IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT GOVERNOR

DEAN A. LERNER, DIRECTOR

July2, 2008

Shirley Givant, Administrator
Country Haven Guest Home
2490 Prairieview Ave
Winterset, IA 50273-8115

RE: I. Final Recertification Monitoring Report
II. Civil Penalty
III Hearings and Appeals
IV. Conclusion

Dear Ms. Givant:

I. Final Recertification Monitoring Report – Country Haven Guest Home, Winterset, IA.

Enclosed is the **Final Recertification Monitoring Report** completed by the Department of Inspections and Appeals (DIA) in accordance with Iowa Code section 231C.7 (2007) and Iowa Administrative Code, chapters 321—25, pertaining to assisted living programs and 321—26, pertaining to monitoring, civil penalties and complaints regarding assisted living programs. The Preliminary Report notes the **Regulatory Insufficiencies,** as defined in the areas of: Evaluation of Tenant, Service Plan, Medications, Food Service, Staffing, Life Safety and Record Checks.

DIA is accepting the Plan of Correction that was submitted.

II. Civil Penalty

The program is preliminarily being assessed a five hundred dollar ($500.00) civil money penalty The final penalty will be included in the **Final Report**. The penalty is not due until 30 days after the issuance of the Final Report. This action is based upon the program's failure to operate in compliance with governing requirements.

III. Hearings/Appeals

The Program may appeal the DIA decision in accordance to 321 IAC 26.4, within 30 days of notice, by submitting a request for appeal to the DIA. Hearings will be held pursuant to 481 IAC Chapter 10 If the program appeals, the civil penalty will be suspended, pending appeal. If the program does not appeal, the fine is due within 30 days of notice.

IV. Conclusion

Country Haven Guest Home - Winterset is being assessed a $500 00 civil money penalty

If you have any questions in regard to these matters, please contact Connie Schaffer at (515)281-5003 or Connie.Schaffer@dia.iowa.gov

Sincerely,

Ann Martin

Ann Martin, Bureau Chief
Adult Services Bureau

Enclosure

Iowa Department of Inspections and Appeals
Assisted Living Program
Final Recertification Monitoring Evaluation Report

Assisted Living Program:

Shirley Givant, Administrator
Country Haven Guest Home
2490 Prairieview Ave
Winterset, IA 50273-8115

Date of Monitoring Visit:

May 22, 2008

Monitor(s):

Lincoln Newsom, 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 [321 IAC 25 8(3)]. 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 Recertification Monitoring Evaluation 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 this chapter that either serves five or more tenants with dementia or cognitive disorder staged between 4 and 7 on the Global Deterioration Scale or holds itself out as providing specialized care for persons with cognitive disorder or dementia, such as Alzheimer's disease, in a dedicated setting.

Overview:

An on-site monitoring evaluation was conducted at Country Haven Guest Home on May 22, 2008. In preparing this report, the following information was considered:

Current Program Census:

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

Current number of tenants without cognitive disorder	7
Current number of tenants with cognitive disorder	1
Total Population:	8

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

Tenant/Family Satisfaction Results – A community meeting with eight tenants was held. Tenants stated the program was a nice place to live, staff is great and the food is good. Tenants feel safe in the program; think they are receiving the services being paid for Tenants continue to make daily decisions. If there were an emergency tenants use a pull cord located in each room. The program would be recommended to others as a place to live.

Program History – There were no substantiated regulatory insufficiencies during this certification period.

On-Site Monitoring Evaluation – The monitor(s) made the observations detailed in the following areas.

A. Evaluation of Tenant - The program evaluates each tenant's functional and cognitive abilities and health status and the determination of needed services as required. [321 IAC 25.23(1) and/or (2)]

Monitoring Observation: Tenant #1, a 103 year old, was admitted on 4-8-05 and had diagnoses of: Syncopal Episodes, Valvular Heart Disease and Hypothyroidism. The tenant had an annual evaluation completed on May 24, 2007; however the evaluation did not include the health evaluation. The program did not complete an annual health evaluation to determine the tenant's continued eligibility for the program and to determine any modifications to needed services.

Tenant #2, a 73 year old, was admitted on 4-3-08 and had diagnoses of: Acute Myocardial Infarction and Atrial Fibrillation. The program completed functional and cognitive evaluations two days after admission to the program, and did not complete a health evaluation. The program did not evaluate the tenant's health status prior to the tenant's signing the occupancy agreement and taking occupancy or within 30 days, in order to determine the tenant's eligibility for the program, including, whether services needed, can be provided.

