IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

DEMAND LETTER

March 18, 2010

Janet Mau, Administrator
Petersen Commons Assisted Living
1607 W12th Street Office 2205
Davenport, IA 52804-4092

RE: I. Final Recertification Monitoring Evaluation Report, Petersen Commons Assisted Living, Davenport, IA
II. Civil Penalty
III. Appeals/Hearings
IV. Standard Certification
V. Conclusion

Dear Ms. Mau:

I. Final Recertification Monitoring Evaluation Report, Petersen Commons Assisted Living, Davenport, IA

Enclosed is the **Final Recertification Monitoring Evaluation Report** completed by the Department of Inspections and Appeals (DIA) in accordance with Iowa Code chapter 231C, 321 Iowa Administrative Code chapter 25 (pertaining to assisted living programs), and 321 Iowa Administrative Code chapter 26 (pertaining to monitoring, civil penalties, and complaints). The report notes Regulatory Insufficiencies in the areas of: Evaluation of Tenants, Service Plans, Medications, Nurse Review, Food Service, Staffing and Record Checks. Petersen Commons Assisted Living is being assessed a $500.00 civil penalty.

DIA is accepting the Plan of Correction (POC).

II. Civil Penalty

If, within thirty (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 penalty, the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 231C.14. If you do not wish to request a formal hearing or wish to withdraw your request for formal hearing, please send written notice to the Certification Coordinator and remit the penalty assessed by check or money order in the amount of three hundred twenty five dollars ($325.00) within 30 business days after the receipt of this demand letter. Please make sure to identify the program upon the check or money order.

III. Appeals/Hearings

The Program may appeal the DIA decision in accordance with 321 IAC rule 26.4 within 30 days of notice, by submitting a request for appeal to DIA. A contested case hearing will be held pursuant to 481 IAC chapter 10. If the Program appeals, 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. Standard Certification

Also enclosed you will find the Assisted Living Program Certificate # S0214 with effective dates of **July 8, 2009 through July 7, 2011**. This certificate must be posted in the building for public viewing.

V. Conclusion

The Program is being assessed a $500.00 civil penalty. The Plan of Correction has been accepted.

DIA may revisit the program to confirm compliance in fulfilling the POC's corrective measures. If the program wishes to appeal or request a hearing on the final findings, the program may do so within 30 days of this letter.

If you have any questions please contact your Certification Coordinator, Chris Nothaft, at 515-281-4116.

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:

Janet Mau, Administrator
Petersen Commons Assisted Living
1607 W12th Street Office 2205
Davenport, IA 52804-4092

Date of Monitoring Visit:

November 3 & 4, 2009

Monitor(s):

Stephanie Cummins, MA
Joyce Kix, 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 Petersen Commons Assisted Living on November 3 & 4, 2009. In preparing this report, the following information was considered:

Current Program Census:

General Population Program (GPP)* – Not applicable.

Dementia Specific Program (DSP)* – A program that is a Dementia Specific Program by definition but may have tenants without cognitive disorder.

Current number of tenants in a DSP that serves 5 or more tenants with dementia or cognitive disorder staged between 4 and 7 on the Global Deterioration Scale (GDS):	5
Current number of tenants without cognitive disorder:	37
Total Population:	42

***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 27 tenants and four tenant interviews were held. The tenants reported garbage was left out in the hall beyond the hours it was supposed to be picked up, the windows needed caulked as there was air and moisture coming in and some of the entrances were not functioning appropriately, as tenants were able to exit through the doors but were unable to enter. One tenant stated his/her dryer was not working appropriately. There were areas in the building where the walls were blemished and one tenant had concerns with mold. A tenant stated he/she did his/her own laundry because staff did not have time to complete all of the homemaking chores in the allotted time and another tenant stated his/her laundry was not completed appropriately. Tenants stated the sidewalks were not cleared from leaves and snow. Tenants liked the activities and reported enjoying Bingo and crafts. They wanted to know where the amenities package money went. Tenants reported staff responded to requests for assistance in approximately 5 to 20 minutes and medications were delivered on time. They were complimentary of the nurse. According to tenants, one staff was loud and inappropriate. The tenants stated they felt safe at the program. Some of the tenants did not feel they were getting what they were promised; however, they did not provide specifics. Tenants stated they were moved from the activity room to another location for a staff meeting twice a month. They stated they were generally satisfied living at the program and they would recommend the program to others. One tenant would not recommend the program to others until the food improves.

