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
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TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

December 5, 2014

Tina Perry, Administrator
Irving Point
910 7th Street SE
Cedar Rapids, IA 52401

RE: Final Recertification Monitoring Evaluation Report – Irving Point, Cedar Rapids, IA

Dear Ms. Perry:

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, following a survey by DIA on **November 25, 26 and December 1, 2014.** The Report notes a Regulatory Insufficiency in the area(s) of: Program policies and procedures.

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 **S0286** with effective dates of **September 17, 2014** through **September 16, 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

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0286	A. BUILDING: _____ B. WING _____	12/01/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IRVING POINT	910 7TH STREET SE CEDAR RAPIDS, IA 52401

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	481-67 Initial Comments 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: 55 Number of tenants with cognitive disorder: 0 Total population of program at time of on-site: 55 Total census of Assisted Living Program: 55 The following insufficiency was cited during the recertification conducted to determine compliance with certification for an Assisted Living Program.	A 000		
A 010	481-67.2(2)a Program Policies and Procedures 481-67.2(231B,231C,231D) Program policies and procedures, including those for incident reports. 67.2(2) The program ' s policies and procedures on allegations of dependent adult abuse shall be consistent with Iowa Code chapter 235E and rules adopted pursuant to that chapter and, at a minimum, shall include: a. Reporting requirements for staff and employees This REQUIREMENT is not met as evidenced by: Based on staff interviews and a review of the	A 010		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

DEPARTMENT OF INSPECTIONS AND APPEALS

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A 010	Continued From page 1 completed entrance form, incident reports, tenant records and program policies, staff failed to follow the program's policy on reporting incidents of suspected dependent adult abuse for an incident involving one tenant. An incident on 11-20-14 which included Tenant #1 missing medications from the locked medication cupboard in Tenant #1's apartment was not reported to the Department as suspected dependent adult abuse. 1. A review of tenant records revealed Tenant #1, a 75 year old, was admitted on 3-30-09 and diagnoses included: congestive heart failure, diabetes mellitus (type II), depressive disorder and chronic ischemic heart disease. The completed Assisted Living Program (ALP) Monitoring Entrance form revealed that one tenant was identified as being the victim of suspected medication theft (Tenant #1). 2. A Clinical Note dated 11-22-14 at 8:56 a.m., revealed that Staff A attempted to fill the mediplanner for Tenant #1 and discovered approximately 20 lortab tablets were missing out of the original prescribed bottle. A phone call was placed to the pharmacy, the police, the Program's Patient Care Specialist and Tenant #1's physician. 3. The incident report dated 11-25-14 at 12:07 p.m., completed by the Patient Care Specialist, revealed Staff A attempted to set up the weekly medications for Tenant #1. Staff A discovered only one Lortab left in the original bottle and not enough to fill the weekly planner. The pharmacy	A 010		

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A 010	Continued From page 2 was contacted. The pharmacy staff stated the pill bottle was filled on 11-3-14 and there should have been 20 tablets left in the bottle. The incident report reflected the Department of Inspections and Appeals, Tenant #1's physician and police were called regarding the incident. On 11-25-14 at 3:00 p.m., the Patient Care Specialist stated only certified staff that can handle or pass medications would have had access to Tenant #1's medications. 4. On 11-25-14 at 2:12 p.m., a call was placed to the Department by the monitor on-site to inquire about a report being made regarding suspected dependent adult abuse by the Program. The intake staff with the Department stated the last report from the Program was in February and no suspected dependent adult abuse was filed by the Program recently. 5. On 11-25-14 at 2:40 p.m., Staff A stated on 11-20-14 she went into Tenant #1's apartment to fill the mediplanner for the week. Staff A discovered the Lortab bottle contained only one tablet which was not enough to fill the mediplanner for the week. Staff A contacted the pharmacy. The pharmacy stated the pill bottle was filled on 11-3-14 and there should have been 20 tablets left in the bottle. Staff A then contacted several Program staff, including the Patient Care Specialist. The Patient Care Specialist instructed Staff A to call the Department of Inspections and Appeals to report the incident, giving her the phone number. Staff A stated she called and spoke with someone identifying themselves as being with the Department of Human Services (DHS). Staff A	A 010		

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A 010	Continued From page 3 stated the person told her they needed to discuss the incident with their supervisor. The representative told Staff A, if they did not call back within 20 minutes, the department would not investigate the incident because the incident would not have met the requirements for dependent adult abuse. Staff A stated DHS did not call back. 6. A review of the Program's Incident Reporting Policy revealed the following steps for staff to follow: 1.) For the purposes of the Program, any tenant who receives services is considered "dependent." 2.) Any staff or administrator shall immediately report any suspected dependent adult abuse or neglect to their supervisor and/or to the Iowa Department of Inspections and Appeals as appropriate. 3.) The RN (or person in charge) or the nurse manager is responsible for reporting suspected abuse or neglect to the Iowa Department of Inspections and Appeals within 24 hours of receipt of the information regarding the suspected abuse or neglect. Program staff did not follow the steps of the Incident Reporting Policy.	A 010		

Irving POINT

AFFORDABLE ASSISTED LIVING

December 16, 2014

Rose Bocella
Program Coordinator
Adult Services Bureau
Department of Inspections and Appeals
321 East 12th Street
Des Moines, IA 50319-0083

Ms. Bocella,

The following outlines our proposed Plan of Correction as it pertains to the Regulatory Insufficiency stated in your letter dated December 5, 2014.

Plan of Correction for Recertification Visit conducted November 25, 26 & December 1, 2014.

Regulatory Insufficiency: Each program shall follow its own written incident policy, which shall include the following: 481-67.2(231B, 234C, 231D) Program policies and procedures, including those for incident reports. 67.2(2) The program's policies and procedures on allegations of dependent adult abuse shall be consistent with Iowa Code chapter 235E and rules adopted pursuant to that chapter and, at a minimum, shall include: a. Reporting requirements for staff and employees.

1. Elements detailing how the insufficiency will be corrected.
Reporting Education for all RN staff was completed with full review of Irving Point's Incident Policy. Certified Nursing Assistants will be re-educated on reporting missing medications to the RN.

2. What measures will be taken to ensure the problem does not recur.
RN Staff was trained on the proper procedure for incident reporting. During this training the Incident Policy was thoroughly reviewed and staff educated that all residents receiving services are dependent adults. Policy and proper procedures for reporting will be reviewed annually.

3. How the program plans to monitor performance to ensure compliance.

910 7th Street S.E. • Cedar Rapids, Iowa 52401
(319) 294-5007 • (319) 362-3731 fax

Irving Point will ensure compliance by auditing any and all occurrences of missing medications.

4. The date by which the regulatory insufficiency will be corrected.
All corrections will be completed by January 5th, 2015.

If you have any questions or need additional information, please do not hesitate to contact us. We appreciate all feedback from our monitoring partners that assists us in providing the best possible affordable assisted living program we can.

Sincerely,

Tina Perry
Administrator
Irving Point