IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
Lucas State Office Building
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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

DEMAND LETTER
Complaint Intake #: 56059-C

December 22, 2015

Mr. Doug Junker, Director
Vintage Park Apartments
810 East Van Buren
Lenox, IA 50851

RE: I. NOTICE OF IMPOSITION OF CIVIL PENALTY – FINAL RECERTIFICATION MONITORING EVALUATION & COMPLAINT/INCIDENT INVESTIGATION REPORT - VINTAGE PARK APARTMENTS
II. Reduction of Civil Penalty
III. Informal Conference
IV. Conclusion

Dear Mr. Junker:

I. Final Recertification Monitoring Evaluation & Complaint/Incident Investigation Report – Vintage Park Apartments, Lenox, IA

Enclosed is the **Final Recertification Monitoring Evaluation & 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 **December 14 - 17, 2015.** The Report notes Regulatory Insufficiencies in the area(s) of: Medications, Tenant Documents, Nurse Review and Food Service.

Vintage Park Apartments ("Program") is being assessed a **$3,000 civil penalty** pursuant to Iowa Code section 231C.14(1)(a) and 481 IAC 67.17(1)(a).

Pursuant to Iowa Code section 231C.14(1)(a) and 481 IAC rule 67.17(1)(a), a program's noncompliance that results in imminent danger or a substantial probability of resultant death or physical harm to a tenant may be assessed a civil penalty of not more than $10,000.

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 determination of a **$3,000 civil penalty** is based upon noncompliance resulting in imminent danger or substantial probability of resultant death or physical harm. As the enclosed Report details, a tenant was given the wrong medication for 1 week and had health consequences as a result.

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 **one thousand nine hundred and fifty dollars ($1,950)** 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 **$3,000 civil penalty** pursuant to Iowa Code section 231C.14(1)(a) and 481 IAC 67.17(1)(a).

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
	S0179	A. BUILDING: _____ B. WING _____	C 12/17/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE PARK APARTMENTS	810 EAST VAN BUREN LENOX, IA 50851

(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: 28 Number of tenants with cognitive disorder: 5 Total Population of Program at time of on-site: 33 TOTAL census of Assisted Living Program: 33 During the recertification to determine compliance with certification of an Assisted Living Program and the complaint investigation 56059-C, the following regulatory insufficiencies were cited.	A 000		
A 036	481-67.5(6)a Medications 481-67.5(231B,231C;231D) Medications. Each program shall follow its own written medication policy, which shall include the following: 67.5(6) When medications are administered traditionally by the program: a. The administration of medications shall be provided by a registered nurse, licensed practical nurse or advanced registered nurse practitioner registered in Iowa or by certified and noncertified staff in accordance with subrule 67.9(4) or a physician assistant (PA) in accordance with 645-Chapter 327. Injectable medications shall be administered as permitted by Iowa law by a registered nurse, licensed practical nurse, advanced registered nurse practitioner, physician, pharmacist, or physician assistant (PA).	A 036		

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A 036	Continued From page 1 This REQUIREMENT is not met as evidenced by: (Complaint 56059-C) Based on interview and review of program documentation tenant medications were not administered as ordered. Three tenant files were reviewed. 1. Tenant #1, a 90 year-old, was admitted on 10-1-14 and diagnoses included: dementia, atrial fibrillation,atherosclerosis, anemia and hyperglycemia. Tenant #1 was staged at a five on the Global Deterioration Scale which indicated moderately severe cognitive decline. According to a document entitled Physician's Report/Orders dated 11-11-15, Reason for the Visit, "black out spells; fell 4x in 6 days, 11/6, 11/7 and 11/9". Tenant #1 was admitted to the hospital on 11-11-15 and released on 11-13-15. The hospital's instructions for after discharge said stop medications, metoprolol Succinate 50 mg 24 hr tablet, Promethazine-codeine 6.25 - 10 mg/5mL syrup and Warfarin (Coumadin) 2 mg tablet. Review of the Program's Medication Administration Record for November showed a notation to discontinue (dc) the above medications as of 11-13-15. Review of Tenant #1's November MAR confirmed documentation of the dc'd medications. Further review of program documents revealed a Physician's Report/Orders dated 12-8-15, Reason for the Visit included "This is at least the 2nd time (Tenant #1) buckled at the knees. (He/She) would have gone down except 2 UW's (Universal Workers) were close (and) stopped (him/her)...."	A 036		