Tenant #3, a 72 year old, was admitted on 5-5-08 and had diagnoses of: Pancreatic Tumor The program completed functional and cognitive evaluations one day after admission, and did not complete a health evaluation.

- Regulatory Insufficiency: The program did not consistently evaluate the tenant's functional, cognitive and health status prior to the tenant's signing the occupancy agreement and taking occupancy in order to determine the tenant's eligibility for the program, including, whether services needed, can be provided. (25.23(1))

- Regulatory Insufficiency: The program did not complete functional, cognitive and health evaluations within 30 days and, as needed, to determine the tenant's continued eligibility for the program and to determine any modifications to needed services. (25.23(2))

B. Service Plan – Program has an individualized service plan developed and updated for each tenant as required. [321 IAC 25.28]

- Monitoring Observation: Tenant #2's initial service plan was developed two days after admission to the program. The program did not up date the service plan within 30 days of occupancy.

  Tenant #3's initial service plan dated one day after admission was signed by the tenant's legal representative. The tenant did not sign the service plan and there is no documentation to indicate the tenant had a legal representative.

- Regulatory Insufficiency: The program did not develop a preliminary service plan prior to taking occupancy and did not assure all persons or the tenants's legal representative sign the plan. (25.28 (2))

- Regulatory Insufficiency: When the tenant needs personal care or health-related care, the service plan shall be updated within 30 days of occupancy and as needed, but not less than annually. (25.28(3))

C. Medications – Program has a comprehensive written medication policy that allows tenant self-administration, but accommodates the need for tenant medication assistance via nurse delegation. The medication assistance is appropriately supervised and administered. Medications are appropriately stored. [231C.16A]

- Monitoring Observation: The program stored a tenant's medication in a common bathroom /shower room in an open non secured cabinet. The program had other medication stored on top of the refrigerator in the kitchen which was not secured.

  Staff # 5 administered medication to a tenant without placing the medication into a medication cup; the medication was obtained from the medication cabinet in the kitchen and transported approximately 40 feet to the tenant. Staff #5, did not initial the Medication Administration Record (MAR) as giving the medication. Staff #4, initialed the MAR as being the one giving the medication.

- Regulatory Insufficiency: The administration of medications shall be provided by an Iowa-licensed registered nurse or advanced registered nurse practitioner registered in Iowa or the authorized agent in accordance with 655---subrule 6.2(5) and 655---subrule 6.3(1) and Iowa Code chapter 155A (25.29(2)a.

D. Food Service – Program shall provide or coordinate with other community providers to provide hot or other appropriate meal(s) at least once a day or make arrangements for the availability of meals. Menus shall be appropriately planned. If applicable, therapeutic diets shall meet all requirements. Food preparation personnel shall meet all requirements. [321 IAC 25.32]

- Monitoring Observation: Staff #3, who is not a Registered Dietician developed a menu during the on-site recertification process. Staff #3 did not have documentation related to the safe and sanitary handling of food prior to handling food. Staff #4, indicated the program does not employ or use a Registered Dietician to review menus. Breakfast, lunch and supper are cooked and developed by the program and not in consultation with a Registered Dietician.

- Regulatory Insufficiency: The program did not provide meet the percentage of the daily recommended dietary allowances as established by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences based on the number of meals provided by the program:

- Regulatory Insufficiency: The program did not consistently provide an orientation on sanitation and safe food handling prior to handling food for those staff responsible for preparing or serving food or both preparing and serving food (25.32 (5)).

E. Staffing - The provisions of this section address the program's staffing and training practices and associated documentation in responding to the identified needs of the tenant. [321 IAC 25.33]

Monitoring Observation: Staff #4, the LPN, stated to the monitor, she was completing an initial Global Deterioration Scale (GDS)for Tenant #2 during the recertification. Staff #4, indicated she had not been delegated the task of completing evaluations by the RN.

- Regulatory Insufficiency: The program did not have sufficient trained staff available at all times to fully meet tenants' identified needs. (25.33 (1))

F. Record Checks – The program conducts applicable employee record checks. [Iowa Code section 135C.33(5)]

Monitoring Observation: A review of three staff files was completed. Staff #1 and # 3's file did not include documentation related to a record check being preformed by the Department of Public Safety prior to employment. The hire date for staff #1 was 4-10-08 and the completed background check was not done till 4-22-08 Staff #3's hire date was 6-15-07 the completed background check was not done till 7-27-07

- Regulatory Insufficiency: The program did not complete a Department of Public Safety, criminal history check and a Department of Human Services, dependant adult abuse check of the potential employee, prior to hire. (135C.33(1))

Dated this 2nd day of July, 2008