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INSPECTIONS & APPEALS

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July 22, 2014

**Complaint Intake #: 48156-C**

Ms. Tara Koestner, Manager
Continental at St. Joseph's
19999 St. Joseph's Drive
Centerville, IA 52544

**RE: Final Complaint Investigation & Recertification Monitoring Evaluation Report – Continental at St. Joseph's, Centerville, IA**

Dear Ms. Koestner:

Enclosed is the **Final Complaint Investigation & 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, following a survey by DIA on **July 14 and 15, 2014.** The Report notes Regulatory Insufficiencies in the area(s) of: Evaluation of Tenant, Service Plans, Medications, Nurse Review, Food Service, Staffing, Life Safety and Structural Requirements.

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.

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.

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.

Also enclosed you will find the Assisted Living Program Certificate **S0151** with effective dates of **July 24, 2014** through **July 23, 2016**.

If you have any questions in regard to this report, please contact me at 515/281-7039 or **Rose.Boccella@dia.iowa.gov**

Sincerely,

*Rose Boccella*

Rose Boccella
Program Coordinator
Adult Services Bureau

Enclosure

# IOWA DEPARTMENT OF INSPECTIONS AND APPEALS
## Assisted Living Program
## Final Complaint Investigation & Recertification Monitoring Evaluation Report

**Assisted Living Program:** **Complaint # 48156-C**

Tara Koestner, Manager
Continental at St. Joseph's
19999 St. Joseph's Drive
Centerville, IA 52544

**Date of Monitoring Visit:**

July 14 and 15, 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: | 30 |
| Number of tenants with cognitive disorder: | 3 |
| Total Population of Program at time of on-site | 33 |
| **Dementia-Specific Program by Dedication** | |
| Number of tenants without cognitive disorder: | 0 |
| Number of tenants with cognitive disorder: | 9 |
| Total Population of Program at time of on-site | 9 |
| **TOTAL census of Assisted Living Program** | 42 |

**Tenant/Family Satisfaction Results** – A meeting was held with 31 tenants. The best thing about the program was the nice people and the safety and security. Housekeeping was completed to the tenants' satisfaction in apartments and common areas. Tenants used a call button to request assistance. Staff were reported to respond in less than five minutes. Staff provided good to great care and treated the tenants kindly and respectfully. The food was mostly good with a variety served. Sometimes the food was not always hot and it was suggested food be served faster. Some tenants reported there were not enough activities, although no suggestions were given for new activities. One tenant reported there was not enough participation in activities. The tenants reported feeling safe at the program, were generally satisfied, and would recommend the program to others.

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

**A. Evaluation of Tenant**

Monitoring Observation: Tenant #1, a 95 year-old, was admitted on 3-15-09 and had diagnoses of: Dementia and Hypertension. Tenant #1 was staged at five on the Global Deterioration Scale (GDS) which indicated moderately severe cognitive decline. Tenant #1 resided in the dementia unit. According to nurse's notes, on 2-27-14 and 2-28-14, Tenant #1 was in the public bathroom in the dementia unit calling for help. On both occasions, Tenant #1 was sitting on the bathroom floor.

According to the nurse's notes, dated 3-1-14 which documented the event of 2-28-14, approximately one-half hour after being assisted up from the floor, Tenant #1 began to complain of hip pain. The family was notified and Tenant #1 was taken to the hospital by the family and admitted for pain control and a urinary tract infection. Tenant #1 returned to the program on 3-3-14.

Tenant #1 had a change of condition as evidenced by falls on 2-27 and 2-18-14, the second one resulting in hospitalization for three days for pain control and urinary tract infection. According to the nurse's notes Tenant #1 returned to the program on 3-3-14 with medication to treat the urinary infection. Evaluations of function, cognition, and health were not completed by the registered nurse (RN) with a change of condition.

Tenant #2, a 94 year-old, was admitted on 1-10-13 and had diagnoses of: Hypertension, Coronary Artery Disease, Diverticulitis, Chronic Renal Failure, Arthritis, and Anxiety. Tenant #2 had no cognitive impairment and resided in the general population.

