eye and whether or not the irritation had cleared. A nurse review was not completed to determine the effectiveness of the antibiotic eye drops.

According to the service plan dated 10-8-13, the program administered medications to Tenant #2. The 90-day nurse review completed on 12-6-13 did not indicate whether or not Tenant #2 was experiencing adverse reactions to medications. There was no documentation of a 90-day nurse review having been completed after 12-6-13.

On 12-2-13, the physician ordered PT to evaluate and treat Tenant #3 for building strength. It was also written that building strength may improve Tenant #3's appetite. A nurse review was not completed with a change of condition, physician-ordered changes to services received by Tenant #3.

A communication to the physician dated 1-3-14 documented Tenant #3 had increased pain in the lower back and a change in narcotics was requested. In the communication, the previous nurse also requested medication in an attempt to stimulate Tenant #3's appetite, and a chair cushion to prevent skin breakdown. A nurse review was not completed with a change of condition.

An incident report dated 2-22-14 documented Tenant #3 was bitten by his/her cat which was described by the Universal Worker as being the size of a dime with the skin perforated. The wound had been bleeding. The Universal Worker applied antibiotic ointment. On 2-27-14 a communication was sent to the physician requesting the use of an antibiotic ointment to the wound. There was no documentation on the MAR of the use of the antibiotic ointment as ordered to the wound. A nurse review was not completed until 3-3-14 and did not include a review of medications.

The clinical record was reviewed for Tenant #3. There was no documentation of a 90-day nurse review until 3-5-14. Nurse reviews were not completed every 90 days.

Nurse's notes of 3-30-14 documented Tenant #5 was prescribed an antibiotic for a urinary infection. According to the MAR, the antibiotic was ordered for 10 days. The MAR also documented the program administered the medication. A nurse review was

not completed following a urinary infection with antibiotic treatment to document Tenant #5's health status and the effectiveness of the medication.

Nurse reviews were not completed with changes in condition, every 90 days when the program provided services, and did not document the health status of a tenant, or any adverse reactions from program-administered medications. MARs did not contain a time, date, or signature when medications were changed.

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; and (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; and (IAC r. 481-69.27(3))

Regulatory Insufficiency: To provide the program with written documentation of the activities under the service plan, as set forth in rule 481—69.26(231C), showing the time, date and signature. (IAC r. 481-69.27(4))

F. Food Service

During the course of the recertification visit of September 18 and 19, 2013, Staff #1, #2, #3, #4, and #5 did not have documented training on food safety prior to handling food.

Monitoring Observation: Staff #2, #3, and #4 were no longer employed by the program. Staff #1 and #5 had documented food safety training completed on 9-23-13. Staff #6, #8, and #9, hired recently by the program as Universal Workers, all had documented training on food safety.

Regulatory Insufficiency: None noted.

G. Staffing

During the course of the recertification visit of September 18 and 19, 2013, Tenant #1 resided at the program and Staff #5 had administered insulin to Tenant #1. Staff #5 had no documented training related to injecting insulin.

Monitoring Observation: Tenant #1 continued to reside at the program and continued to receive administration of insulin by staff members. Staff #5 had documented training on insulin administration on 9-23-13 by the Previous RN. Staff #6, #7, #8, and #9 were new employees hired as Universal Workers. Staff #6, #7, #8, and #9 all had documented training on insulin administration completed by a registered nurse.

Regulatory Insufficiency: None noted.

H. Record Checks

During the course of the recertification visit of September 18 and 19, 2013, Staff #3 was found to have incomplete background checks.

Monitoring Observation: According to the Administrator, Staff #3 was no longer employed at the program. Staff #6, #7, #8, and #9 were all identified by the program as new Universal Workers hired since the September 2013 visit. Background checks were reviewed. Background records were complete with child abuse, dependent adult abuse, and criminal history checks. None of the checks revealed any history that would preclude employment with the program. Background record checks were completed prior to employment for Staff #6, #7, #8, and #9.

Regulatory Insufficiency: None noted.

I. Compliance with the Plan of Correction

Monitoring Observation: The program did not meet objectives set forth in the plan of correction submitted following the recertification visit of September 2013 in the areas of: Evaluations, Service Plans, Medications, and Nurse Review.

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. The department may issue a regulatory insufficiency for failure to implement the plan of correction. A monitoring revisit by the department shall review the program prospectively from the date of the plan of correction to determine compliance. (IAC r. 481-67.13(4))