IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

DEMAND LETTER
Complaint Intake #: 53374-I

August 7, 2015

Mr. Ryan Larmore, Administrator
Reflections AL
512 13th Street
Wellman, IA 52356

RE: I. NOTICE OF IMPOSITION OF CIVIL PENALTY – FINAL COMPLAINT/INCIDENT INVESTIGATION REPORT - REFLECTIONS AL
II. Reduction of Civil Penalty
III. Informal Conference
IV. Conclusion

Dear Mr. Larmore:

I. Final Complaint/Incident Investigation Report – Reflections AL, Wellman, IA

Enclosed is the **Final Complaint/Incident Investigation 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 **July 20, 21, and 30, 2015.** The Report notes Regulatory Insufficiencies in the area(s) of: Program policies and procedures, Evaluation of Tenant, Service Plans and Nurse Review.

Reflections AL ("Program") is being assessed a **$500 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 Service Plans.

The determination of a **$500 civil penalty** is based upon repeated in the area(s) of: Service Plans. As the enclosed Report details, the program received a regulatory insufficiency in the area of Service Plans during the recertification visit of April 8, 2015.

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 **three hundred twenty five dollars ($325)** 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 or a contested case hearing must be made within 20 working days of the notice or service of this letter and the final report.

IV. Conclusion

The Program is being assessed a **$500 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

cc: Jean Herrity, Legal Assistant
Disability Rights Iowa

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
	S0168	A. BUILDING: _____ B. WING _____	C 07/30/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REFLECTIONS ASSISTED LIVING	512 13TH STREET WELLMAN, IA 52356

(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. Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 8 Number of tenants with cognitive disorder: 5 Total Population of Program at time of on-site: 13 TOTAL census of Assisted Living Program: 13 An investigation of Incident #53374-I was completed. There were regulatory insufficiencies identified related to Incident #53374-I and during the course of the investigation.	A 000		
A 003	481-67.2 Program policies and procedures 481-67.2(231B,231C,231D) Program policies and procedures, including those for incident reports. A program ' s policies and procedures must meet the minimum standards set by applicable requirements. The program shall follow the policies and procedures established by a program. All programs shall have policies and procedures related to the reporting of incidents including allegations of dependent adult abuse. This REQUIREMENT is not met as evidenced by: Based on review of tenant files, Program documents and a staff interview the Program failed to follow their policy regarding the completion of incident reports and follow up documentation regarding incidents. Tenant #3	A 003		

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A 003	Continued From page 1 reported an alleged incident that occurred between Tenant #1 and #2. The Program completed an investigation of the allegation; however, an incident report was not completed and documentation in two tenant files related to the alleged incident was not completed per policy. (Incident #53374-I) 1. Tenant #1, a 97 year old, was admitted on 10-24-14 and diagnoses included: atrial fibrillation, congestive heart failure, hearing loss, hypertension (HTN), mild cognitive impairment and thrombocytopenia. Tenant #1 was staged at a four on the Global Deterioration Scale (GDS), which indicated moderate cognitive decline. 2. Tenant #2, a 71 year old, was admitted on 5-30-13 and diagnoses included: frontal lobe dementia, hyperlipidemia, hemorrhoids and iron deficiency. Tenant #2 was staged at a three on the GDS, which indicated mild cognitive decline. 3. Tenant #3, a 76 year old, was admitted on 8-13-10 and diagnoses included: anxiety disorder, HTN and hypothyroidism. Tenant #3 was staged at a two on the GDS, which indicated very mild cognitive decline. 4. According to a Program document dated 5-20-15, the Administrator received a report around 3:45 p.m. from Staff A that Tenant #3 reported an incident of inappropriate sexual behavior between Tenant #1 and Tenant #2. The Administrator interviewed Tenants #1, #2 and #3. Tenant #1's physician was notified of the allegation. According to Tenant #1's Nurse's Notes dated	A 003		