Nurse's notes documented on 3-24-14, Tenant #2 paged for assistance. Tenant #2 was sitting on the floor of the apartment. Tenant #2 complained of left hip pain. The family was notified and Tenant #2 was transported to the hospital. Tenant #2 was diagnosed with a left hip fracture. Tenant #2 returned to the program on 4-9-14.

Nurse's notes of 4-9-14 documented Tenant #2 had a surgical site, was to receive services from physical therapy (PT), and needed assistance with dressing.

Tenant #2 had a change of condition as evidenced by a fall resulting in a fracture requiring surgery, the need for PT services, and increased assistance with dressing. Evaluations of function, cognition, and health were not completed by the RN with a change of condition.

Tenant #6, an 88 year-old, was admitted on 5-22-13 and had diagnoses of: Dementia, Glaucoma, and Macular Degeneration. Tenant #6 was staged at five on the Global Deterioration Scale (GDS) which indicated moderately severe cognitive decline. Tenant #6 resided in the dementia unit.

According to nurse's notes dated 1-27-14, Tenant #6 had been admitted to the hospital on observation status following an episode where Tenant #6 became pale, slumped over, and was cold and clammy. Blood pressure at the time was 88/56, which was low. Tenant #6 was admitted for possible urosepsis. Tenant #6 returned to the program on 1-29-14.

On 3-12-14, Tenant #6 was found on the floor with a cut between the eyes. Tenant #6 reported falling out of bed. Tenant #6 was taken to the hospital and returned the same day. Tenant #6 was prescribed an antibiotic for a urinary infection.

Nurse's notes of 3-20-14 documented the LPN spoke with family regarding Tenant #6's frequent falls. On 3-25-14, Tenant #6 was admitted to hospice for Failure to Thrive.

Tenant #6 experienced a decline as evidenced by urinary infections and fall with injury. Tenant #6 was admitted to hospice with a diagnosis of Failure to Thrive. Evaluations were completed by the LPN and identified as a change of condition. Evaluations of function, cognition, and health were not completed by the RN with a significant change in the tenant's condition.

Tenant #7, an 82 year-old, was admitted on 4-22-14 and had diagnoses of: Coronary Artery Disease, Hypertension, Breast Cancer, and Cerebrovascular Accident. Initial evaluations of function, cognition, and health were completed on 4-22-14 by the licensed

practical nurse (LPN) and signed by both the LPN and RN. In an interview with the RN, she confirmed the LPN had completed the evaluations.

Initial evaluations of function, cognition, and health were not completed by the RN.

Tenant #8, a 96 year-old, was admitted on 8-11-13 and had diagnoses of: Spinal Stenosis, Osteoarthritis, Hypertension, and Coronary Artery Disease. The nurse's notes and the face sheet both documented the date of admission as 8-11-13. Evaluations of function, cognition, and health were dated 8-12-13, the day after admission. The evaluations were completed by the LPN.

Initial evaluations were not completed prior to taking occupancy of the apartment and were not completed by the RN.

Nurse's notes dated 4-21-14 documented Tenant #8 had a harsh, non-productive cough with shortness of breath. An oximetry reading was 83% on room air (normal in the 90's) and temperature of 99.9 degrees. Tenant #8 was admitted to the hospital for Asthma and Bronchitis. Tenant #8 returned to the program on 4-25-14. Tenant #8 returned to the program with orders for an inhaled medication through a nebulizer, an antibiotic, and a steroid used to reduce inflammation.

Tenant #8 exhibited a significant change of condition, shortness of breath with fever and cough and a low oxygen reading. Tenant #8 was hospitalized and returned with new treatments. Evaluations of function, cognition, and health were not completed by the RN with a significant change in the tenant's condition.

Regulatory Insufficiency: A program shall evaluate each prospective tenant's functional, cognitive and health status prior to the tenant's signing the occupancy agreement and taking occupancy of a dwelling unit in order to determine the tenant's eligibility for the program, including whether the services needed are available. The cognitive evaluation shall utilize a scored, objective tool. When the score from the cognitive evaluation indicates moderate cognitive decline and risk, the Global Deterioration Scale shall be used at all subsequent intervals, if applicable. If the tenant subsequently returns to the tenant's mildly cognitively impaired state, the program may discontinue the GDS and revert to a scored cognitive screening tool. The evaluation shall be conducted by a health care professional or human service professional. (IAC r. 481-69.22(1))

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. Service Plan**

Monitoring Observation: Tenant #1 was found on the floor of the bathroom on 2-27 and 2-28-14. Following the second fall, Tenant #1 was admitted to the hospital for pain

control and urinary infection. Tenant #1 sustained two falls in two days, one of which required hospitalization. The service plan did not identify interventions for fall prevention. The service plan did not meet the identified needs of Tenant #1.

