IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

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LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

DEMAND LETTER
CERTIFIED

September 12, 2011

Anita Zemba-Schadt, Director
Petersen Commons Assisted Living
1607 West 12th Street
Davenport, IA 52804

RE: I. Final Recertification Monitoring Evaluation Report
II. Civil Penalty
III. Appeals/Hearings
IV. Standard Certification
V. Conclusion

Dear Ms. Schadt:

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 and Iowa Administrative Code (IAC) chapter 481—67 and 481—69. The Report notes the Regulatory Insufficiencies in the area(s) of: Evaluation of Tenant, Service Plan, Medications and Nurse Review. Petersen Commons Assisted Living("Program") is being assessed a $1,000 civil penalty pursuant to Iowa Code section 231C.14 and 481 IAC 67.12(3)(a).

DIA is accepting the Plan of Correction (POC) following the Program's submission of information.

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 in accordance with IAC 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 cover letter to the attention of **Jim Berkley** and remit the penalty assessed by check or money order in the amount of six hundred fifty dollars ($650) within 30 business days after the receipt of this demand letter.

III. Appeals/Hearings

The Program may appeal the DIA decision in accordance with IAC rule 481—67.13 within 30 days of this notice, by submitting a request for appeal to DIA. A contested case hearing will be held pursuant to IAC chapter 481—10. If the Program appeals, the civil penalty will be suspended, pending the appeal process. If the Program does not appeal, the fine is due within 30 days of notice.

IV. Standard Certification

Enclosed you will find the Assisted Living Program Certificate **S0214** with effective dates of **July 8, 2011** through **July 7, 2013**.

V. Conclusion

The Program is being assessed a $1,000 civil penalty pursuant to Iowa Code section 231C.11 and 481 IAC 67.12(3)(a). The POC submitted on July 19, 2011, has been reviewed and will constitute the final POC related to the on-site visit of June 22, 2011.

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 in regard to this letter and report, please contact your Program Coordinator, Jim Berkley, 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:

Anita Zemba-Schadt, Director
Petersen Commons Assisted Living
1607 West 12th Street
Davenport, IA 52804

Date of Monitoring Visit:

June 22, 2011

Monitor(s):

Stephanie Cummins, MA
Margaret Kaltefleiter, RN MS

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. IAC r. 481-67.10(5). 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 481 IAC chapter 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 or serves 55 or more tenants and 10 percent or more of the tenants have dementia between Stages 4 and 7 on the Global Deterioration Scale or holds itself out as providing specialized care for persons with dementia, such as Alzheimer's disease, in a dedicated setting.

Overview:

An on-site monitoring evaluation was conducted at Petersen Commons Assisted Living on June 22, 2011. 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 fewer than 55 tenants and has 5 or more tenants who have dementia between Stages 4 and 7 on the Global Deterioration Scale (GDS):	5
Current number of tenants without cognitive disorder:	42
Total Population:	47

***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 was held with 18 tenants. They reported housekeeping services were completed to their satisfaction. The tenants were concerned with staff turnover. They reported some staff knew what services to provide and other staff did not know what to provide. The tenants stated there had been some mistakes with medications; however, no specifics were provided. The tenants requested an improved variety of foods and second portions if needed. The cold foods were served cold and sometimes the hot foods were served hot. It was requested that soup be provided with cold sandwiches instead of another cold food item. There were enough activities offered; however, they requested an improved variety of activities. Bingo was the favorite activity offered. No suggestions were offered regarding activities. The tenants reported tenant council meetings stopped months ago. Administrative staff members stated the tenants chose to stop the tenant council meetings. The tenants did not feel their concerns were listened to; however, they did not provide any examples of lack of a response to concerns.

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

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

A. Evaluation of Tenant

Monitoring Observation: Five tenant files were reviewed.

Tenant #1 (the Tenant), an 88 year old, was admitted on 4-15-11 and diagnoses include: Hypertension (HTN), Dementia and Insomnia. The Tenant scored eight on the Mini Mental Status Examination (MMSE), which indicated further evaluation may be indicated.

A Global Deterioration Scale (GDS) was completed prior to taking occupancy; however, it was not completed at subsequent intervals after the first scored cognitive tool indicated the GDS needed to be completed.

Tenant #2 (the Tenant), an 87 year old, admitted on 3-15-11 and diagnoses include: HTN, Gastro Esophageal Reflux Disease, Osteoporosis, Urinary Incontinence, Macular Degeneration, Detached Retina and Cataract Surgery. The Tenant scored a 15 on the MMSE, which indicated further evaluation may be indicated. A GDS was not completed after the first scored cognitive tool indicated the GDS needed to be completed.

