IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

DEMAND LETTER
CERTIFIED
Complaint Intake #: 28678-C

June 1, 2010

Ms. Maradith Jannsen, Administrator
Homestead Acres
2306 State Street
Guthrie Center, IA 50115

RE: I. Final Complaint Investigation Report
II. Civil Penalty
III. Appeals/Hearings
IV. Conclusion

Dear Ms. Jannsen:

I. Final Complaint Investigation Report – Homestead Acres, Guthrie Center, IA

Enclosed is the **Final Complaint 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. The Report notes Regulatory Insufficiency in the area(s) of: Other (non notification to department within 24 hours when a tenant attempts suicide). **Homestead Acres** ("Program") is being assessed a $500 civil penalty.

II. Civil Penalty

If, within 30 days of the receipt 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—67.12(3)d. 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 **Tamara Halvorson** and remit the civil penalty assessed by check or money order in the amount of three hundred twenty five dollars ($325) within 30 business days after the receipt of this demand letter.

III. Appeals/Hearings

The Program may appeal the DIA decision in accordance with IAC rule 481—67.13 within thirty (30) days of this notice, by submitting a request for appeal to DIA. A contested case hearing will be held pursuant to Iowa Code chapter 17A and IAC chapter 481—10. If the Program appeals the DIA decision, the civil penalty will be suspended pending the appeal process. If the Program does not appeal, the civil penalty is due within 30 days of notice.

IV. Conclusion

The Program is being assessed a $500 civil penalty. The Plan of Correction (POC) submitted on May 28, 2010, has been reviewed and will constitute the final POC related to the on-site visit of May 5, 2010.

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 within 30 days of this letter.

If you have any questions in regard to this letter and enclosed Report, please contact your Certification Coordinator, Tamara Halvorson, at 515/281-5721.

Sincerely,

Ann Martin

Ann Martin, Bureau Chief
Adult Services Bureau

Enclosure

Iowa Department of Inspections and Appeals
Assisted Living Program
Final Complaint Investigation Report

Assisted Living Program:

Complaint Intake: 28678-C

Maradith Jannsen, Administrator
Homestead Acres
2306 State Street
Guthrie Center, IA 50115

Date of Investigation:

May 5, 2010

Monitor:

Joyce Kix, RN

Definitions:

The following definitions are relevant:

Regulatory Insufficiency - A violation of a statutory or rule provision within the Iowa Code or 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 rule violations. IAC r. 481-67.10(5). The plan should identify how, and by a specific date, an insufficiency will be corrected. The plan is due to DIA within ten (10) working days of the program's receipt of a Complaint Investigation Report. Depending on the circumstances, DIA may revisit the assisted living program to confirm progress in fulfilling a plan's corrective measures.

Dementia-specific assisted living program - An assisted living program certified under 481 IAC chapter 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 or serves 55 or more tenants and 10 percent or more of the tenants have dementia between Stages 4 and 7 on the Global Deterioration Scale or holds itself out as providing specialized care for persons with dementia, such as Alzheimer's disease, in a dedicated setting.

Overview:

A complaint investigation on-site visit was conducted at Homestead Acres on May 5, 2010. In preparing this report, the following information was considered:

Current Program Census

General Population Program (GPP)* – A program that does is not include a Dementia Specific unit, but may include have tenants with cognitive disorder.

Current number of tenants without cognitive disorder:	12
Current number of tenants with cognitive disorder:	0
Total Population:	12

Dementia Specific Program (DSP)* – Not applicable.

***These are the census numbers represented by the program to be applicable at the time of the on-site.**

Tenant/Family Satisfaction Results – Not applicable.

Program History – There were substantiated Regulatory Insufficiencies found in the areas of Food Service this certification period.

Complaint Investigation – The complaint investigator(s) made the observations detailed in the following areas.

A. Evaluation of Tenant

Complaint Allegation: It was alleged that the program failed to assess and evaluate a tenant with a change in mental condition.

- Monitoring Observation: Tenant #1, a 79 year old, was admitted 8-30-09 with diagnoses of: Diabetes, Emphysema, Hypothyroidism, Lung Cancer and Anxiety. The cognitive assessment completed 2-25-10 scored the tenant at 30/30 indicating intact cognitive function. The service plan of 10-25-09 documented that the program provided medication administration. The clinical record documented the tenant signed a Cardiac Resuscitation Policy on 1-6-10 requesting that no cardiac resuscitation be performed. The clinical record contained a physician order for admission to hospice services 1-8-10. The hospice Psychosocial Assessment dated 1-11-10 indicated the tenant had recently suffered losses of family members and a pet. Hospice notes dated 2-19-10 documented that the tenant was coping better with his/her cancer diagnosis. On 3-12-10 at 9:00 p.m. the nurse's notes documented the tenant was acting confused. The nurse took vital signs and told the tenant the night shift would check on him/her. At 1:00 a.m. on 3-13-10, staff attempted to check on the tenant and found the door locked. Upon investigation, staff found that the tenant purposefully took an unknown amount of medications. Two prescription bottles of medication and two suicide notes were found near the tenant. The Director reported the bottles still had some pills remaining but were sent to a pharmacy for destruction, so it was not known what kind of medication or how much was ingested. The Coordinator stated that she noted the bottles were dated prior to when the tenant was admitted and were from an outside pharmacy. The tenant was hospitalized and has not returned to the program.

- Regulatory Insufficiency: None noted.

B. Medications

Complaint Allegation: It is alleged that staff failed to complete the medication pass to a tenant by observing the tenant swallow the medication.

- Monitoring Observation: Tenant #1's cognitive assessment completed 2-25-10 scored the tenant at 30/30 indicating intact cognitive function. The clinical record documented the program managed medications beginning 10-15-09. The Coordinator reported that when the tenant asks the program to manage medications, the tenant is to give them all the prescription and over-the-counter medications from the room. Medications are then locked in a drawer in each apartment and given to the tenant as the physician orders.

  The program policy for Medication Administration dated September, 2009 directed staff to observe the tenant taking the medication.

  Interview with Staff #1, #2 and the Coordinator indicated they did not leave medications with a tenant. If the tenant refused to take the medication it would be locked in a drawer and documented.

An interview was completed with Tenant #2 on 5-5-10. The tenant reported that you must take your medications in front of the staff. The tenant reported that he/she had asked them to leave them in the past and the staff said they would rather watch him/her take them.

- Regulatory Insufficiency: None noted.

C. Other

Complaint Allegation: A tenant attempted suicide and the program failed to file a report with the department.

- Monitoring Observation: On 3-12-10 the nurse's notes documented Tenant #1 purposefully took an unknown amount of medications. The program found the tenant confused and later identified that the tenant had taken an unknown amount of medications in an attempt to take his/her own life.

  The program did not report the attempted suicide to the department. The Coordinator reported that she was not aware of the requirement to report until a networking meeting held on April 2010.

- Regulatory Insufficiency: Program notification to the department. The director or the director's designee shall be notified within 24 hours, or the next business day, by the most expeditious means available: When a tenant attempts suicide, regardless of the injury. (IAC r. 481-67.4(5))

Dated this 19th day of May 2010.