Program History – There have been no substantiated regulatory insufficiencies 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.

Monitoring Observation: Five tenant files were reviewed.

Tenant #1, 71 years old, was admitted on 2-2-06 and diagnoses include: Diabetes Mellitus Type II, Congestive Heart Failure (CHF), Cardiovascular Disease (CVD) and Colon Diverticulitis. According to an Incident Report dated 9-18-09, Staff #6 was serving supper in the dining room and Tenant #1 became "very irrate (sic)" over the ordering of the menus. Tenant #1 grabbed Staff #6 by her shirt, shook the staff and drew his/her fist back. Staff #6 called for the Administrator who separated the staff and tenant, served dinner in the staff's place and ensured tenants were not upset. According to a Corrective Action Record dated 9-18-09, Tenant #1 would not be allowed in the dining room until 9-22-09 and was to be taken to the doctor to have an assessment done to determine if medications needed to be changed. The tenant, family member and Administrator signed the form. Evaluations were not completed as needed with a change in condition.

Tenant #2, 72 years old, was admitted on 2-23-06 and diagnoses include: Chronic Obstructive Pulmonary Disease (COPD), Hypertension (HTN), Rheumatoid Arthritis, Sleep Apnea and Non - Insulin Dependent Diabetes Mellitus (NIDDM). The service plan was updated on 5-21-09 and reflected an outside service provider would assist the tenant with bathing two times per week. On 8-19-09, the service plan indicated the outside service provider would assist the tenant three times per week. The tenant had a managed risk document dated 5-21-09 that indicated the tenant would call staff to come up and open the doors when the tenant needed to get to the elevator. Evaluations were not completed as needed with a change in condition.

Tenant #3, 74 years old, was admitted 8-25-07 with diagnoses of CHF, HTN, Neuropathy, Non Hodgkin's Lymphoma, and Cerebrovascular Accident (CVA). The tenant returned from a hospital stay 10-1-09. A Daily Visit Report dated 10-19-09, documented the tenant's feet were swollen and it hurt when the tenant walked. A Nursing Visit report dated 10-20-09, documented the nurse evaluated the tenant and found bloody sputum. A Daily Visit Report dated 10-22-09, documented the staff cleansed a wound on the foot and applied triple antibiotic ointment. A Daily Visit Report dated 10-23-09 indicated the tenant had red swollen and weeping legs. A Nursing Visit report dated 10-23-09 indicated the tenant had bilateral 2+ edema in the bilateral lower legs with a weeping wound. A Medical Visit form dated 10-26-09 documented the tenant was admitted to the hospital because he/she was unable to care for his/her self in an assisted living setting. Evaluations were not completed as needed with a change in condition.

Tenant #4, 65 years old, was admitted on 3-15-06 with diagnoses of Diabetes, Neuropathy, HTN, Osteoarthritis, and Anemia. A Medical Visit Form dated 10-14-09 contained physician's orders for the tenant to be weight bearing on the left lower leg and to restart physical therapy. A Nursing Visit Report dated 10-6-09 indicated the tenant experienced low blood sugar and needed assistance to ambulate. A narrative dated 11-3-09 documented the tenant again experienced a low blood sugar reaction. Staff #4 stated

the tenant takes his/her own blood sugars, reports to staff and staff document the blood sugars. Evaluations were not completed as needed with a change in condition.

- Regulatory Insufficiency: The program did not evaluate each tenant's functional, cognitive and health status as needed to determine the tenant's continued eligibility for the program and to determine any modifications to services needed. (IAC r. 25.23 (2)).

B. Service Plan – Program has an individualized service plan developed and updated for each tenant as required.

Monitoring Observation: Five tenant files were reviewed.

