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

November 3, 2014

Mr. Patrick Tomscha, Administrator
Holy Spirit Assisted Living
1701 West 25th Street
Sioux City, IA 51103

RE: Final Recertification Monitoring Evaluation Report – Holy Spirit Assisted Living, Sioux City, IA

Dear Mr. Tomscha:

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 **October 27 & 28, 2014.** The Report notes Regulatory Insufficiencies in the area(s) of: Evaluation and Service Plan.

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 **S0038** with effective dates of **March 8, 2014** through **March 7, 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 Recertification Monitoring Evaluation Report

Assisted Living Program:

Patrick Tomscha, Administrator
Holy Spirit Assisted Living
1701 West 25th Street
Sioux City, IA 51103

Date of Monitoring Visit:

October 27th and 28th, 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:	22
Number of tenants with cognitive disorder:	0
Total Population of Program at time of on-site	22
Dementia-Specific Program by Dedication	
Number of tenants without cognitive disorder:	11
Number of tenants with cognitive disorder:	5
Total Population of Program at time of on-site	11
TOTAL census of Assisted Living Program	33

Tenant/Family Satisfaction Results – A meeting was held with 14 tenants. The best thing about the program was the accommodations, the accommodating staff, the transportation provided, and the provision for care when needed. Housekeeping was completed to the tenants' satisfaction in apartments and common areas. Tenants used a call button to request assistance and staff members were reported to respond in less than 15 minutes. Care given was described as very good, with a feeling of family. Tenants indicated they were treated respectfully. The food was generally good with alternatives available. There were enough activities provided and tenants gathered to play cards if an activity was not being held. 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, an 83 year-old, was admitted on 8-26-14 and had diagnoses of: Alzheimer's Dementia, Anxiety, Depression, Osteoporosis, Atrial Fibrillation, Agitation, Reflux, Chronic Pain Right Hip and Anemia. Tenant #1 was staged at five on the Global Deterioration Scale (GDS) which indicated moderately severe cognitive decline. Tenant #1 resided in the secured dementia unit. The occupancy agreement was signed on 8-20-14. The health evaluation was completed on 8-21-14, the functional evaluation was completed on 8-14-14, and the cognitive evaluation was completed on 8-27-14. Evaluations were not completed prior to admission and prior to signing the occupancy agreement.

Tenant #2, a 65 year-old, was admitted on 3-31-09 and had diagnoses of: Diabetes, Osteoporosis, Dermatitis, and History of Depression and Schizophrenia. Evaluations of

function, cognition, and health were completed on 8-19-14. The cognitive evaluation revealed Tenant #2 had no cognitive impairment.

An incident report dated 8-29-14 documented Tenant #2 fell and hit the head. According to nurse's notes dated 8-29-14, Tenant #2 had a large laceration to the top of the head. Tenant #2 was sent to the Emergency Room (ER) and returned to the program the same day. The clinical record documented frequent checks following the fall.

On 9-2-14, nurse's notes documented Tenant #2 seemed "quite confused." Tenant #2 was seen by the physician on 9-2-14 and returned to the program. A head scan was completed and was "negative."

Notes of 9-3-14 documented Tenant #2 was more confused after the fall. The notes documented by the RN indicated Tenant #2 was counseled that when taking walks, the walks should be near the building and not off the property so that if something happened staff would be aware.

Notes of 9-4-14 documented while cleaning the wound, bright red blood shot out of the area and landed on Tenant #2's shirt and pants and on the floor. The left side of Tenant #2's face also appeared to be swollen and puffy. The physician was notified, and according to the nurse's notes, the physician ordered vital signs to be checked every two hours. Tenant #2 was sent to the ER at the request of the physician.

Nurse's notes dated 9-5-14 documented Tenant #2 had been prescribed an antibiotic. On 9-6-14 the notes documented Tenant #1 had not taken any of the antibiotic. Tenant #2 had been self-administering medications. Notes of 9-6-14 indicated the program began administering the pills.

