IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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TERRY E. BRANSTAD
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KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

October 27, 2015

Ms. Victoria Huffman, Administrator
Emerson Point Affordable AL
1355 Shannon Drive
Iowa City, IA 52246

RE: Final Recertification Monitoring Evaluation Report – Emerson Point Affordable Assisted Living, Iowa City, IA

Dear Ms. Huffman:

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, following a survey by DIA on **October 19 & 20, 2015.** The Report notes a Regulatory Insufficiency in the area(s) of: Service Plans.

Each Regulatory Insufficiency requires that the Program submit a written Plan of Correction (POC).

In preparing the POC, please use the tenant identifiers from the Report, i.e. Tenant #1, when reference is made to specific tenants. If your response includes a specific tenant's assessment or service plan, it is the Program's responsibility to conceal the tenant's name in order to maintain the tenant's anonymity. Your response shall include the following:

1. Elements detailing how the Program will correct each regulatory insufficiency.
2. What measures will be taken to ensure the problem does not recur.
3. How the Program plans to monitor performance to ensure compliance.
4. The date by which the regulatory insufficiency will be corrected.

Please note that all regulatory insufficiencies must be **corrected within 30 days of the date of the exit conference**; however, there may be situations where the timeframe may be shortened or lengthened, at the discretion of the department.

The POC must be submitted/emailed to DIA to my attention within ten (10) working days of receipt of this letter. It may be necessary for DIA to revisit the Program to confirm progress in fulfilling the POC's corrective measures.

As provided by IAC rule 481-67.14, you are afforded one opportunity to refute cited regulatory insufficiencies through the informal conference process. A request for an informal conference or a contested case hearing must be made within 20 working days of the notice or service of this letter and the final report. Please refer to rule 67.14 for more information.

If you have any questions in regard to this report, please contact me at 515/281-7039 or **Rose.Boccella@dia.iowa.gov**

Sincerely,

Rose Boccella

Rose Boccella
Program Coordinator
Adult Services Bureau

Enclosure

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0181	A. BUILDING: _____ B. WING _____	10/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EMERSON POINT	1355 SHANNON DRIVE IOWA CITY, IA 52246

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	481-67 Initial Comments 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: 44 Number of tenants with cognitive disorder: 1 Total Population of Program at time of on-site: 45 TOTAL census of Assisted Living Program: 45 The following regulatory insufficiency was cited during the recertification visit conducted to determine compliance with certification for an Assisted Living Program:	A 000		
A 089	481-69.26(4)a Service Plans 481-69.26(231C) Service plans. 69.26(4) The service plan shall be individualized and shall indicate, at a minimum: a. The tenant ' s identified needs and preferences for assistance This REQUIREMENT is not met as evidenced by: Based on review of tenant files, staff interviews and review of Program documents the Program failed to develop service plans that were individualized and indicated at a minimum: the tenants' identified needs and preferences for assistance for four of five tenant files (Tenants #1, #2, #3 and #5). Four tenants did not have service plans that reflected the identified needs of the tenants.	A 089		

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A 089	Continued From page 1 1. Tenant #1, a 72 year old, was admitted on 2-9-13 and diagnoses included: congestive heart failure (CHF), diabetes mellitus type 2 and depressive disorder. According to Tenant #1's service plan, a nurse prefilled Tenant #1's medication planner every two weeks and Tenant #1 took the medications independently. Tenant #1 was also independent with insulin administration Staff assisted with applying Nystatin Powder, checking Tenant #1's blood sugars twice daily and assisted with checking Tenant #1's weight one time per day. According to a Home Health Certification and Plan of Care document, Tenant #1 had an order for Nitrostat 0 4 milligrams (mg) as needed sublingual (SL). Place one tablet under the tongue every five minutes up to three tablets for chest pain. If no relief after the third tablet then call 911. Tenant #1 also had an order for Tramadol HCL 50 mg tablet, may take two tablets every six to eight hours as needed. According to an interview with Nurse #2, Tenant #1 took Nitrostat independently and Tenant #1 stored the medication in Tenant #1's apartment. Tenant #1 also self-administered insulin and Tramadol as needed The service plan did not reflect Tenant #1 independently administered and stored Tramadol as needed and Nitrostat as needed. The service plan did not reflect the identified needs of Tenant #1. 2. Tenant #2, a 72 year old, was admitted on 9-29-14 and diagnoses included: bipolar disorder, anxiety and chronic pain.	A 089		