Tenant #1's file was reviewed. According to an Incident Report dated 9-18-09, Staff #6 was serving supper in the dining room and Tenant #1 became "very irrate (sic)" over the ordering of the menus. Tenant #1 grabbed Staff #6 by her shirt, shook the staff and drew his/her fist back. Staff #6 called for the Administrator, according to the report. The Administrator indicated on the Incident Report, she separated the staff and tenant, served dinner in the staff's place and ensured tenants were not upset. According to a Corrective Action Record dated 9-18-09, Tenant #1 was not allowed in the dining room until 9-22-09 and was to be taken to the doctor as soon as possible to have an assessment done to determine if the tenant's medications needed to be changed. The tenant, family member and Administrator signed the form. The tenant' service plan was not updated, as needed, and did not reflect the tenant's behaviors and the interventions.

Tenant #2's file was reviewed. On 8-19-09, the service plan indicated an outside service provider would assist the tenant three times per week. The service plan was updated with changes; however, was not signed by the nurse, two staff and the tenant with changes.

Tenant #3, returned from a hospital stay on 10-1-09. A Daily Visit Report dated 10-19-09 documented the tenant's feet were swollen and it hurt to walk. A Nursing Visit Report dated 10-20-09 documented the nurse evaluated the tenant and found bloody sputum. A Daily Visit Report dated 10-22-09 documented the staff cleansed a wound on the tenant's foot and applied triple antibiotic ointment. A Daily Visit Report dated 10-23-09 indicated the tenant had red swollen weeping legs. A Nursing Visit Report, dated 10-23-09, indicated the tenant's bilateral lower legs had +2 edema with weeping wounds. A Medical Visit form dated 10-26-09 documented the tenant was admitted to the hospital because he/she was unable to care for his/her self in an assisted living setting. The service plan was not updated as needed and did not reflect the identified needs of the tenant.

Tenant #4's file was reviewed. A Medical Visit Form dated 10-14-09 contained physician's orders for the tenant to be weight bearing on the left lower leg, as tolerated, and to restart physical therapy. A Nursing Visit Report dated 10-6-09 indicated the tenant experienced a low blood sugar and needed assistance to ambulate. A narrative dated 11-3-09 documented the tenant again experienced a low blood sugar reaction. Staff #4 stated the tenant takes his/her own blood sugars, reports to staff and staff document the blood sugars. The tenant's service plan stated the tenant would continue to do blood glucose checks and administer insulin independently. The service plan was not updated as needed and did not reflect the needs of the tenant.

- Regulatory Insufficiency: The program did not update each tenant's service plan as needed when a tenant needs personal or health related care by a multidisciplinary team that consists of no fewer than three individuals, including a health care professional and other staff appropriate to meet the needs of the tenant, in consultation with the tenant and, at the tenant's request, with other individuals identified by the tenant, and, if applicable, with the tenant's legal representative. (IAC r. 25.28(3)).

- Regulatory Insufficiency: The program did not develop service plans that were individualized and indicate a minimum: The tenant's identified needs and the tenant's requests for assistance and expected outcomes and the service provider(s) if other than the program. (IAC r. 25.28(4) a,c).

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: According to a Corrective Action Record dated 10-28-09 in regard to Staff # 6, a Tenant #4 requested an as needed (PRN) medication and did not receive the medication until two hours after requested. According to a tenant interview, the tenant requested a pain pill and waited for four hours.

A review of Tenant #3's MARs indicated Albuterol 0.083 was administered from 10-13-09 through 10-26-09, following the tenant's hospitalization. The physician's order dated 10-12-09 ordered Albuterol 12.5 mg every six hours.

Medication Error Incident Reports and Incident Reports for the past three months were reviewed. From 10-5-09 through 10-28-09 there were six medication errors including: missed doses and wrong doses that were given.

The table below represents medications or treatments not administered or not documented as administered.