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A 003	Continued From page 2 5-21-15, Staff B completed a physical assessment of Tenant #1, which did not reveal any concerns regarding the allegation and Tenant #1 denied the alleged incident occurred. According to Tenant #1's Nurse's Notes dated 5-21-15 and 5-22-15, visual checks every 15 minutes were completed after the allegation was made. According to an interview with the Administrator on 7-21-15, attempts were made to contact Tenant #2's family without success. Tenant #1's family was notified and voiced no concerns regarding the allegation. An incident report was not completed related to allegation despite the Program responding promptly to the allegation, conducting an investigation related to the allegation, the completion of a physical assessment of Tenant #1, the initiation of visual checks and notification of family and Tenant #1's doctor. The Program also reported the allegation to the Department. 5. Review of incident reports for the last three months revealed an incident report was not completed related to the allegation regarding inappropriate sexual behavior between Tenant #1 and Tenant #2. 6. Review of tenant files for Tenants #2 and #3 revealed there was no documentation in Nurse's Notes regarding the allegation reported on 5-20-15. 7. According to the Program's policy and procedure regarding incidents, staff would accurately and completely document any incident that occurred in the Program regarding tenants, staff or visitors. A licensed nurse would	A 003		

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A 003	Continued From page 3 document all unusual occurrences, including falls, skin tears and pressure ulcers on an incident report and in the tenant notes. Staff would notify the nurse when the incident occurred. A licensed nurse would notify the physician (if appropriate or requested to do so). The case manager, the tenant and the legal guardian would be notified by the end of the calendar day if it was a major incident. As soon as an incident was reported a licensed nurse would immediately investigate the incident. All sections of the incident report would be completed. After the completion of the incident report, the licensed nurse would document the incident in the nurses notes as a change of condition. Every eight hours after the incident an entry would be made in the nurses notes and documented on the incident report that it was done. Follow up charting would be completed a minimum of once each shift for the next 24 hours. After 24 hours the charge nurse would take the incident report to the director of nursing services for review, investigation and filing. The director of nursing services and administrator would review all incident reports. The director of nursing services' signature on the appropriate form would indicate the incident report had been appropriately documented.	A 003		
A 037	481-69.22(2) Evaluation of Tenant 481-69.22(231C) Evaluation of tenant. 69.22(2) Evaluation within 30 days of occupancy and with significant change. 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	A 037		

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A 037	Continued From page 4 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. This REQUIREMENT is not met as evidenced by: Based on review of tenant files and Program documents the Program failed to evaluate each tenants' functional, cognitive and health status at least annually to determine the tenants' continued eligibility for the Program and to determine any modifications to needed services for two of three tenant files reviewed (Tenants #2 and #3). Cognitive, health and functional evaluations were not completed as least annually for two tenants. (During the course of the investigation of Incident #53374-I) 1. Tenant #2, a 71 year old, was admitted on 5-30-13 and diagnoses included: frontal lobe dementia, hyperlipidemia, hemorrhoids and iron deficiency. Tenant #2 was staged at a three on the Global Deterioration Scale (GDS), which indicated mild cognitive decline. Review of Tenant #2's file indicated the most current cognitive, health and functional evaluations were dated 6-6-14. Cognitive, health and functional evaluations were not completed at least annually for Tenant #2. 2. Tenant #3, a 76 year old, was admitted on 8-13-10 and diagnoses included: anxiety	A 037		

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A 037	Continued From page 5 disorder, hypertension and hypothyroidism. Tenant #3 was staged at a two on the GDS, which indicated very mild cognitive decline. A cognitive evaluation was completed on 7-23-14 and a service plan was developed dated 7-23-14. Health and functional evaluations were not completed at the time the service plan was developed on 7-23-14. Cognitive, health and functional evaluations were completed dated 1-25-14. Health and functional evaluations were not completed at least annually for Tenant #3. 3. According to the Program's policy regarding evaluations, the Program would evaluate each tenant's functional, cognitive and health status within 30 days and as needed, but not less than annually to determine the tenant's continued eligibility for the Program and to determine any modifications to needed services.	A 037		
A 083	481-69.26(1) Service Plans 481-69.26(231C) Service plans. 69.26(1) 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. This REQUIREMENT is not met as evidenced by: Based on review of tenant files, Program	A 083		