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A 036	Continued From page 2 The following was noted and signed by the Physician Assistant (PA) under the section entitled Doctor's Report/Orders: "Medication error found causing bradycardia and near syncope. On 11/13/15 Metoprolol and Coumadin DC'd...." Review of the December MAR revealed the Program administered metoprolol Succinate 50 mg and Warfarin(Coumadin) 2 mg tablets for seven days. When interviewed on 12-14-15, the Registered Nurse (RN) explained the Program discontinued the medications on the MAR in November but in December when the overnight staff created the new MARs, the medications were listed for Tenant #1. She confirmed the pharmacy had not been notified of the discontinuation of the medications and staff administered the dc'd medications. Review of an Office Visit note created by Tenant #1's PA included the following orders, Holter Monitor for 48 hours. The Program's failure to administer Tenant #1's medications resulted in bradycardia and near syncope.	A 036		
A 077	481-69.25(1)o Tenant Documents 481-69.25(231C) Tenant documents. 69.25(1) Documentation for each tenant shall be maintained by the program and shall include: o. Incident reports involving the tenant, including but not limited to those related to medication errors, accidents, falls, and elopements (such reports shall be maintained by the program but need not be included in the tenant ' s medical record)	A 077		

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A 077	Continued From page 3 This REQUIREMENT is not met as evidenced by: (Recertification and Complaint 56059-C) Based on review of tenant files and a staff interview, incident reports were not completed when a tenant required medical attention as a result of medication errors. Three tenant files were reviewed. 1. Tenant #1, a 90 year-old, was admitted on 10-1-14 and diagnoses included: dementia, atrial fibrillation,atherosclerosis, anemia and hyperglycemia. Tenant #1 was staged at a five on the Global Deterioration Scale which indicated moderately severe cognitive decline. According to a document entitled Physician's Report/Orders dated 11-11-15, Reason for the Visit, "black out spells; fell 4x in 6 days, 11/6, 11/7 and 11/9". Tenant #1 was admitted to the hospital on 11-11-15 and released on 11-13-15. The hospital's instructions for after discharge said stop taking these medications Metoprolol Succinate 50 mg 24 hr tablet, Promethazine-Codeine 6.25 - 10 mg/ml syrup and Warfarin (Coumadin) 2 mg tablet. Review of the Program's Medication Administration Record for November showed a notation to discontinue (dc) the above medications as of 11-13-15. Review of Tenant #1's November MAR confirmed documentation of the dc'd medications. Further review of program documents revealed a Physician's Report/Orders dated 12-8-15, Reason for the Visit included "This is at least the 2nd time (Tenant #1) buckled at the knees. (He/She) would have gone down except 2 UW's (Universal Workers) were close (and) stopped (him/her)...."	A 077		

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A 077	Continued From page 4 The following was noted and signed by the Physician Assistant (PA) under the section entitled Doctor's Report/Orders: "Medication error found causing bradycardia and near syncope. On 11/13/15 Metoprolol and Coumadin DC'd...." Review of the December MAR revealed the Program administered Metoprolol Succinate 50 mg and Warfarin(Coumadin) 2 mg tablets for seven days. When interviewed on 12-14-15 the Registered Nurse (RN) explained the Program discontinued the medications on the MAR in November but in December when the overnight staff created the new MARs the medications were listed for Tenant #1. She confirmed the Program did not complete an incident report for the medications errors at the time of the incident but did complete one on 12-15-15.	A 077		
A 094	481-69.27(1) 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(1) To monitor, at least every 90 days, or after a significant change in the tenant ' s condition, any tenant who receives program-administered prescription medications for adverse reactions to the medications and to make appropriate interventions or referrals, and to ensure that the prescription medication orders are current and that the prescription medications	A 094		