Tenant #3	Benzonatate, 100 mg capsule, by mouth three times per day for 7 days.	On 10-5-09 at 12:00 the medication was not administered or not documented as administered.
Tenant #3	Robitussin AC Syrup, 5 ml, by mouth three times per day.	On 10-5-09 at 1200 the medication was not administered or not documented as administered.
Tenant #3	Magnesium Oxide, 400 mg tablet, 2 tablets by mouth three times per day.	On 10-19-09 at 2000 and on 10-25-09 at 2000 the medication was not administered or not documented as

		administered.
Tenant #3	Qvar, 80 MCG, inhale 2 puffs by mouth three times per day.	On 10-22-09 at 1200 the medication was not administered or not documented as administered.
Tenant #3	Oxygen, 2L/Min, per nasal cannula, at bedtime.	On 10-15-09 at 2100 the treatment was not completed or not documented as completed.
Tenant #3	Simvastatin, 40 mg tablet, 1 tablet at bedtime daily.	On 10-15-09 at 2000 the medication was not administered or not documented as administered.
Tenant #3	Zolpidem Tartrate, 5 mg, take 1 tablet by mouth at bedtime.	On 10-9-09 at 2100 and on 10-15-09 at 2100 the medication was not administered or not documented as administered.
Tenant #3	Albuterol Nebulizer, every 6 hours.	On 10-22-09 at 1400 the medication was not administered or not documented as administered.

- Regulatory Insufficiency: The program did not provide the administration of medications 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 and in executing the medication regimen as prescribed by the physician, the registered nurse shall exercise professional judgment in accordance with minimum standards of nursing practice as defined in these rules. (IAC r. 321-25.29(a); IAC r. 655-6.2(5)(e)) (implementing Iowa Code chapter 152).

D. Nurse Review - Program provides a registered nurse to ensure the appropriate administration and documentation of medications, ensure that physician orders are current, and assess and document the tenants' health related activities.

Monitoring Observation: Five tenant files were reviewed.

Tenant #1's file was reviewed. According to an Incident Report dated 9-18-09, Staff #6 was serving supper in the dining room and Tenant #1 became "very irrate (sic)" over the ordering of the menus. Tenant #1 grabbed Staff #6 by her shirt, shook the staff and drew his/her fist back. Staff #6 called for the Administrator, according to the report. The Administrator indicated on the Incident Report, she separated the staff and tenant, served dinner in the staff's place and ensured tenants were not upset. According to a Corrective Action Record dated 9-18-09, Tenant #1 was not allowed in the dining room until 9-22-

09 and was to be taken to the doctor as soon as possible to have an assessment done to determine if the tenant's medications needed to be changed. The tenant, family member and Administrator signed the form. Nurse review was not completed as needed. A 90 day medication review was not found.

Tenant #2's file was reviewed. The tenant had a managed risk document dated 5-21-09 that indicated the tenant would call staff to come and open the doors when the tenant needed to get to the elevator. The managed risk document was not on the service plan. The service plan was updated on 5-21-09 and reflected an outside service provider would assist the tenant with bathing two times per week. On 8-19-09, the service plan indicated the outside service provider would assist the tenant three times per week. Nurse review was not completed as needed. According to Daily Visit Report sheets and the tenant service plan, staff assisted the tenant daily with a suppository. A medication review was not completed every 90 days.

Tenant #3 returned from a hospital stay on 10-1-09. A Daily Visit Report dated 10-19-09, documented the tenant's feet were swollen and it hurt when the tenant walked. A Nursing Visit report dated 10-20-09, documented the nurse evaluated the tenant and found bloody sputum. A Daily Visit Report dated 10-22-09, documented the staff cleansed a wound on the foot and applied triple antibiotic ointment. A Daily Visit Report dated 10-23-09 indicated the tenant had red swollen and weeping legs. A Nursing Visit report dated 10-23-09 indicated the tenant had bilateral 2+ edema in the bilateral lower legs with a weeping wound. A Medical Visit form dated 10-26-09 documented the tenant was admitted to the hospital because he/she was unable to care for his/her self in an assisted living setting. Nurse review was not completed as needed. A 90 day medication review was not completed every 90 days.

Tenant #4's file was reviewed. A Medical Visit Form dated 10-14-09 contained physician's orders for the tenant to be weight bearing on the left lower leg and to restart physical therapy. A Nursing Visit Report dated 10-6-09 indicated the tenant experienced low blood sugar and needed assistance to ambulate. A narrative dated 11-3-09 documented the tenant again experienced a low blood sugar reaction. Staff #4 stated the tenant takes his/her own blood sugars, reports to staff and staff document the blood sugars. Nurse review was not completed as needed.

