

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake #:
56595-I

February 16, 2016

Ms. Christina Bricker, Manager
Summit Pointe Senior Living
3505 English Glen Avenue
Marion, IA 52302

**RE: Final Complaint/Incident Investigation Report, Summit Pointe Senior Living,
Marion, Iowa**

Dear Ms. Bricker:

Enclosed is the **Final Complaint/Incident Investigation 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 an investigation by DIA on **February 3 & 4, 2016**.

The following allegation was investigated in regards to Incident #56595-I:

Allegation: Medication Management

Findings: Unsubstantiated

Comments: Review of tenant files, staff interviews and review of Program documents did not reveal a regulatory insufficiency related to medication management.

A regulatory insufficiency was identified during the course of the investigation. The Report notes a Regulatory Insufficiency in the area(s) of: Nurse Review.

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.

If you have any questions in regard to the enclosed 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

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0248	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/04/2016
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NAME OF PROVIDER OR SUPPLIER **SUMMIT POINTE SENIOR LIVING COMMUNIT** STREET ADDRESS, CITY, STATE, ZIP CODE **3505 ENGLISH GLEN AVENUE MARION, IA 52302**

(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	<p>481-67 Initial Comments</p> <p>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.</p> <p>General Population Program</p> <p>Number of tenants without cognitive disorder: 89 Number of tenants with cognitive disorder: 5 Total Population of Program at time of on-site: 94</p> <p>Dementia-Specific Program by Dedication</p> <p>Number of tenants without cognitive disorder: 2 Number of tenants with cognitive disorder: 9 Total Population of Program at time of on-site: 11</p> <p>TOTAL census of Assisted Living Program: 105</p> <p>An investigation of Incident #56595-I was completed. There were no regulatory insufficiencies identified related to incident #56595-I. There was a regulatory insufficiency identified during the course of the investigation.</p>	A 000		
A 096	<p>481-69.27(3) Nurse Review</p> <p>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</p>	A 096		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

DEPARTMENT OF INSPECTIONS AND APPEALS

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A 096	<p>Continued From page 1</p> <p>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</p> <p>This REQUIREMENT is not met as evidenced by: Based on review of tenant files and review of Program documents 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 two of five tenant files reviewed (Tenants #2 and #5). Two tenants did not have nurse reviews completed as needed.</p> <p>(During the course of the investigation)</p> <p>1. Tenant #2, a 72 year old, was admitted on 9-12-15 and diagnoses included: Parkinson's disease, dementia, hypertension (HTN), depression, cardiac dysrhythmia, esophageal reflux, insomnia, heart murmur, obstructive sleep apnea and osteopenia. Tenant #2 was staged at a four on the GDS, which indicated moderate cognitive decline. Tenant #2 resided in the dementia unit.</p> <p>According to Service Notes dated 10-21-15, Tenant #2 had increased confusion, small frequent voids and complaints of signs and symptoms of a urinary tract infection (UTI). An order was received for a urinalysis (UA) with culture and sensitivity. According to Service Notes dated 10-22-15, an order was received for Bactrim DS, one tablet by mouth twice daily for</p>	A 096		
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A 096	<p>Continued From page 2</p> <p>seven days. Service Notes dated 10-25-15 indicated Tenant #2 was being treated for a UTI, would continue to observe. According to Service Notes dated 11-9-15 (30 day), Tenant #2 was recently treated with an oral antibiotic for a UTI, symptoms had resolved and the antibiotic was completed. Although the 30 day review addressed the UTI and antibiotic, a nurse review was not completed when the antibiotic therapy was completed. A nurse review was not completed following the completion of the antibiotic to assess and document the health status of Tenant #2. A nurse review was not completed as needed.</p> <p>2. Tenant #5, an 85 year old, was admitted on 3-4-13 and diagnoses included: Alzheimer's disease, hypothyroidism, osteoarthritis and depression. Tenant #5 was staged at a six on the GDS, which indicated severe cognitive decline. Tenant #5 resided in the dementia unit.</p> <p>According to narrative documentation dated 1-5-16, Tenant #5 had increased confusion, wandered into other tenants' apartments and took belongings that did not belong to Tenant #5. Tenant #5 had difficulty following directions and was very anxious. Narrative documentation dated 1-6-16 indicated an order was received for a UA and orders were received for Cephalexin 250 milligram, by mouth three times daily for 10 days. A nurse review was not completed following the completion of the antibiotic to assess and document the health status of Tenant #5. A nurse review was not completed as needed.</p> <p>3. According to the Program's policy regarding a registered nurse (RN) health monitoring review,</p>	A 096		

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A 096	Continued From page 3 an RN would monitor all tenants that participated in a medication administration program, a health care professional-directed or health related care program pursuant to Chapter 69.27. A licensed practical nurse could complete the monitoring via RN delegation when the tenant had not exhibited a significant change of status. Documentation of tenant status should be noted in the Service Notes and should include: a brief evaluation of any presenting problems, a summary of any interventions taken to address the problems, when tenant health issues were observed and evaluated the issue must be followed until resolution of the problem had been reached and if no concerns were identified that should be noted. Service Notes documentation should include the time and date of the observation with the nurse's signature and title.	A 096		
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February 19, 2016

Rose Boccella
Department of Inspections and Appeals
Lucas State Office Building
321 East 12th Street
Des Moines, Iowa 50319

Dear Ms. Boccella:

On behalf of Summit Pointe Senior Living, I respectfully submit our Plan of Correction outlining corrective measures for the Complaint/Incident Report dated February 16, 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 insufficiencies. The plan of correction is prepared and/or executed solely because it is required by the provision of state law.

Nurse Review

1. Elements detailing how the program will correct each regulatory insufficiency.
 - The RN will complete a nurse review, at a minimum for Tenant #2 and #5 as required by regulation with completion of ATB therapy.
2. What measures will be taken to ensure the problem does not recur.
 - The RN will be retrained on regulatory requirements for completion of Nurse Reviews.
 - The RN will be retrained on Summit Pointe policy/procedures for completion of Nurse Reviews.
3. How the program plans to monitor performance to ensure compliance.
 - The RN and or designee will monitor for compliance at least two times per year. This process will include review of tenant charts to ensure nurse reviews were completed as required by regulation.



4. The date by which the regulatory insufficiency will be corrected.

- The regulatory insufficiency will be corrected on or before March 16, 2016.

Please feel free to contact me 319-373-4242 with any questions you may have. Thank you.

Sincerely,



Christina Bricker, RN
Executive Director
Manager