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A 094	Continued From page 5 are administered consistent with such orders. This REQUIREMENT is not met as evidenced by: (Recertification and Complaint 56059-C) Based on tenant file reviews, a nurse review was not completed when tenants had a significant change in condition. Three tenant files were reviewed. 1. Tenant #1, a 90 year-old, was admitted on 10-1-14 and diagnoses included: dementia, atrial fibrillation,atherosclerosis, anemia and hyperglycemia. Tenant #1 was staged at a five on the Global Deterioration Scale which indicated moderately severe cognitive decline. According to program documentation Tenant #1's was seen by a Physician Assistant (PA) on 11-11-15 for black out spells and 12-8-15 for buckling knees that could have resulted in falls if staff had not been close by. Tenant #1 was admitted to the hospital from 11-11-15 to 11-13-15. Upon discharge instructions included the discontinuation of metoprolol succinate, promethazine-codeine syrup and Warfarin. During the 12-8-15 office visit the PA discovered the Program had administered the discontinued medications for seven days in December. A nurse review was not completed as a result of Tenant 1's significant changes in condition. 2. Tenant #2, an 85 year-old, was admitted on 6-1-15 and had diagnoses of: hypertension, cerebrovascular accident, diastolic congestive heart failure, neurogenic bladder, anemia, spondlylolisthesis, dysthymic disorder, hyperlipidemia, hypothyroidism, allergic rhinitis, gastroesphageal reflux, macular degeneration, lumbosacral disc degeneration, lumbosacral spondlosis, osteoporosis, senile nuclear	A 094		

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A 094	Continued From page 6 cataracts, spinal stenosis-lumbar, acute thalmic infarct, history of sepsis, history of urinary tract infection and pneumonia. Tenant #2 was staged at a three on the Global Deterioration Scale which indicated mild cognitive decline. The Program documented a visit to the PA on 10-27-15 for high fever, diarrhea, dizziness, headache, exhausted, not eating, nauseous and disorientation. Tenant #2 was admitted to the hospital on 10-27-15. According to a Nurse's Note on 10-28-15 diagnosis included an allergic reaction to Macrobid with new antibiotics given. A Urology Physician Progress Note, admit date of 11-10-15 and date of service date 11-12-15 included a diagnosis of hematuria. Further review revealed a Progress Note authored by the RN which stated Tenant #2 was returning from the nursing home and was hospitalized before that. Tenant #2 is alert and has intermittent confusion. According to the note the Program moved Tenant #2 to the "closer" care hallway. No further needs or concerns were voiced by Tenant #2. The Nurse's note did not include an explanation of Tenant #2's admit to the nursing facility. When interviewed on 12-15-15 the RN confirmed she had not completed Nurse reviews of significant changes in Tenant #2's condition.	A 094		
A 108	481-69.28(6)a Food Service 481-69.28(231C) Food service. 69.28(6) Programs engaged in the preparation and service of meals and snacks shall meet the standards of state and local health laws and ordinances pertaining to the preparation and service of food and shall be licensed	A 108		

DEPARTMENT OF INSPECTIONS AND APPEALS

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A 108	Continued From page 7 pursuant to Iowa Code chapter 137F. The department will not require the program to be licensed as a food establishment if the program limits food activities to the following: a. All main meals and planned menu items must be prepared offsite and transferred to the program kitchen for service to tenants. This REQUIREMENT is not met as evidenced by: (Recertification) Based on observations and staff interview, the Program engaged in meal preparation without a current food service license. Observations on 12-14-15 and 12-15-15 of the food license displayed in the dining room area revealed the license expired February 2015. Tenants were observed eating lunch on both days. On 12-15-15, the Manager confirmed the Program's food license had expired in February 2015.	A 108		

Vintage Park Apartments
810 East Van Buren
Lenox, Iowa 50851

Date: 12/23/2015

Complaint Intake #: 56059-C

Plan of Correction (POC) Submitted For:
- Investigation Date: Dec 14-17, 2015

POC:

A. Medications: Tenant#1

Regulatory Insufficiency: 481-67.5(6)a Medications: Each program shall follow its own written policy, which shall include the following: 67.5(6) When medications are administered traditionally by the program:

a. The administration of medications shall be provided by a registered nurse, licensed practical nurse or advanced registered nurse practitioner registered in Iowa or by certified or noncertified staff in accordance with subrule 67.9(4) or a physician assistant (PA) in accordance with 645-Chapter 327. Injectable medications shall be administered as permitted by Iowa law by a registered nurse, licensed practical nurse, advanced registered nurse practitioner, physician, pharmacist, or physician assistant(PA).