- Regulatory Insufficiency: The program did not monitor at least every 90 days, or after a change in condition, each tenant receiving program-administered prescription medications for adverse reactions to program-administered medications and make appropriate interventions or referral and ensure that the prescription medication orders are current and that the prescription medications are administered consistent with such orders. (IAC r. 25.30(1)).

- Regulatory Insufficiency: The program did not assess and document the health status of each tenant, making recommendations and referrals as appropriate and monitor progress on previous recommendations at least every 90 days or if there are changes in the health status. (IAC r. 25. 30(3)).

E. 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: Six staff files were reviewed. Staff #2, #3 and #4 did not have an orientation on safe food handling prior to handling food.

- Regulatory Insufficiency: The program did not provide for personnel who are employed by or contracting with the program and who are responsible for preparing or serving food, or both preparing and serving food, an orientation on sanitation and safe food handling prior to handling food. (IAC r. 25.32(5)).

F. 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: Six staff files were reviewed. Staff #1, #2 #3, #4, #5 and #6 did not have documented nurse delegation regarding Activities of Daily Living (ADLs). Staff #1, #4 and #6 did not have documented nurse delegation regarding medication administration. Staff #4 had documented medication training on 9-20-09 and Staff #2 had medication administration training on 11-3-09, the first day of the recertification visit. Blood sugars were delegated for Staff #4 and #5 on 11-3-09, the first day of the recertification visit. Medications, treatments, and ADLs were not delegated for all staff. Staff #6 was re-educated verbally on medication administration, according to the nurse; however, this was not documented.

A community meeting with 27 tenants and five tenant interviews were held. The tenants reported one staff was loud and inappropriate. A Corrective Action Form dated 10-28-09 for Staff #6 documented multiple tenants complained of fear of retaliation. Staff #6 refused to sign the form.

According to an Incident Report dated 9-18-09, Staff #6 was serving supper in the dining room and Tenant #1 became "very irrate (sic)" over the ordering of the menus. Tenant #1 grabbed Staff #6 by her shirt, shook the staff and drew his/her fist back. Staff #6 called for the Administrator, according to the report. The Administrator indicated on the Incident Report, she separated staff and the tenant, served dinner in the staff's place and ensured tenants were not upset.

According to a Corrective Action Record dated 9-18-09, Tenant #1 was not allowed in the dining room until 9-22-09 and was to be taken to the doctor as soon as possible to have an assessment completed to determine if the tenant's medications needed to be changed. The tenant, family member and Administrator signed the form.

According to a Corrective Action Record dated 9-24-09, Staff #6 did not obey a direct order to calm down and then go to the office. Staff #6 provided comments on the form that indicated she was being assaulted by Tenant #1 and was upset and did not obey orders the first time they were given. She stated she was very shaky and upset and the Administrator had to ask twice for her to go the office. Staff #6 refused to sign the form.

- Regulatory Insufficiency: The program did not provide sufficient trained staff available at all times to fully meet tenant's identified needs. (IAC r. 25.33(1)).

Monitoring Observation: The MARs for Tenant #6 were reviewed. A monitor observed spaces on the MAR that were obliterated with white out. According to an interview with the nurse, there were three tenants for which the MARs had been marked with white out. The nurse explained she had marked the wrong days for the medication and the previous nurse had told her she could mark the MARs with white out. The legal document of the MARs was inappropriately altered.

- Regulatory Insufficiency: The program did not provide nursing services in accordance with Iowa Code chapter 152 and 655-Chapter 6. (IAC r. 25.33(6)).

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

Monitoring Observation: Six staff files were reviewed. Staff #4 was hired on 11-17-08. Criminal history and abuse checks were completed on 11-10-08 and identified a possible hit in regard to the criminal background. On 11-12-08, the Iowa Record Check Request was returned with the record attached. A Department of Human Services evaluation was not completed prior to hire.

- Regulatory Insufficiency: The program did not request an evaluation be completed by the Department of Human Services when it was found a person had committed a crime before the person was hired. (Iowa Code 135C.33(2-4)).

Dated this 18th day of March, 2010.