IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

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DEMAND LETTER
CERTIFIED

Complaint Intake #: 41577-CR2
41700-CR2

August 13, 2013

Ms. Annette Schreiber, Administrator
Country Haven Guest Homes, LTD
2490 Prairieview Avenue
Winterset, IA 50273

RE: I. NOTICE OF IMPOSITION OF CIVIL PENALTY - FINAL COMPLAINT/INCIDENT SECOND REVISIT INVESTIGATION REPORT
II. Sanction – Conditional Operation
III. Appeals/Hearings
IV. Reduction of Civil Penalty
V. Conclusion

Dear Ms. Schreiber:

I. Final Complaint/Incident Second Revisit Investigation Report – Country Haven Guest Homes, LTD (Program), Winterset, IA

Enclosed is the **Final Complaint/Incident Second Revisit 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 July 9, 2013. The Report notes Regulatory Insufficiencies in the area(s) of: Medications, Evaluation, Service Plans, Nurse Review and Noncompliance with Plan of Correction.

Country Haven Guest Homes, LTD (Program) is being assessed a **$3,000 civil penalty** pursuant to Iowa Code section 231C.14(1)(b) and 481 IAC 67.12(3)(a)(2). Pursuant to Iowa Code section 231C.14(1)(b) and 481 IAC rule 67.12(3)(a)(2), the continued failure or refusal to comply within a prescribed time frame with regulatory requirements that have a direct relationship to the health, safety or security of tenants may result in a civil penalty of up to $5000.

The factors to be considered in determining the amount of a civil penalty are contained within rule 481 IAC 67.12(3)(b) 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 Report reflects that the Program failed to comply with regulatory requirements which have been cited previously by the Department. The Program previously received Regulatory Insufficiencies in the areas of Medications, Evaluations and Nurse Review.

The determination of a **$3,000 civil penalty** is based upon Regulatory Insufficiencies in the area(s) of Medications, Evaluations, Service Plans, Nurse Review, and Noncompliance with Plan of Correction. As the enclosed Report details, the Program failed to notify physician of a tenant's inability to swallow medications and failed to update evaluations and service plans when tenants had a significant change in condition.

II. Sanctions – Conditional Operation

DIA issued a Notice of Revocation of Certificate on March 19, 2013, which the program timely appealed. The Notice is deemed suspended pending the appeal, Iowa Code section 231C.11.

As reflected in the Preliminary Report, the Program failed to comprehensively follow the regulations in IAC chapters 481—67 and 481—69. Due to the Program's noncompliance, current Regulatory Insufficiencies, and the findings of the on-site monitoring visit of July 9, 2013, the Program will remain under a Conditional Certificate, effective **December 11, 2012**.

The previous sanction(s) associated with the Conditional Certificate that remain in effect include: No new admissions, submit documentation of nurse review every month by RN on all tenants until such time as the restriction and/or Conditional Certificate is lifted by the Department.

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. 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 **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 business days after the receipt of this demand letter.

V. Conclusion

The Program is being assessed a $3,000 civil penalty pursuant to Iowa Code section 231C.14(1)(b) and 481 IAC 67.12(3)(a)(2). The Plan of Correction (POC) submitted on August 3, 2013, has been reviewed and will constitute the final POC related to the on-site visit of July 9, 2013.

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 Program Coordinator, Rose Boccella, at 515/281-7039.

Sincerely,

Jim Friberg

Jim Friberg, Acting Bureau Chief
Adult Services Bureau

Enclosure

IOWA DEPARTMENT OF INSPECTIONS AND APPEALS
Assisted Living Program
Final Complaint/Incident Second Revisit Investigation Report

Assisted Living Program:

Annette Schreiber, Administrator
Country Haven Guest Home
2490 Prairieview Ave.
Winterset, IA 50273

Complaint/Incident Intake #: 41577-CR2
41700-CR2

Date of Complaint/Incident Investigation:

July 9, 2013

Monitor(s):

Rose Boccella, MS
Hal L. Chase, RN BSN MPH

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 below were provided by the Program at the time of the on-site visit.

General Population Program	
Number of tenants without cognitive disorder:	5
Number of tenants with cognitive disorder:	1
Total Population of Program at time of on-site	6
TOTAL census of Assisted Living Program	6

Program History – The program received regulatory insufficiencies in the areas of: Evaluation, Service Plan, Staffing, Non Reporting to the Department, Food Service and Program Initiated Involuntary Transfer during the March 6, 2012 Recertification visit. The program received a regulatory insufficiency in the area of Tenant Rights during the October 8, 2012, Incident Investigation (40998-I). During the November 2012, Complaint Investigation (41577-C, 41700-C), the program received regulatory insufficiencies in the areas of: Program Reporting, Medications, Staffing, Evaluation, Structural, Tenant Documents, Nurse Review and Food Service. During the April 2013 Complaint Revisit (41577-C1, 41700-C1), the program received regulatory insufficiencies in the areas of: Medications, Staffing, Evaluation, Nurse Review, Food Service and Plan of Correction.