Tenant #1 was staged at five on the GDS and resided in the dementia unit. The service plan did not identify planned and spontaneous activities based on Tenant #1's abilities and interests.

Tenant #2 returned to the program on 4-9-14 following hospitalization and surgery for a fractured hip. The service plan was updated to include assistance with dressing. The service plan update was not based on evaluations.

Tenant #2 was to receive services from PT. PT, an outside service provider, was not identified on the service plan.

Tenant #5, an 89 year-old, was admitted on 4-14-13 and had diagnoses of: Hypertension, Reflux Disease, Chronic Anxiety, and Mild Depression. According to the service plan dated 5-14-14, family members set up the medication and the program administered the medication. Medication was stored in a locked box in the apartment.

During a medication pass, the following medications were observed on the table in Tenant #5's apartment: an antacid, a dietary supplement, lubricating eye drops, ear wax removal drops, and gas relief medication. Tenant #5 reported taking the medications per self as needed.

According the program's medication policy, the service plan should identify the tenant's agreement to medication storage and control. The service plan did not meet the identified needs of Tenant #5 related to medication administration and storage

Tenant #6 was admitted into hospice 3-24-14. The LPN completed a health assessment on 3-20-14 which documented Tenant #6 had a history of skin excoriation where skin met skin. The same assessment documented Tenant #6 tended to lean forward with ambulation. Nurse's notes of 3-20-14 identified fall interventions and a history of falls.

Notes of 3-25-14 documented Tenant #6 was on a two-hour toileting schedule. A physical assessment dated 3-25-14 completed by the LPN indicated Tenant #6 was to have oxygen as needed for shortness of breath.

Notes of 1-27, 3-12, and 6-6-14 documented Tenant #6 had urinary infections.

The service plan for Tenant #6 dated 3-25-14 did not identify interventions for falls, specific observations of the skin related to excoriation that staff members were to report to a nurse, the two-hour toileting schedule, specific observations staff were to make and report to a nurse which might indicate Tenant #6 was experiencing a urinary infection, and specific observations staff would make which would indicate Tenant #6 required the use of oxygen. The service plan did not meet the identified needs of Tenant #6

Tenant #6 was staged at five on the GDS and resided in the dementia unit. The service plan did not identify planned and spontaneous activities based on Tenant #6's abilities and interests.

According to nurse's notes dated 4-22-14, Tenant #7 was to receive services from PT. PT, an outside service provider, was not identified on the service plan of 4-22-14 nor when reviewed on 5-22-14.

Tenant #8 was admitted on 8-11-13. The nurse's notes and the face sheet both documented the date of admission as 8-11-13. The service plan was dated 8-12-13 by the LPN and Tenant #8 signed with a date of 8-13-13. The service plan was not completed prior to taking occupancy of the apartment.

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: 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; (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. (IAC r. 481-69.26(4)(a,c,d)

**C. Medications**

Monitoring Observation: Staff #5 was observed during a medication pass. Staff #5 administered eye drops to Tenant #3. Staff #5 did not check the labeled eye drop bottle against the medication list prior to administration. (One of the rights of medication administration, the right medication, was not followed.)

Staff #5 was observed applying gloves when administering medication to Tenants #3 and #4. Hands were not cleansed after the gloves were removed on either occasion.

Staff #6 was observed during a medication pass. Staff #6 administered eye drops to Tenant #6. Staff #6 did not check the labeled eye drop bottles against the medication list prior to administration. (One of the rights of medication administration, the right medication, was not followed.)

Tenant #6 received two different eye drop medications. Each of the medications was to be instilled into each eye. On each occasion, the tip of the eye drop bottle came in contact with Tenant #6's eye lids.

Staff #6 was observed applying gloves and administering medications to Tenants #5 and #6. Hands were not cleansed after the gloves were removed on either occasion.

