IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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TERRY E. BRANSTAD
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RODNEY A. ROBERTS, DIRECTOR

DEMAND LETTER
Complaint Intake #: 55961-C
56339-I

November 24, 2015

Mr. Eric Benson, Director
Amelia Place
57 West Ferndale Drive
Council Bluffs, IA 51503

RE: I. NOTICE OF IMPOSITION OF CIVIL PENALTY – FINAL INITIAL CERTIFICATION REVISIT AND COMPLAINT/INCIDENT INVESTIGATION REPORT - AMELIA PLACE
II. Reduction of Civil Penalty
III. Informal Conference
IV. Conclusion

Dear Mr. Benson:

I. Final Initial Certification Revisit and Complaint/Incident Investigation Report – Amelia Place, Council Bluffs, IA

Enclosed is the **Final Initial Certification Revisit and 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 **November 9, 10, 16, 17, and 18, 2015.** The Report notes Regulatory Insufficiencies in the area(s) of: Exit Interview, Final Report and POC and Service Plans.

Amelia Place ("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 Regulatory Insufficiencies 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 initial certification survey conducted on July 22, 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 ($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 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, 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
	S0344	A. BUILDING: _____ B. WING _____	C 11/18/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMELIA PLACE	57 WEST FERNDALE DRIVE CO BLUFFS, IA 51503

(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 Definition Number of tenants without cognitive disorder: 23 Number of tenants with cognitive disorder: 11 Total Population of Program at time of on-site: 34 TOTAL census of Assisted Living Program: 34 Complaint 55961-C resulted in no regulatory insuffiencies. The following regulatory insufficiencies were cited as a result of investigation of Incident 56339-I and the revisit for the Initial Certification :	A 000		
A 094	481-67.13(4) Exit Interview, Final Report and POC 481-67.13(17A,231C,85GA,SF394) Exit interview, final report, plan of correction. 67.13(4) Monitoring revisit. 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.	A 094		

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

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A 094	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on a review of the Program's Plan of Correction, the Program did not implement all items indicated in the Plan of Correction effective 10-1-15. A review of the Plan of Correction indicated all aspects of the plan were not implemented or completed by the effective date of 10-1-15 for Service Plans developed based on evaluations. During the revisit and an investigation of a Tenant elopement, the Registered Nurse (RN) confirmed she could not provide documentation of functional and cognitive evaluations. She had completed a health evaluation and claimed she had completed the functional and cognitive evaluations but could not provide documentation. The Program made corrections in the areas of: Dependent Adult Abuse Training, Evaluation of Tenant within 30 days, Criteria for Admission/Retention of Tenants, Service Plans updated within 30 days and as needed with significant change, Food Service, Dementia specific training and Structural Requirements.	A 094		
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.	A 083		

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A 083	Continued From page 2 This REQUIREMENT is not met as evidenced by: Based on interview and review of tenant files and program documents, service plans were not developed and/or updated based on evaluations (Incident 56339-I). 1. Tenant #6 an 80 year old, was admitted on 11-17-14, and diagnoses included: dementia, hypertension, vitamin D deficiency, and osteoporosis and hearing loss. Tenant #6 was staged at a six on the Global Deterioration Scale, which indicated severe cognitive decline. 2. An incident report dated 11-6-15, documented Tenant #6 was found outside by Universal Worker (UW) A, who was leaving work for the day. During an interview, UW A said she noticed Tenant #6 and returned inside the Program to check the sign out sheet. UW A told another staff, Management Assistant (MA) A she thought she saw Tenant #6 outside. When UW A and MA A went outside, they noticed Tenant #6 had walked down the driveway (approximately .2 miles) and had crossed the road. The Program is located on the East edge of Council Bluffs and the road led out of town. The speed limit where it is suspected Tenant #6 crossed the road, is 35 miles per hour (mph) but within 50 yards, increased to 45 mph as cars traveled to the East. The driveway to the Program has a hidden entrance and could not be seen by cars traveling East bound. Interviews with UW A and MA A confirmed	A 083		

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A 083	Continued From page 3 Tenant #6 was wearing jeans, a shirt, socks, shoes and a jacket. They both said Tenant #6 was dressed as if going shopping with someone. MA A said she thought Tenant #6 followed a visitor out the front door, which was alarmed. According to the State Climatologist the temperature measured 55 degrees Fahrenheit (F). UW A and MA A said another tenant's famly member who was leaving the Program in a van stopped near Tenant #6 on the road and was helping the tenant to get into her van to return to the program when they approached the area. Tenant #6 returned to the Program and the Program placed a Wander Guard on Tenant #6. When interviewed on 11-17-15, the Registered Nurse (RN) confirmed she had completed a health evaluation but could not provide documentation of completed functional and cognitive evaluations after the elopement and before adding the use of a Wander Guard to the service plan.	A 083		

December 2, 2015

Ms. Rose Boccella, Program Coordinator

Adult Services Bureau

Iowa Department of Inspections and Appeals

Lucas State Building

321 East 12th Street

Des Moines, IA 50319-0083

RE: Amelia Place Plan of Correction

Dear Ms. Boccella

Enclosed is the required "Plan of Correction" regarding the Final Initial Certification Monitoring Evaluation Report at Amelia Place which was conducted on November 9,10,16,17, and 18, 2015. Submission of this response of the Plan of Correction is not a legal admission that a deficiency exists, or that the Statement of Deficiencies was correctly cited, and is also not to be constructed as an admission against interest by the residence, or any employees, agents or other individuals who drafted or may be discussed in the response on the Plan of Correction. In addition, preparation and submission of the Plan of Correction does NOT constitute an admission of agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency.

IAC r 481-67.13(4)- Exit Interview, Final Report and POC

- The Regional Director of Care Services will reeducate the Care Service Manager and Executive Director on the requirement of completing a functional, cognitive, and health assessment prior to creating a care plan. This will be completed by December 4th, 2015.
- The Care Services Manager will provide the functional, cognitive, and health assessment to the Executive Director prior to creating any care plan. This will be done monthly for the next six months and then quarterly thereafter for two quarters.
- The Executive Director and/or Care Services Manager will send the Regional Director of Care Services a copy of the assessments and care plans as they are updated/created. This will be done monthly for six months.
- The Regional Director of Care Services and/or designee will conduct an audit on functional, cognitive, and health assessments for each care plan monthly. This will be conducted for the next six months and then quarterly thereafter for two quarters.

IAC r 481-69.26(1) Service Plans

- The Regional Director of Care Services will reeducate the Care Services Manager and Executive Director of the requirements of completing a Functional, Physical, and Cognitive assessment with any Critical Event and/or Change in Condition. This will be completed by December 4th, 2015.
- The Care Services Manager will complete a Functional, Physical, and Cognitive assessment on Tenant #6. Upon completion of those assessments a care plan will be created. This will be done by December 4th, 2015.
- The Regional Director of Care Services or designee will do a monthly audit on randomly selected residents to ensure assessments are done prior to a service plan being created. This will be conducted monthly for the next six months and then quarterly thereafter for two quarters.

- The Executive Director and Care Services Manager will review the care sections of the Iowa regulations. This will be completed by December 18th, 2015. Documentation of completion will be sent to the Regional Director of Operations and Regional Director of Care Services.

Date of completion for the Plan of Correction is December 31st, 2015.

Sincerely,

Eric Benson

Executive Director/Amelia Place