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A 089	Continued From page 2 According to Tenant #2's service plan, a nurse prefilled medications every one to weeks. Staff provided assistance with medications ordinarily self-administered one time daily and provided Tenant #2 with a prefilled medication slot for the day and observed Tenant #2 take a.m. medications. All medications and prefilled medication planners were stored in a locked medication cabinet in the kitchen. Tenant #2 had Nitroglycerin, which was stored and unlocked per Tenant #2's discretion for Tenant #2 to administer as needed. According to a Home Health Certification and Plan of Care document, Tenant #2 had orders for Docusate Sodium 100 mg, one capsule by mouth as needed two times daily for constipation and Acetaminophen 325 mg tablet, one to two tablets by mouth as needed every four to six hours for pain. According to an interview with Nurse #1, Docusate Sodium was set up in the medication planners twice daily every two weeks for Tenant #2 and Tenant #2 took the medication as needed. Acetaminophen was set up four times daily in the medication planner. The service plan did not reflect medication set up, storage and administration of as needed medication including Docusate Sodium and Acetaminophen. The service plan did not reflect the identified needs of Tenant #2. 3. Tenant #3, an 83 year old, was admitted on 6-24-11 and diagnoses included: muscle weakness and CHF. According to Tenant #3's service plan, staff assisted with Tenant #3's medication reminders	A 089		

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A 089	Continued From page 3 four times per day. Medications were locked in the cabinet in the kitchen. According to a Home Health Certification and Plan of Care document, Tenant #3 had an order for Nitroglycerin 0.4 mg tablet SL as needed for chest pain. Place one tablet under the tongue, wait five minutes, may repeat one tablet every five minutes for two more doses if chest pain was not resolved. Press emergency response pendant and request 911 be called when taking the third tablet. According to a Case Communication Report document, on 8-1-15 staff called the nurse and reported Tenant #3 complained of chest pain and Tenant #3 said it felt more like indigestion than heart pain. Tenant #3 did have Nitroglycerin and was advised to take it as directed. Tenant #3 self-administered a dose of Nitroglycerin. Staff was instructed to obtain vitals and report back to the nurse. Vitals were reported to the nurse and Tenant #3 continued to report chest pain but denied dyspnea, nausea or diaphoresis. The nurse instructed that Tenant #3 remain seated and take a second dose of Nitroglycerin, approximately five minutes after first dose. Staff called the nurse and reported Tenant #3 had taken three doses of Nitroglycerin without relief of chest pain. Tenant #3's family was present and planned to take Tenant #3 to an emergency room for evaluation. Tenant #3 was admitted to a hospital for observation of chest pain. A Case Communication Report document dated 8-2-15 indicated Tenant #3 would be discharged later that day and all tests ruled out an acute myocardial infarction or other cardiac event. According to an interview with Nurse #2, Tenant #3 took Nitroglycerin independently and carried it	A 089		

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A 089	Continued From page 4 with Tenant #3. The service plan did not reflect Tenant #3 independently administered and stored Nitroglycerin as needed. The service plan did not reflect the identified needs of Tenant #3. 4. Tenant #5, an 88 year old, was admitted on 12-19-14 and diagnoses included: osteoarthrosis, insomnia, constipation and esophageal reflux. Tenant #5 was staged at four on the Global Deterioration Scale, which indicated moderate cognitive decline. According to Tenant #5's service plan, a nurse set up medications in medication planners every two weeks and staff provided assistance with medications ordinarily self-administered two times daily Medications were locked in the medication cabinet in Tenant #5's apartment. Tenant #5 had access to as needed medications and self-administered eye drops. Staff assisted with checking Tenant #5's weight and pulse weekly. According to a Home Health Certification and Plan of Care document, Tenant #5 had an order for Nitroglycerin 0.4 mg tablet SL as needed, place one tablet under the tongue every five minutes for chest pain. If the pain was not relieved after the third dose, call 911. According to an interview with Nurse #2, Tenant #5 administered and stored Nitroglycerin independently. The service plan reflected Tenant #5 had access to as needed medications; however, the service plan did not reflect Tenant #5 stored and administered Nitroglycerin independently. The service plan did not reflect the identified needs of	A 089		

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A 089	Continued From page 5 Tenant #5. 5. According to the Program's policy and procedure regarding service plans, an individualized service plan would be developed for each tenant living at the Program. The individualized service plan would indicate at a minimum: a tenant's identified needs and requests for assistance.	A 089		

Emerson Point
Affordable Assisted Living

November 2, 2015

Re; Final Recertification Monitoring Evaluation Report- Emerson Point Affordable Assisted living, Iowa City

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

How the program will correct each regulatory insufficiency:

- The service plans for tenants 1, 2, 3 & 5 have been reviewed and updated to reflect all self administered PRN medications are identified.

Measures to ensure this does not recur:

- RN's at Emerson Point are educated to include each tenant's self administered PRN medications are identified on the ISPs.

How the program plans to monitor performances to ensure compliance:

- The program's RNs will be auditing tenant service plans for inclusion of self administered PRN medications.

Date of correction by month, date and year:

- November 19, 2015

Sincerely,
Victoria L Huffman
Administrator
Emerson Point

P.O. Box 1226 • Iowa City, Iowa 52244
(319) 466-0200 • (319) 337-2430 fax