According to documentation of the curriculum for staff training, staff members were to ensure the correct medication was being given, wash hands after removing gloves, and not touch the tip of the eye drop applicator to the eye or skin.

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))

**D. Nurse Review**

Monitoring Observation: According to a Medication Review for Tenant #1 dated 3-13-14, a quarterly review was completed. The review documented the program administered medications to Tenant #1. The quarterly review did not identify whether or not Tenant #1 was experiencing any side effects to the medications.

Tenant #2 was prescribed PT following a hip fracture. Therapy notes dated 6-6-14 reported Tenant #2 was discharged from PT. The notes indicated a goal was to improve safety and endurance and Tenant #2's status as of 6-6-14 was "fair +." A nurse review was not completed following the discontinuation of PT to determine the effectiveness of PT and whether or not further safety interventions were necessary.

According to nurse's notes dated 2-14-14 a quarterly review was completed for Tenant #5 and an annual review was completed on 5-14-14. According to the reviews the family set up medications. A medication pass was observed on 7-15-14, and Tenant #5 received medications traditionally administered by the program. The 90-day nurse reviews did not indicate whether or not Tenant #5 was experiencing any side effects to medications.

Notes of 1-27, 3-12, and 6-6-14 documented Tenant #6 had urinary infections which were treated with antibiotics. Nurse reviews were not completed to document the effectiveness of the treatments.

Tenant #7 was admitted to the program on 4-22-14 and was to receive PT. The nurse's notes dated 4-22-14 documented Tenant #7 had minimal left-sided weakness related to the Cerebrovascular Accident, had multiple recent falls while at home, and required stand-by assistance with ambulation at long distances.

Tenant #7 was discharged from PT on 6-13-14. PT documented Tenant #7 had a foot drop that affected safety. A nurse review was not completed following the discontinuation of PT to determine the effectiveness of PT and whether or not further safety interventions were necessary.

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

**E. Food Service**

Monitoring Observation: The program was asked to provide copies of dietary menus. The Dietary Manager provided a spiral-bound notebook with handwritten menus. The Dietary Manager reported three meals a day were served, and tenants could have what they wanted for breakfast.

The Dietary Manager was asked how she knew that 100 percent of the daily recommended dietary allowances were provided, since the program provided three meals per day. The Dietary Manager stated she had been doing this a long time, and knew that a variety of foods was offered. The Dietary Manager reported the program no longer used menus provided by a food vendor, menus were not reviewed by a dietitian, and the kitchen did not have a diet manual for reference. The handwritten menus did not identify serving sizes.

The program was unable to provide documentation that 100 percent of the daily recommended dietary allowances were provided by the program.

Regulatory Insufficiency: Menus shall be planned to provide the following percentage of the daily recommended dietary allowances as established by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences based on the number of meals provided by the program: (c) One hundred percent if the program provides three meals per day. (IAC r. 481-69.28(3)(c))

**F. Staffing**

Complaint Allegation: It was alleged there were not enough staff to provide supervision to tenants, which resulted in tenant injury.

Monitoring Observation: Incident reports were reviewed and staff interviews were conducted. Tenants #1 and #2 were identified as sustaining falls with injury.

Tenant #1, a 95 year-old, was admitted on 3-15-09 and had diagnoses of: Dementia and Hypertension. Tenant #1 was staged at five on the Global Deterioration Scale (GDS) which indicated moderately severe cognitive decline. Tenant #1 resided in the dementia

unit. According to nurse's notes, on 2-27 and 2-28-14, Tenant #1 was in the public bathroom in the dementia unit calling for help. On both occasions, Tenant #1 was sitting on the bathroom floor.

According to the nurse's notes, dated 3-1-14 which documented the event of 2-28-14, approximately one-half hour after being assisted up from the floor, Tenant #1 began to complain of hip pain. The family was notified and Tenant #1 was taken to the hospital by the family and admitted for pain control and Urinary Tract Infection. Tenant #1 returned to the program on 3-3-14.

