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

July 23, 2015

Complaint Intake #: 53301-C

Ms. Alberta Nedved, RN Administrator
Summit House Assisted Living
600 1st Street NW
Britt, IA 50423

RE: Final Complaint Investigation & Recertification Monitoring Evaluation Report – Summit House Assisted Living, Britt, IA

Dear Ms. Nedved:

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. The following allegations were investigated in regards to Complaint #53301-C: medications and staffing. Based on observations, staff interviews, review of tenant files, discharged files, incident reports, and staff training, the following areas were unsubstantiated:

1. Allegation –Medications-it was alleged physician's orders were not followed which resulted in a negative outcome.

   Findings- Not Substantiated
   Comments – Tenant files were reviewed including files for tenants who had been discharged. The files contained documentation of communication between physician, family, and program detailing changes in tenant condition. There was no evidence that failure to follow orders resulted in a negative outcome.

2. Allegation – Staffing – it was alleged unlicensed personnel were not trained to administer insulin.

   Findings – Not Substantiated
   Comments – Assisted living regulations allow for unlicensed personnel to administer medications including insulin following appropriate training from the Program's registered nurse. Training files for six employees were reviewed. All files contained documented training from the Program's registered nurse to allow the unlicensed personnel to administer medications. Tenant files were reviewed to confirm that only trained staff had been administering insulin.

No Regulatory Insufficiencies were found during this evaluation.

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 **S0336** with effective dates of **July 3, 2015** through **July 2, 2017**.

If you have any questions in regard to this certification, 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
	S0336	A. BUILDING: _____ B. WING _____	C 06/10/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUMMIT HOUSE ASSISTED LIVING	600 1ST STREET NW BRITT, IA 50423

(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: 34 Number of tenants with cognitive disorder: 0 Total Population of Program at time of on-site: 34 No regulatory insufficiencies were cited during the investigation of Complaint #53301-C. No regulatory insufficiencies were cited during the recertification conducted to determine compliance with certification for an Assisted Living Program.	A 000		