Program POC:

1. **Elements detailing how insufficiency was corrected for residents:** The Program RN discontinued the medications given in error and notified the pharmacy of discontinued medications. The program RN and Manager were given education on the process of discontinuing medications on 12/17/15.
2. **Actions program taking to protect tenants in similar situations:** The Program RN audited each resident that had had physician visits in the past 60 days. Orders were checked against the current MARs to identify any errors.
   Current Mars were checked for accuracy.
3. **Measures taken to ensure problem does not recur:**
   The Program RN will notify the pharmacy of any discontinued medications for all tenants upon receipt of the order.
   The Program RN will transcribe any discontinuation of medications on the Medication Administration Record (MAR) upon receipt of the order.

4. **Program plans to monitor performance to ensure compliance**: The Program RN will crosscheck all new MARs with the previous MARs, with the Medications and with the physician orders each month. The pharmacy will continue to review MARs every quarter.

B. Tenant Documents: Tenant #1

a. **Regulatory Insufficiency: 481-69.25(231C)Tenant Documents:69.25(1)** Documentation for each tenant shall be maintained by the program and shall include: o. Incident reports involving the tenant, including but not limited to those related to medication errors, accidents, falls, and elopements (such reports shall be maintained by the program but need not be included in the tenant's medical record)

Program POC:

1. **Elements detailing how insufficiency was corrected for residents:** An Incident Report was completed for the medication error on tenant #1 on 12/17/15. Education was provided to the Program RN on 12/17/15.

2. **Actions program taking to protect tenants in similar situations:** Tenants MARs were checked against current orders for medication errors on 12/17/15.

3. **Measures taken to ensure problem does not recur:** The Program nurse will continue to monitor MARs routinely for medication errors. Medication errors found will have Incident reports completed on them.

4. **Program plans to monitor performance to ensure solutions are permanent:** The Program Nurse and Manager will continue to audit MARs, medication errors and Incident Reports.

C. Nurse review: Tenants #1 and #2

Regulatory Insufficiency: 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 of health-related care, the program shall provide a registered nurse or a licensed practical nurse delegation:
69.27(1) To monitor, at least every 90 days, or after a significant change in the tenant's condition, any tenant who receives program-administered prescription medications for adverse reactions to the medications and to make appropriate interventions or referrals, and to ensure that the prescription medication orders are current and the prescription medications are administered consistent with such orders.

Program POC:

1. **Elements detailing the programs correction of insufficiency:** A change in condition assessment was completed tenant #1 and tenant #2 by 12/21/15. Retraining on assessment schedules and documentation on resident health status completed Dec 17th.

2. **Actions program taking to protect tenant in similar situations:** Tenant conditions, including those with new orders and recent physician visits were audited by the Program RN for changes in condition. Any changes in condition were followed up with a new assessment.

3. **Measures taken to ensure problem does not reoccur:** Tenants with new orders, physician visits will be audited by the Program RN with the oversight of the Manager for need for a nurse review or change of condition assessment.

4. **Program plans to monitor performance to ensure solutions are permanent**: The Program plans to monitor performance for compliance.

D. Food service

Regulatory Insufficiency:481-69.28(231C) Food service
69.28(6) Programs engaged in the preparation and service of meals and snacks shall meet the standards of state and local health laws and ordinances pertaining to the preparation and service of food and shall be licensed pursuant to Iowa Code chapter137F. The department will not require the program to be licensed as a food establishment if the program limits food to the following:
a. All main meals and planned menu items must be prepared offsite and transferred to the program kitchen for service to tenants

Program POC:

1. **Elements detailing the programs correction of insufficiency:** Program Manager contacted the agency that last provided the inspection and license. The Manager was

informed that agency no longer inspects his county. The Manager contacted the State of Iowa and was told the community was not in their database. The State Department did find that this community was missed when transitioning agencies. A renewal application was received on 12/21/15 and will be sent in on 12/28/15 to the Food and Consumer Safety Bureau of Iowa Department of Inspections and Appeals.

2. **Actions program taking to protect tenant in similar situations:** The steps taken under elements detailing the programs correction are for all tenants.

3. **Measures taken to ensure problem does not reoccur:** Renewal dates will be monitored by the Manager. Renewals will be sent in timely.

4. **Program plans to monitor performance to ensure solutions are permanent**: The Program plans to monitor due dates annually for compliance.

Compliance date of January 1st, 2016
Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of regulatory insufficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of state law.