Notes of 9-6-14 continued to document a swollen left side of the head, the head wound that continued to ooze, and the use of a pressure dressing to the wound.

Notes of 9-6-14 documented cultures of the wound showed Methicillin Resistant Staphylococcus Aureus (MRSA). The antibiotic was changed. According to the service plan of 8-19-14, contact isolation procedures were initiated.

Nurse's notes dated 9-9-14 documented Speech Therapy (ST) was ordered because of a new diagnosis of mild blunt force trauma to the head with scalp laceration. According to the ST plan of care dated 9-8-14, ST was ordered following a fall which resulted in increased confusion. Therapy was necessary to restore Tenant #2's cognitive abilities to restore independence related to medication management, way finding, and the ability to keep schedule.

Nurse's notes of 9-10 and 9-13 documented Tenant #2 had low blood pressures. Notes of 9-17-14 documented Tenant #2 had a high potassium level. Notes of 9-18-14 documented Tenant #2 was to have laboratory blood tests completed. Doctor's orders dated 9-18-14 documented Tenant #2 was to be encouraged to have at least 2,000 milliliters of fluid intake daily. On 9-19-14 notes documented Tenant #2 was to have a blood transfusion at the hospital.

Physician orders dated 9-25-14 requested a referral to a physician due to Tenant #2's worsening kidney function and low blood pressure. Doctor's orders of 9-27-14 indicated daily packing of the head wound with ribbon gauze was necessary.

Nurse's notes dated 10-7-14 and completed by the RN documented concerns about Tenant #2 acting differently and Tenant #2 having confusion.

A summary of a physician visit on 10-10-14 documented Tenant #2 had diagnoses of: Anemia, Chronic Kidney Disease Stage IV, Iron Deficiency Anemia, Acute Renal Failure, and Abnormal Blood Chemistry.

Notes dated 10-15-14 documented Tenant #2 went to the physician's office, and was then admitted to the hospital. Notes of 10-17-14 documented Tenant #2 had a hemoglobin level of six to seven and was receiving blood transfusions. At the hospital it was determined Tenant #2 had two ulcers which were resulting in low blood counts. Tenant #2 returned to the program on 10-20-14.

Between 8-19-14 and 10-20-14, Tenant #2 experienced several significant changes to condition including a fall with large laceration, confusion requiring evaluation and treatment from ST, a new diagnosis of MRSA and detailed wound care, low blood pressure, low blood counts requiring transfusion, and a high potassium level requiring treatment. Evaluations including functional, cognitive, and health were not completed with changes of 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: Nurse's notes for Tenant #1, dated 8-31-14, documented Tenant #1 tried to spit at staff. Notes of 9-2-14 documented Tenant #1 kept drawing back a fist every time a staff member tried to provide assistance. Notes of 9-9-14 documented

Tenant #1 refused toileting and hissed and cussed at a staff member. Later attempts at toileting resulted in Tenant #1 raising a fist at staff and becoming angry.

Notes of 9-10-14 documented Tenant #1 slapped a staff member's arm during an attempt to toilet. On 9-13-14, nurse's notes documented another tenant reported being slapped on the arm by Tenant #1.

Notes of 9-15-14, documented by the registered nurse (RN) staff was to monitor Tenant #1's behavior and monitor for anything that might precipitate acting out.

Notes of 9-25-14 documented Tenant #1 was angry and hitting and pinching a staff member who was trying to provide toileting assistance.

The service plan of 8-20-14 did not identify behaviors of aggression and did not identify interventions for the behavior. The service plan did not meet the identified needs of Tenant #1.

Tenant #2 sustained a fall which resulted in a head injury on 8-29-14. Tenant #2 was identified as exhibiting confusion, and nurse's notes of 9-3-14 documented the RN's request to Tenant #2 to continue walks around the building and not leave the property. Speech Therapy was also ordered to assist with the confusion.

Tenant #2's service plan dated 8-19-14 did not identify interventions for Tenant #2's confusion. The service plan did not meet the identified needs of Tenant #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;
(IAC r. 481-69.26(4)(a))