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A 083	Continued From page 6 documents and a staff interview the Program failed to develop service plans based on evaluations, to update service plans as needed and at least annually and to reflect the service needs of the tenants for three of three tenant files reviewed (Tenants #1, #2 and #3). Service plans did not reflect the service needs of the tenants, were not updated as needed and at least annually and were not based on evaluations for three tenants. (During the course of the investigation of Incident #53374-I) 1. Tenant #1, a 97 year old, was admitted on 10-24-14 and diagnoses included: atrial fibrillation, congestive heart failure, hearing loss, hypertension (HTN), mild cognitive impairment and thrombocytopenia. Tenant #1 was staged at a four on the Global Deterioration Scale (GDS), which indicated moderate cognitive decline. According to Physician Orders signed by the doctor on 5-27-15, Tenant #1 had orders for bilateral knee high support stockings, apply in the morning and remove at bedtime and elevate legs for 20 minutes three times daily. According to the June 2015 Treatment Record, staff documented the completion of applying Tenant #1's bilateral knee high stockings in the morning and at bedtime and elevating Tenant #1's legs for 20 minutes three times daily. The service plan dated 11-22-14 reflected Tenant #1 was independent with dressing. The service plan did not reflect staff assistance with the bilateral knee high support stockings or the elevation of Tenant #1's legs. The service plan did not reflect the service needs of Tenant #1. 2. Tenant #2, a 71 year old, was admitted on	A 083		

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A 083	Continued From page 7 5-30-13 and diagnoses included: frontal lobe dementia, hyperlipidemia, hemorrhoids and iron deficiency. Tenant #2 was staged at a three on the GDS, which indicated mild cognitive decline. Review of Tenant #2's file indicated the most current service plan was dated 6-6-14. A service plan was not developed at least annually for Tenant #2. 3. Tenant #3, a 76 year old, was admitted on 8-13-10 and diagnoses included: anxiety disorder, HTN and hypothyroidism. Tenant #3 was staged at a two on the GDS, which indicated very mild cognitive decline. A cognitive evaluation was completed on 7-23-14 and a service plan was developed dated 7-23-14. Health and functional evaluations were not completed at the time the service plan was developed on 7-23-14. The service plan dated 7-23-14 was the most current service plan. Cognitive, health and functional evaluations were completed dated 1-25-14. A service plan dated 1-25-14 was indicated as the annual service plan. The most recent service plan developed was not based on health and functional evaluations. The service plan that proceeded the 7-23-14 service plan was based on evaluations; however, was not completed at least annually. According to Nurse's Notes dated 6-29-15, a new order was received for physical therapy/occupational therapy (OT) evaluation. According to Nurse's Notes dated 7-2-15, a new order was received regarding OT. The service plan did not reflect the outside therapies. According to an interview with Staff A on 7-21-15, Tenant #3 was not a reliable historian and had hallucinations. According to a Program	A 083		

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A 083	Continued From page 8 document dated 5-20-15, Tenant #3 had a history of telling stories. The service plan did not reflect Tenant #3 had hallucinations and a history of telling stories. The service plan did not reflect the service needs for Tenant #3. 4. According to the Program's policy regarding service plans, the service plan would be updated at least annually or whenever changes were needed and would indicate the tenant's identified needs and requests for assistance.	A 083		
A 096	481-69.27(3) Nurse Review 481-69.27(231C) Nurse review. 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: 69.27(3) 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 This REQUIREMENT is not met as evidenced by: Based on review of tenant files, the Program failed 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 were changes in the tenants' health status for three of three tenant files reviewed (Tenants #1, #2 and #3)	A 096		

