IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

June 12, 2012

Ms. Shirley Givant, Administrator
Country Haven Guest Home
2490 Prairieview Avenue
Winterset, IA 50273

RE: Final Recertification Monitoring Evaluation Report – Country Haven Guest Home, Winterset, IA

Dear Ms. Givant:

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.

DIA has completed the review of your Plan of Correction (POC) in response to the **Preliminary Recertification Monitoring Evaluation Report**. Based upon a complete review of the Report and your actions to correct the identified Regulatory Insufficiencies, DIA accepts your POC. The Final report is enclosed.

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.

Enclosed you will find the Assisted Living Program Certificate **S0146** with effective dates of **June 13, 2012** through **June 12, 2014**.

If you have any questions in regard to this certification, please contact me at 515/281-7039.

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:

Shirley Givant, Administrator
Country Haven Guest Home
2490 Prairieview Avenue
Winterset, IA 50273

Date of Monitoring Visit:

March 6, 2012

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:	5
Number of tenants with cognitive disorder:	2
Total Population of Program at time of on-site	7
TOTAL census of Assisted Living Program	7

Tenant/Family Satisfaction Results – A meeting was held with six tenants. It was reported housekeeping in both apartments and common areas was completed to the tenants' satisfaction. Tenants use a pull cord in the apartment to request assistance. Staff members respond quickly. Staff members were reported to treat the tenants well. The food was described as "pretty good." A variety of foods was served. Hot foods were served hot. Exercise and puzzles were given as favorite activities. Tenants reported feeling safe at the Program and would recommend it to others.

Program History – The program did not receive any regulatory insufficiencies during this certification period.

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

A. Evaluation of Tenant

Monitoring Observation: Tenant #2, a 93 year-old, was admitted on 8-10-11 and had diagnoses of: Fractured Leg, Atrial Fibrillation, Prostate Cancer, and Chronic Obstructive Pulmonary Disease. Functional, cognitive, and health evaluations were not completed within 30 days of admission to the Program.

Tenant #4, a 93 year-old, was admitted on 12-28-11 and had diagnoses of: Dementia and Fall Risk. Tenant #4 was staged at five on the Global Deterioration Scale (GDS) which indicated moderately severe cognitive decline. Functional, cognitive, and health evaluations were not completed within 30 days of admission to the Program.

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. Program Initiated Involuntary Transfer

Monitoring Observation: Tenant #1, a 73 year-old, was admitted on 11-20-11 and had diagnoses of: Dementia, Hypertension, Hypothyroidism, Prostate Cancer, Knee Pain, and a History of Wandering. Tenant #1 was staged at five on the GDS which indicated moderately severe cognitive decline. An incident report dated 12-2-11 and timed 10:20 p.m. revealed Tenant #1 got out of the building. The Administrator, the staff person on duty, was not aware the Tenant left the building until the buzzer on the door sounded. The Administrator stated she went to get a flashlight. She indicated Tenant #1 was dressed and had not gotten into pajamas. When the Administrator reached Tenant #1, he/she had gone outside and had fallen down.

Nurse's notes of 12-3-11 indicated the Administrator notified the spouse of the incident, and requested the spouse find a different facility as the Program could not keep Tenant #1 safe. In an interview with the Administrator, she indicated the spouse had contacted the physician because he/she did not know what to do. A review of the occupancy agreement revealed for emergency transfers, including when the tenant is a danger to self, the tenant must move out in seven days. Nurse's notes dated 12-4-11 indicated the spouse took Tenant #1 home.

The Program did not provide documentation of notification to the spouse of the internal appeals process, or contact information for the tenant advocate. The Program did not provide documentation of the notification to the tenant advocate by any means, including certified mail.

Regulatory Insufficiency: If a program initiates the involuntary transfer of a tenant and the action is not the result of a monitoring, including a complaint investigation or program-reported incident investigation, by the department and if the tenant or tenant's legal representative contests the transfer, the following procedures shall apply: (a) The program shall notify the tenant or tenant's legal representative, in accordance with the occupancy agreement, of the need to transfer the tenant and of the reason for the transfer and shall include the contact information for the tenant advocate. (b) The program shall immediately provide to the tenant advocate, by certified mail, a copy of the notification and notify the tenant's treating physician, if any. (c) Pursuant to statute, the tenant advocate shall offer the notified tenant or tenant's legal representative assistance with the program's internal appeal process. The tenant or tenant's legal representative is not required to accept the assistance of the tenant advocate. (IAC r. 481-69.24(1)(a-c))

C. Service Plan

Monitoring Observation: Tenant #2 was admitted on 8-10-11 with a current leg fracture. The current service plan dated 8-10-11 indicated Tenant #2 was non weight-bearing, used a wheelchair and required assistance with transfer. The service plan was not updated within 30 days of admission.

In an interview, the nurse indicated Tenant #2 was no longer non weight-bearing and no longer required assistance with transfer. The service plan was not updated with a change in Tenant #2's condition.

Tenant #3, an 84 year-old, was admitted on 3-20-10 and had diagnoses of: Diabetes, Bipolar Affective Disorder, Gastroesophageal Reflux Disease, Chronic Headache, and Constipation. Nurse's notes dated 12-21-11 and 1-5-12 indicated Tenant #3 begged for food, sometimes several times a day. The Administrator expressed concern over the ability to manage the diabetes when Tenant #3 wanted to eat all the time. The Administrator reported staff members were encouraged to give Tenant #3 lower calorie foods such as skim milk when Tenant #3 requested foods. The nurse documented Tenant #3 continued to gain weight on 2-19-12. A review of the service plan dated 2-29-12 did not identify interventions for the begging, including giving lower calorie foods. The service plan did not meet the tenant's identified needs.