On 4-17-14, the program conducted a fire drill. Staff #3 reported she was assisting with the fire drill. Staff #3 reported Tenant #1 was ambulating without difficulty. Tenant #1 walked out into the grass and began to fall. Staff #3 reported she tried to catch Tenant #1 but was unable to do so. A deformity was observed to the right knee. The family was notified and Tenant #1 was transferred to the hospital. Tenant #1 was diagnoses with a right femur fracture and did not return to the program.

The service plan for Tenant #1 dated 4-3-14 indicated Tenant #1 was independent with mobility with the use of a wheeled walker and had a steady gait. Staff was to escort Tenant #1 for activities outside of the dementia unit. Tenant #1 was escorted by Staff #3 during the fire drill.

Tenant #2, a 94 year-old, was admitted on 1-10-13 and had diagnoses of: Hypertension, Coronary Artery Disease, Diverticulitis, Chronic Renal Failure, Arthritis, and Anxiety. Tenant #2 had no cognitive impairment and resided in the general population.

Nurse's notes documented on 3-24-14, Tenant #2 paged for assistance. Tenant #2 was sitting on the floor of the apartment. Tenant #2 complained of left hip pain. The family was notified and Tenant #2 was transported to the hospital. Tenant #2 was diagnosed with a left hip fracture. Tenant #2 returned to the program on 4-9-14.

The service plan for Tenant #2 dated 2-8-14 indicated Tenant #2 was independent with mobility with the use of a wheeled walker and had a steady gait.

Two tenants were identified as having sustained falls which resulted in fractures. Both tenants were identified as being independent with mobility and having a steady gait. Tenant #1 was being escorted from the building during a fire drill. Staff #3 tried to catch Tenant #1 during the fall but was unable to do so. Tenant #2 was in the apartment when the fall occurred and staff members were summoned for assistance.

Staff members provided assistance as indicated in the service plan.

Regulatory Insufficiency: None noted.

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

Monitoring Observation: The program identified the RN as the delegating nurse. The program indicated the RN was hired 11-25-12. The program was unable to provide documentation the RN had completed a course on Iowa Assisted Living regulations within six months of hire.

Staff #3 was hired 12-5-13. Staff #4 was hired 2-25-14. Both were hired as Residential Associates or universal workers. Both staff members had documentation of training related to activities of daily living and medications by the LPN within 30 days of hire. The documentation did not include a determination by the RN that the staff members were competent to perform the tasks. The RN stated she had trained the LPN and the LPN trained the staff members.

Regulatory Insufficiency: All programs employing a new delegating nurse after January 1, 2010, shall require the delegating nurse within six months of hire to complete an assisted living manager class or assisted living nursing class whose curriculum includes at least six hours of training specifically related to Iowa rules and laws on assisted living. A minimum of one delegating nurse from each program must complete the training. If there are multiple delegating nurses and only one delegating nurse completes the training, the delegating nurse who completes the training shall train the other delegating nurses in the Iowa rules and laws on assisted living. As of January 1, 2011, all programs shall have a minimum of one delegating nurse who has completed the training described in this subrule. (IAC r. 481-69.29(6))

Regulatory Insufficiency: The program's registered nurse shall ensure certified and noncertified staff are competent to meet the individual needs of tenants. Nurse delegation shall, at a minimum, include the following: (b) Within 30 days of beginning employment, all program staff shall receive training by the program's registered nurse(s). (IAC r. 481-67.9(4)(b))

**G. Life Safety**

Monitoring Observation: The dementia unit was toured with the Assistant Manager on 7-14-15. Doors led from the interior of the building to an outside courtyard. According to the Assistant Manager, the door was not an exit door and did not have a delayed egress. There was no exit sign at the door. The surveyor pushed on the door and was unable to exit. The Assistant Manager entered a code on the keypad, and the surveyor and the Assistant Manager exited the dementia unit to the outside courtyard. The surveyor was unable to enter the building without entering the code on the keypad. The Assistant Manager asked the dementia unit staff for the code to enter the building

Staff #1, a Certified Nursing Assistant who worked in the dementia unit, stated she had to look up the code before exiting the building.

The tour of the dementia unit continued with the Assistant Manager. The Assistant Manager reported there were two exits from the dementia unit, west and north. Both were signed as having a delayed egress. The surveyor pushed on the west exit door, no alarm sounded and the surveyor was unable to exit the dementia unit. The Assistant Manager and the surveyor exited the west door after the code was entered into the keypad.