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A 096	Continued From page 9 Nurse reviews were not completed every 90 days for three tenants who received personal or health-related care. (During the course of the investigation of Incident #53374-I) 1. Tenant #1, a 97 year old, was admitted on 10-24-14 and diagnoses included: atrial fibrillation, congestive heart failure, hearing loss, hypertension (HTN), mild cognitive impairment and thrombocytopenia. Tenant #1 was staged at a four on the Global Deterioration Scale (GDS), which indicated moderate cognitive decline. Tenant #1's service plan dated 11-22-14 indicated Tenant #1 received assistance with personal and health-related care including staff assistance with medication administration. The service plan indicated the nurse would complete a 90 day nurse review and routine monitoring. There were nurse reviews completed dated 2-20-15 and 3-13-15; however, neither nurse review was identified as 90 day nurse review.. The most recent nurse review dated 3-13-15 was completed related to a medication change and was not completed in the last 90 days. A nurse review was not completed every 90 days when Tenant #1 received personal and health-related care. 2. Tenant #2, a 71 year old, was admitted on 5-30-13 and diagnoses included: frontal lobe dementia, hyperlipidemia, hemorrhoids and iron deficiency. Tenant #2 was staged at a three on the GDS, which indicated mild cognitive decline. Tenant #2's service plan dated 6-6-14 indicated Tenant #2 received assistance with personal and health-related care including staff assistance with	A 096		

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A 096	Continued From page 10 medication administration. The service plan indicated the nurse would complete a 90 day medication review, change in condition and annual assessment. A nurse review was completed dated 6-6-14. The document indicated it was a 90 day/annual nurse review. Review of Tenant #2's file revealed the nurse review completed on 6-6-14 was the most recent nurse review completed. A nurse review was not completed every 90 days when Tenant #2 received personal and health-related care. 3. Tenant #3, a 76 year old, was admitted on 8-13-10 and diagnoses included: anxiety disorder, HTN and hypothyroidism. Tenant #3 was staged at a two on the GDS, which indicated very mild cognitive decline. Tenant #3's service plan dated 7-23-14 indicated Tenant #3 received personal and health-related care including staff assistance with medication administration. The service plan indicated the nurse would complete a 90 day medication review. There were nurse reviews completed dated 5-28-14 and 7-14-14; however, neither nurse reviews were indicated as 90 day nurse reviews. The nurse review dated 5-28-14 was completed for the start of occupational therapy (OT) and the nurse review completed on 7-14-14 was completed for Tenant #3's discharge from OT. Review of Tenant #3's file revealed the most recent 90 day nurse review completed was dated 4-24-14. A nurse review was not completed every 90 days when Tenant #3 received personal and health-related care.	A 096		

Plan of Correction for Regulatory insufficiencies received 08/07/2015.

RI: A003 Program Policies and Procedures

1. Policies and Procedures will be gone over annually by the program coordinator and the Administrator to assure all policies are up to date and current.
2. All nursing staff will be re-trained on the completion of incident reports and follow up documentation regarding incidents.
3. The DON or designee will randomly audit incident reporting for 4 weeks to assure policies on incident reports and follow up documentation regarding incidents is being completed.
4. Date of Correction by: 09/07/15

RI: A037 Evaluation of Tenant

1. All functional cognitive and health evaluations will be reviewed and revised as needed.
2. Tenant #2 and Tenant #3 have had there tenant evaluations completed as od 08/05/2015.
3. Don or designee will randomly audit 2 Tenant evaluations/ week for 4 weeks to assure they reflect eligibility for the program and to determine any changes to services needed.
4. Date of Correction by 09/07/2015

RI: A083 Service Plans

1. Tenant #1 has been moved to the NF no longer residing in the Assisted Living Facility.
   Tenant #2 and Tenant #3 Service plan and functional assessment was reviewed and completed 08/05/2015.
2. All Service plans will be reviewed and revised as needed to reflect identified needs and preferences for assistance.
3. DON or designee will randomly audit 2 service plans/week for 4 weeks to assure they reflect identified needs and preferences for assistance.
4. Date of Correction by 09/07/2015

RI: A096 Nurse Review

1. Tenant #1 has been moved to NF level of care. Tenant #2 and Tenant #3 have had a nurse review completed as of 08/05/2015.
2. All nurse reviews will be reviewed and revised as needed to reflect identified needs and preferences for assistance.
3. After a tenant has a significant change in condition
4. For tenants that do no receive any services, but an observed change in the tenant's condition is noticed
5. Every 90 days for all tenants that receive services
6. To add minor changes to the service plan(69.26(3)b
7. If there is a significant change that relates to a chronic/recurring condition
8. DON or designee will randomly audit 2 Nurse Reviews/week for 4 weeks to assure they reflect identified needs and preferences for assistance
9. Date of Correction 09/07/2015