Complaint/Incident Investigation – The Complaint/Incident investigator(s) made the observations detailed in the following areas:

A. Medications

During the course of the onsite complaint revisit investigation #41577-C & #41700-C of 4-16-13, the Program received a regulatory insufficiency for not administering Tenant #8's medications in accordance with 655-Chapter 6 governing nurse delegation. Staff communication records of 4-8-13 indicated a urinalysis (UA) had been ordered. Tenant #8's file did not include documentation of a physician order for a UA or an order for antibiotic (ATB) therapy to begin on 4-10-13 for a possible urinary tract infection (UTI). Medication administration records (MARs) for 4-11-13 indicated ATB therapy was initiated on 4-11-13 and not 4-10-13 as ordered.

- Monitoring Observation: Tenant #8, an 89 year old, was admitted on 4-30-12 and had diagnoses of: Confusion, Bilateral Edema, Atrial Fibrillation and a History of Falls. A Short Portable Mental Status Questionnaire (SPMSQ) was completed on 12-28-12, which indicated intact intellectual function.

  A review of Tenant #8's file revealed a physician's order for a UA, results of the UA and the order to administer ATB therapy. MARs of 4-11-13 through 4-18-13 indicated Tenant #8 received ATB therapy twice daily for seven days.

During the course of the investigation, the following information was obtained.

- Monitoring Observation: Tenant #10, a 94 year old, was admitted on 12-28-11 and had diagnoses of: Dementia and History of Falls. A Global Deterioration Scale (GDS) was completed on 4-22-13 and staged Tenant #10 at five-six, which indicated moderately-severe cognitive decline.

  MARs for 7-1-13 through 7-9-13 indicated the following medications were not administered due to Tenant #10's inability to swallow them.

Medication	Dosage & Frequency	Dates	Status
Tramadol	50mg – two tabs at bedtime	7-3,6 and 8-13	Could only swallow one tablet
Mitazapine	30mg – one tab bedtime	7-5,8-13	Could not swallow
Tylenol	325mg – two tabs at noon and bedtime	7-8-13	Could not swallow & refused
Fluticasone	50mcg-two puffs at bedtime	7-8-13	Refused
Lorazeapam	0.5mg tablet ½ tablet daily prn	7-8-13	Could not swallow
Preservision Adreds	One softgel capsule – twice daily		Could not swallow
Ensure Supplement	One can twice daily and prn when requested	7-8-13	Could not swallow
Prednisone	5mg tablet – one tab daily	7-6 & 8-13	Could not swallow
Omeprazole	20mg tablet – one tablet daily	7-6 & 8-13	Could not swallow
Hydroxycholoroquine	200mg tablet – one tablet daily	7-8-13	Could not swallow
Synthroid	50mcg tablet – one tablet	7-8-13	Could not swallow
Vitamin D3	1000 units – one capsule twice daily	7-5 & 8-13	Could not swallow
Citracel + D	250/200mg tablet - one tablet daily	7-6,8 & 9-13	Could not swallow
Senior Multivitamin	One tablet daily	7-6,8 & 9-13	Could not swallow
Docusate Sodium	100mg capsule - daily	7-6 & 8-13	Could not swallow
Miralax	17 grams in 8 ounces of liquid daily	7-8-13	Could not swallow

Tenant #8's physician was not notified of Tenant #8's inability to swallow medications.

- Regulatory Insufficiency: When medications are administered traditionally by the program, the administration of medications shall be provided by a registered nurse, a licensed practical nurse or advanced registered nurse practitioner registered in Iowa

or by unlicensed personnel in accordance with requirements in 655-Chapter 6 governing nurse delegation. (IAC r. 481-67.5(6) a)

B. Staffing

During the onsite complaint investigation #41577-C & #41700-C of 4-16-13 the Program received a regulatory insufficiency for not completing nurse delegating training related to activities of daily living for staff #1, #4, #5, #6 and #7.

- Monitoring Observation: Staff #4 and #7 were no longer employed by the Program. Staff personnel files indicated the Program nurse completed nurse delegated training for Staff #1, #5 and #6. Staff #1 received nurse delegated training on 5-7-13, Staff #5 and #6 received nurse delegated training on 5-11-13.

- Regulatory Insufficiency: None noted.

C. Evaluation

During the onsite complaint investigation #41577-C & #41700 of 4-16-13 the Program received a regulatory insufficiency for not completing evaluations with a significant change in status for Tenants #4 and #8. On 4-3-13, Tenant #4's physician ordered wound care around the chest tube insertion site. Functional, cognitive and health evaluations were not completed with a change in status. Tenant #8's physician had ordered a UA and ATB therapy. Evaluations were not completed with a change in status.

- Monitoring Observation: Tenant #4, an 88 year old, was admitted to the program on 1-16-10 with diagnoses of: Stroke, Arthritis, Hypertension, and a History of Urinary Tract Infections. A SPMSQ was completed on 12-28-12 indicated intact intellectual function. Evaluations were updated on 5-9-13, which reflected wound care ordered by Tenant #4's physician.