The north exit, a single exit, had two doors. One door pushed outward with the direction of exit from the dementia unit. The other door pulled inward. The inward swinging door was pulled and an alarm sounded. Egress was allowed after a delay less than fifteen

seconds. The outward swinging door, the direction of egress from the unit, was pushed. No alarm sounded and the door did not open.

On 7-15-15, the west and north exit doors from the dementia unit were checked. The program had reported the doors had been fixed. On 7-15-14, the surveyor successfully exited the west and north exit doors. The alarms and the delay were working.

The doors to the courtyard, west exit, and north exit all had alarms.

The dementia unit had a door to the outside courtyard. Access into the building was not permitted, once outside, without the use of a code on a keypad. Two staff members did not readily have knowledge of the code needed to get into the building.

The emergency exits to the west and north did not allow egress after the doors were pushed on 7-14-15.

Regulatory Insufficiency: The program's structure and procedures and the facility in which a program is located shall meet the requirements adopted for assisted living programs in administrative rules promulgated by the state fire marshal. Approval of the state fire marshal indicating that the building is in compliance with these requirements is necessary for certification of a program. (IAC r. 481-69.32(3))

**H. Structural requirements**

Monitoring Observation: The dementia unit was toured with the Assistant Manager. Upon entering the unit, no staff members were observed. After the surveyor entered, a staff member came into the dementia unit. Walking down the hall, the surveyor observed the kitchen door to be open. There were no tenants present at that time. The kitchen door was reported to be unlocked all the time.

Upon entering the kitchen, the stove/oven was found to be operational and the surveyor was able to turn on a burner to the stove. A toaster and microwave oven were on the counter and were plugged in.

The following chemicals were found behind unlocked cupboard doors in the kitchen in the dementia unit:

| **Chemical** | **Material Safety Data Sheet information** |
|---|---|
| One gallon container of Quaternary Sanitizer for dishwasher. Labeled as corrosive | Sodium Hypochlorite, an alkaline bleach liquid. Safe handling instructions include avoiding contact with eyes and skin, avoiding breathing in mist. Use of safety glasses and gloves recommended. If ingested, seek medical attention. |
| Disinfecting bathroom cleaner with citric acid | May cause irritation to eyes, skin, and lungs. Ingestion may cause nausea, vomiting and diarrhea. Contact poison control immediately if ingested. Has a National Fire Protection Association (NFPA) health rating of 3 which indicates |

| | |
|---|---|
| | warning, corrosive or toxic, avoid skin contact or inhalation. |
| Hand sanitizer | May cause eye irritation and stomach upset. Contact poison control if ingested, do not induce vomiting. |
| Nail polish remover in a bottle | May cause irritation to eyes and skin. Inhalation may cause headache and nausea. Ingestion may cause vomiting. Contact poison control if ingested. |
| Lens cleaner | May cause irritation to skin and eyes. May be harmful if swallowed. Seek immediate medical attention if swallowed. Do not induce vomiting. |

The dementia unit was "L" shaped. Apartments lined each hall with the activity area, common area, dining room and kitchen at the point in the "L" where each hallway met. From the ends of each hallway, the kitchen could not be visualized because it was offset from the center.

Staff #2 reported on 7-14-15 during the morning she was outside the dementia unit, down the hall, doing an exercise activity with tenants including tenants who resided in the dementia unit, which left one staff member present in the dementia unit with the remaining tenants.

On 7-14-14, Staff #1 reported she was the only staff member in the dementia unit at the time of the interview. Staff #1 was standing next to the north doors as the alarms were malfunctioning. From the north exit doors, the kitchen was not visualized. There were two tenants in the common area at that time.

According to documentation provided by the program, the dementia unit was staffed by one person during the overnight shift.

There were no tenants observed in the kitchen in the dementia unit during the onsite visit.

The program left the kitchen door open in the dementia unit open routinely. Hazards related to unsecured appliances and chemicals were present in the kitchen. The dementia unit was staffed with only one person at times. The kitchen was not always visible from hallways in the unit.

Regulatory Insufficiency: The buildings and grounds shall be well-maintained, clean, safe and sanitary. (IAC r. 481-69.35(1)(b))