- Regulatory Insufficiency: A program shall evaluate each prospective tenant's functional, cognitive and health status prior to the tenant's signing the occupancy agreement and taking occupancy of a dwelling unit in order to determine the tenant's eligibility for the program, including whether the services needed are available. The cognitive evaluation shall utilize a scored, objective tool. When the score from the cognitive evaluation indicates moderate cognitive decline and risk, the Global Deterioration Scale shall be used at all subsequent intervals, if applicable. If the tenant subsequently returns to the tenant's mildly cognitively impaired state, the program may discontinue the GDS and revert to a scored cognitive screening tool. The evaluation shall be conducted by a health care professional or human service professional. (IAC r. 481-69.22(1))

B. Service Plan

Monitoring Observation: Five tenant files were reviewed.

Tenant #1's file was reviewed. A service plan was not developed prior to taking occupancy.

Tenant #2's file was reviewed. A service plan was not developed prior to taking occupancy.

- Regulatory Insufficiency: Prior to the tenant's signing the occupancy agreement and taking occupancy of a dwelling unit, a preliminary service plan shall be developed by a health care professional or human service professional 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. All persons who develop the plan and the tenant or the tenant's legal representative shall sign the plan. (IAC r. 481-69.26(2))

C. Medications

Monitoring Observation: Staff Member #1 administered medications to six tenants during a medication pass and she washed her hands prior to starting the medication pass. Staff Member #1 did not sanitize or wash her hands between any of the six tenants that had medications administered. Appropriate sanitation protocol was not observed during the medication pass.

- Regulatory Insufficiency: When medications are administered traditionally by the program: The administration of medications shall be provided by a registered nurse, licensed practical nurse or advanced registered nurse practitioner registered in Iowa or by unlicensed assistive personnel in accordance with requirements in 655-Chapter 6 governing nurse delegation. (IAC r. 481-67.5(6)(a))

D. Nurse Review

Monitoring Observation: Five tenant files were reviewed.

Tenant #1's (the Tenant) file was reviewed. The service plan was updated and reflected evening assistance with dressing for bed and a protective undergarment change and to check the Tenant's blood pressure and weight one time weekly. Nurse reviews were not completed to add the changes to the service plan. Nurse reviews were not completed as needed.

Tenant #2's (the Tenant) file was reviewed. The Tenant was hospitalized with chest pain, according to hospital discharge records. There was no documentation in the notes regarding the Tenant's hospitalization. A nurse review was not completed related to the hospitalization and return from the hospital. Nurse reviews were not completed as needed.

Tenant #3 (the Tenant), a 76 year old, was admitted on 10-13-10 and diagnoses include: Diabetes, Arthritis, Asthma, Sciatica and Cerebral Vascular Accident (CVA) April 2011. The service plan was updated and reflected changes with the frequency of blood sugar checks and the discontinuation of the 12:00 p.m. and 5:00 p.m. medication times. Nurse reviews were not completed to add the changes to the service plan. The Tenant had a CVA in April 2011 and was hospitalized, according to hospital discharge records. A nurse review was not completed when the Tenant was sent to the hospital. Nurse reviews were not completed as needed.

Tenant #4 (the Tenant), an 82 year old, was admitted 2-19-11 and diagnoses include: Diabetes, CVA, Residual Left Arm/Hand Weakness, HTN and Dizziness. According to an Incident Report, the Tenant had a fall with no injury on 6-9-11. A nurse review was not completed related to the fall. A nurse review was not completed as needed.

Tenant #5 (the Tenant), a 91 year old, was admitted on 1-16-11 and diagnoses include: HTN, High Cholesterol, Recurrent Urinary Tract Infection, Myocardial Infarction, Atrial Fibrillation, Left Ventricle Hypertrophy, CVA, Chronic Stasis Dermatitis Bilateral Lower Extremities and Hypothyroidism. The service plan was updated and reflected anti-embolism hose to be put on in the morning and removed at bedtime Monday, Wednesday and Friday. The service plan also reflected 10 minute Physical Therapy walks up the hallway three times a week was discontinued. Nurse reviews were not completed related to the changes to the service plan. According to an Incident Report, the tenant had a fall with no injury on 6-15-11. A nurse review was not completed related to fall. Nurse reviews were not completed as needed.

- Regulatory Insufficiency: If a tenant does not receive personal or health related care, but an observed significant change in the tenant's condition occurs, a nurse review shall be conducted. 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: To assess and document the health status of each tenant, to make recommendations and referrals as appropriate, and to monitor progress relating to previous recommendations at least every 90 days and whenever there are changes in the tenant's health status. (IAC r. 481-69.27(3))

Dated this 25th day of July, 2011.