IOWA DEPARTMENT OF
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DEMAND LETTER
CERTIFIED

Complaint Intake #: 41577-CR3
41700-CR3

October 3, 2013

Ms. Kathy Roberts, Administrator
Country Haven Guest Homes, LTD
2490 Prairieview Avenue
Winterset, IA 50273

RE: I. FINAL COMPLAINT/INCIDENT THIRD REVISIT INVESTIGATION REPORT
II. Sanction – Conditional Operation
III. Conclusion

Dear Ms. Roberts:

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

Enclosed is the **Final Complaint/Incident Third 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 September 18, 2013. No Regulatory Insufficiencies were identified.

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.

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. The Program is no longer required to submit documentation of nurse reviews every month by RN.

III. Conclusion

The Program will remain under a Conditional Certificate, effective December 11, 2012. The previous sanction associated with the Conditional Certificate that remains in effect include: No new admissions.

DIA may revisit the Program to confirm compliance in fulfilling the POC's corrective measures.

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 Third Revisit Investigation Report

Assisted Living Program:

Kathy Roberts, Administrator
Country Haven Assisted Living
2490 Prairieview Ave.
Winterset, IA 50273

Complaint/Incident Intake#: 41577-CR3
41700-CR3

Date of Monitoring Visit:

September 18, 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 were provided by the Program at the time of the on-site.

General Population Program	
Number of tenants without cognitive disorder:	4
Number of tenants with cognitive disorder:	1
Total Population of Program at time of on-site	5
TOTAL census of Assisted Living Program	5

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. During the July 9, 2013 Second Complaint Revisit (41577-CR2, 41700-CR2), the program received regulatory insufficiencies in the areas of: Medications, Evaluation, Service Plan, Nurse Review and Plan of Correction.

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

A. Medications

During the second revisit of #41577-C and 41700-C on 7-9-13, the program received a regulatory insufficiency for not administering Tenant #10's medications in accordance with 655-Chapter 6 governing nurse delegation.

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.

A review of medication administration records of 9-1-13 through 9-18-13 indicated medications were administered and documented appropriately. A review of physician orders for the same period indicated no new or discontinued medications.

Regulatory Insufficiency: None noted.

B. Evaluations

During the second revisit of 41577-C and 41700-C on 7-9-13, the program received a regulatory insufficiency for not completing functional, cognitive and health evaluations with a change in condition for Tenants #4, #8 and #10. Tenant #4's chest tube was removed and evaluations were not completed. Tenant #8 had a suspected urinary tract infection (UTI) and subsequent antibiotic therapy (ATB) and evaluations were not completed. Tenant #10 experienced difficulties in swallowing medications and evaluations were not completed.

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 8-24-13 and 9-8-13 and indicated intact intellectual function. Functional and health evaluations were completed on 8-24-13 and 9-8-13 and indicated completion of ATB therapy without any adverse affects.

Tenant #8, an 89 year old, was admitted on 4-30-12 and had diagnoses of: Confusion, Bilateral Edema, Atrial Fibrillation, History of Urinary Tract Infections and a History of Falls. A Short Portable Mental Status Questionnaire (SPMSQ) was completed on 7-30-13, which indicated intact intellectual function. Functional and health evaluations were completed on 7-30-13 and indicated Tenant #8 had a history of UTI's with successful completion of ATB therapy. Records indicated no other change of condition.

Tenant #10's file indicated functional, cognitive and health evaluations were completed on 7-17-13 and reflected Tenant #10's inability to swallow medications. An order from Tenant #10's physician was given to crush medications where possible.

Nurse's notes of 8-19-13 indicated Tenant #10 was found on the floor next to his/her bed. A nurse review was completed and indicated no injuries resulted from this incident. On 8-27-13 indicated Tenant #10 had been found by staff sitting on the floor and a small spot was seen on Tenant #10's spine. Evaluations were completed on 8-28-13 and the service plan was updated and indicated a monitoring device would be used at night to monitor Tenant #10's safety.

Regulatory Insufficiency: None noted.

C. Service Plans

Monitoring Observation: During the second revisit of 41577-C and 41700-C on 7-9-13, the program received a regulatory insufficiency for not updating service plans for Tenants #4, #8 and #10.

Tenant #4's service plan was updated on 8-24-13 and established interventions related to a history of UTI's and ATB therapy and to monitor for changes.

Tenant #8's service plan was updated on 7-30-13 and established interventions related a history of UTI's and ATB therapy and home health to assist Tenant #8 with urinary bladder care and for staff to monitor for changes.

Tenant #10's service plan was updated on 7-17-13 and established interventions related to difficulty with swallowing medications, for staff to crush medications. The service plan was again updated on 9-6-13 and established interventions to use a monitoring device at night to monitor Tenant #10's safety.

Regulatory Insufficiency: None noted.

D. Nurse Review

During the second revisit of 41577-C and 41700-C on 7-9-13, the program received a regulatory insufficiency for not completing a nurse review when Tenant #10 had difficulty swallowing medications.

Monitoring Observation: Tenant #10's file indicated the program completed evaluations related to Tenant #10's difficulty in swallowing medications and updated the service plan accordingly. Nurse's notes of 8-19-13 and 8-27-13 indicated nurse review were completed related to suspected falls. The nurse review of 8-27-13 resulted in evaluations being completed and Tenant10's service plan being updated.

Regulatory Insufficiency: None noted.