  Tenant #8's file indicated functional, cognitive and health evaluations were completed on 4-30-13 and indicated Tenant #8 was independent with toileting, but did not reflect the possible UTI and subsequent ATB therapy of 4-10-13 through 4-18-13.

During the course of the investigation the following information was obtained.

- Monitoring Observation: Tenant #4's file indicated the in-dwelling chest tube was removed on 5-24-13. Dressing changes to be completed at the wound site for five to seven days and then discontinue. The Program did not update the functional, cognitive and health evaluations to reflect the removal of the chest tube and wound care for five to seven days.

  Tenant #10's evaluations of 4-22-13 indicated no difficulty in swallowing medications. MARs for 7-3-13 through 7-9-13 indicated Tenant #10 was unable to swallow medications prescribed by his/her physician. The inability to swallow medications represented a significant change in status. Functional, cognitive and health evaluations were not completed with a significant in condition.

- Regulatory Insufficiency: A program shall evaluate each tenant's functional, cognitive and health status within 30 days of occupancy. A program shall 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 with the tenant has not exhibited a significant change. (IAC r. 481-69.22(2))

D. Service Plans

During the course of the investigation, the following information was obtained.

- Monitoring Observation: Tenant #4's service plan of 5-9-13 indicated interventions related to the chest tube placement and care instructions with bathing. Tenant #4's physician removed the chest tube on 5-24-13 and gave instructions for wound care. The service plan of 5-9-13 was updated to reflect Tenant #4's current health status and wound care to where the chest tube had been placed.

  Tenant #8's functional and health evaluations of 4-30-13 indicated Tenant #8 was continent and independent with toileting. Functional and health evaluations of 6-26-13 indicated Tenant #8 returned to the Program after a hospitalization for a Cystocele, bladder ulceration, severe yeast infection and urinary retention after removal of an in-dwelling Foley catheter. A home health agency was assisting Tenant #8 with management of Cystocele until the ulcerated bladder was healed.

  The service plan of 4-30-13 indicated Tenant #8 was independent with toileting but needed assistance with Foley catheter assistance. The Program nurse updated the service plan on 6-26-13 and documented no changes in service provided. The service plan did not reflect the current status related to the removal of the in-dwelling Foley catheter, the yeast infection, urinary retention and home health management of a Cystocele and ulcerative bladder.

  Tenant #10's MARs for 7-3-13 through 7-9-13 indicated Tenant #10 was unable to swallow medications prescribed by his/her physician. A service plan of 4-22-13 indicated no additional interventions related to swallowing difficulties. The service plan of 4-22-13 was not reflective of Tenant #10's identified needs.

- Regulatory Insufficiency: The service plan shall be individualized and shall indicate, at a minimum: The tenant's identified needs and preferences for assistance. (IAC r. 481-69.26(4)(a))

E. Nurse Review

During the course of the onsite complaint investigation #41577-C & #41700 of 4-16-13 the Program received a regulatory insufficiency for not assessing Tenant #8's status related to a possible UTI and ATB therapy.

- Monitoring Observation: Tenant #8's file indicated the Program nurse completed a nurse review on 4-30-13 related to increased confusion, a possible UTI and subsequent ATB therapy.

During the course of the investigation, the following information was obtained.

- Monitoring Observation: Tenant #10's MARs for 7-3-13 through 7-9-13 indicated Tenant #10 was unable to swallow medications prescribed by his/her physician. The inability to swallow medications represented a significant change in status. The Program did not complete a nurse review related to Tenant #10's inability to swallow medications.

- Regulatory Insufficiency: 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 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 are administered consistent with such orders. (IAC r. 481-69.27(1))

F. Food Service

During the course of the onsite complaint investigation #41577-C & #41700 of 4-16-13 the Program a received regulatory insufficiency for not completing an annual in-service on food safety and sanitation for Staff #1 and #4.

- Monitoring Observation: Staff #4 was no longer employed by the Program. Staff #1 completed food safety and sanitation on 4-18-13.

- Regulatory Insufficiency: None noted.

G. Compliance with Plan of Correction

The Program submitted a Plan of Correction on 5-10-13 and indicated corrective action was taken to correct the regulatory insufficiencies cited from the onsite investigation of 4-16-13.

- Monitoring Observation: The onsite investigation concluded the Program did not comply with the POC submitted on 5-10-13. The Program did not administer medications as prescribed by a physician for Tenant #10. The Program did not complete evaluations with a significant change in status with Tenant #4 and #10. The Program did not complete a nurse review for Tenant #10 when an assessment was needed to determine if change in status existed.

- Regulatory Insufficiency: Within 10 working days following receipt of the preliminary report, the program shall submit a plan of correction to the department. (a) The plan of correction shall include: elements detailing how the program will correct each regulatory insufficiency, what measures will be taken to ensure the

problem does not recur, how the program plans to monitor performance to ensure compliance, and any other required information. (IAC r. 481-67.10(5)(a))