Tenant #4 was admitted on 12-28-11. A service plan was updated at 30-days, 1-31-12, however, functional, cognitive, and health evaluations were not completed at 30-days. The service plan was not based on evaluations.

Upon admission, Tenant #4 was noted to be a fall risk, and to have had 19 pound weight loss in six months. Nurse's notes dated 1-10-12 indicated the Program gave Tenant #4 a supplement when not eating well. The service plan did not identify fall risk interventions. The service plan did not identify interventions for weight loss, including supplements. The service plan did not meet the tenant's identified needs.

Tenant #4 was staged at five on the GDS which indicated moderately severe cognitive decline. The service plan did not identify activities based on Tenant #4's abilities and interests.

Regulatory Insufficiency: A service plan shall be developed for each tenant based on the evaluations conducted in accordance with subrules 69.22(1) and 69.22(2) and shall be designed to meet the specific service needs of the individual tenant. The service plan shall subsequently be updated at least annually and whenever changes are needed. (IAC r. 481-69.26(1))

Regulatory Insufficiency: The service plan shall be individualized and shall indicate, at a minimum: (a) The tenant's identified needs and preferences for assistance; and (d) For tenants who are unable to plan their own activities, including tenants with dementia, planned and spontaneous activities based on the tenant's abilities and personal interests; and (IAC r. 481-69.26(4)(a,d))

D. Food Service

Monitoring Observation: The Administrator provided copies of menus for lunch and supper for four months. The menus were not signed by a dietitian. The Administrator indicated a food vendor, who might provide menus, was not used. Food was purchased at a local store. The Administrator indicated five fruits and vegetables were served daily. The lunch menu for 3-6-12 was reviewed. The noon meal was observed, and the foods served were not the items listed on the menu for the day. Staff #1, the staff member who prepared the noon meal and was also identified by the Administrator as the dietary manager, indicated during interview that foods were prepared based on what was thawed or what leftovers were available. Staff #1 and the Administrator indicated the Program provided three meals per day. Neither Staff #1 nor the Administrator knew if 100% of the daily recommended dietary allowances were provided in the menu.

Regulatory Insufficiency: Menus shall be planned to provide the following 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: (c) One hundred percent if the program provides three meals per day. (IAC r. 481-69.28(3)(c))

E. Staffing

Monitoring Observation: The Program nurse was hired 10-26-09. The Program did not provide documentation of training to the nurse related to Iowa rules and laws on assisted living. The Program did not have a delegating nurse who has completed the required additional training with curriculum related to assisted living program rules and regulations.

Staff #2 was hired 3-23-11 as a Universal Worker (UW). Staff #3 was hired 12-22-10 as a UW. Staff training files lacked documentation of completion of a course on dependent adult abuse. The Administrator stated the staff members watched a video, but the Program did not have a provider number or documentation of an approved curriculum for dependent adult abuse as indicated in 235B.16(5)(d)(1-3). Staff members were not sufficiently trained in identification of dependent adult abuse.

Regulatory Insufficiency: All programs employing a new delegating nurse after January 1, 2010, shall require the delegating nurse within six months of hire to complete an assisted living manager class or assisted living nursing class whose curriculum includes at least six hours of training specifically related to Iowa rules and laws on assisted living. A minimum of one delegating nurse from each program must complete the training. If there are multiple delegating nurses and only one delegating nurse completes the training, the delegating nurse who completes the training shall train the other delegating nurses in the Iowa rules and laws on assisted living. As of January 1, 2011, all programs shall have a minimum of one delegating nurse who has completed the training described in this subrule. (IAC r. 481-69.29(6))

Regulatory Insufficiency: A sufficient number of trained staff shall be available at all times to fully meet tenants' identified needs. (IAC r. 481-67.9(1))

F. Program Notification to the Department

Monitoring Observation: Tenant #1 was admitted to the Program on 11-20-11 and according to the nurse's notes on the day of admission, Tenant #1 had a history of wandering. Tenant #1 eloped from the Program on 12-2-11. Tenant #1, staged at five on the GDS which indicated moderately severe cognitive decline, left the building at approximately 10:20 p.m., and fell down outside. According to the Administrator, Tenant #1 was dressed and had not yet gotten into pajamas. She indicated she was not aware of Tenant #1 leaving the building until the buzzer sounded on the door. The Administrator went to get a flashlight and then went outside to find Tenant #1 in the parking lot outside the south door. According to the incident report, Tenant #1 had a swollen right knee and scrapes on the right hand. The Administrator, who is a Licensed Practical Nurse (LPN) checked Tenant #1's vital signs and completed an incident report. A review of the service plan indicated Tenant #1 was independent with ambulation. The

service plan indicated the door buzzers were used by the Program to meet Tenant #1's identified need due to wandering. The Program was not dementia specific by definition or dedication, and was not required to have doors alarmed.

According to the State Climatologist, there was no data for the Winterset area. The climatologist indicated there were two reporting stations near Winterset. The following conditions were reported for 12-2-11 at approximately 10:20 p.m. Des Moines: Temperature 36 degrees, South winds at nine miles per hour, Wind chill 29 degrees, cloudy skies, no precipitation. Creston: Temperature 36 degrees, South winds at 13 miles per hour with gusts to 20 miles per hour, Wind chill 27 degrees, cloudy skies. There had been a dusting of precipitation the night before, but that was probably gone.

The Program did not notify the department of the elopement.

Regulatory Insufficiency: 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 elopes from a program. (IAC r. 481-67.4(4))