IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
Lucas State Office Building
321 East 12th Street
Des Moines, IA 50319-0083
(515) 281-4115 Phone
(515) 242-5022 Fax

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

**DEMAND LETTER**
**Complaint Intake #: 55962-C**

December 15, 2015

Ms. Kymberly Stevenson, Administrator
Walden Point Assisted Living
1200 4th Street
Des Moines, IA 50314

**RE: I. NOTICE OF IMPOSITION OF CIVIL PENALTY – FINAL COMPLAINT/INCIDENT INVESTIGATION REPORT - WALDEN POINT ASSISTED LIVING**
**II. Reduction of Civil Penalty**
**III. Informal Conference**
**IV. Conclusion**

Dear Ms. Stevenson:

**I. Final Complaint/Incident Investigation Report – Walden Point Assisted Living, Des Moines, IA**

Enclosed is the **Final Complaint/Incident Investigation Report ("Report")** issued 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 **December 7 & 8, 2015.** Based on interview, policy review, observation of medication passes, and review of tenant files for four hospitalized tenants the following was noted:

1. Allegation – Medications-It was alleged medications were not administered properly resulting in a tenant being hospitalized. It was alleged medications were left out on the counter for a tenant to take later, and when taken later the morning medications were taken at the same time as the noon medications.
   Findings – Not substantiated
   Comments – The Program's medication policy was reviewed and tenants were to be observed taking medications. During medication passes, tenants were observed to take the medication by staff. No medications were observed to be left out from the morning. Four tenant files were reviewed for

tenants who had been hospitalized. The files had no documentation to suggest medications were not given appropriately which resulted in hospitalization.

The Report notes Regulatory Insufficiencies in the area(s) of: Nurse Review.

**Walden Point Assisted Living** ("Program") is being assessed a **$500 civil penalty** pursuant to Iowa Code section 231C.14(1)(b) and 481 IAC 67.17(1)(b).

Pursuant to Iowa Code section 231C.14(1)(b) and 481 IAC rule 67.17(1)(b), 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 $5,000.

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.

The factors to be considered in determining the amount of a civil penalty are contained within rule 481 IAC 67.17(3) 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 a Regulatory Insufficiency in the area of Nurse Review during the recertification survey conducted January 27, 2015.

The determination of a **$500 civil penalty** is based upon repeated in the area(s) of: Nurse Review. As the enclosed Report details, the Program received a regulatory insufficiency in the area of Nurse Review during the course of the investigation of the complaint.

**II. Reduction of Civil Penalty**

If, within 30 days of the notice or service 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 481–67.17(5). 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 **three hundred twenty five dollars ($325)** within 30 days after the notice or service of this demand letter.

**III. Informal Conference**

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 must be made within 20 working days of the notice or service of this letter and the final report.

**IV. Conclusion**

The Program is being assessed a **$500 civil penalty** pursuant to Iowa Code section 231C.14(1)(b) and 481 IAC 67.17(1)(b).

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 as provided in IAC rule 481-67.14.

If you have any questions in regard to this letter and enclosed Report, please contact your Program Coordinator, Rose Boccella, at 515/281-7039 or **Rose.Boccella@dia.iowa.gov**.

Sincerely,

*Jim Friberg*

Jim Friberg, Bureau Chief
Adult Services Bureau

Enclosure

cc: Jean Herrity, Legal Assistant
Disability Rights Iowa

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 |
|---|---|---|---|
| | S0240 | A. BUILDING: _____ B. WING _____ | C 12/08/2015 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| WALDEN POINT | 1200 FOURTH STREET DES MOINES, IA 50314 |

| (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<br><br>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.<br><br>General Population Program<br><br>Number of tenants without cognitive disorder: 48<br>Number of tenants with cognitive disorder: 0<br>Total Population of Program at time of on-site: 48<br><br>TOTAL census of Assisted Living Program: 48<br><br>No regulatory insufficiencies were cited related to Complaint #55962-C; however, during the course of the investigation, the following regulatory insufficiency was cited: | A 000 | | |
| A 096 | 481-69.27(3) Nurse Review<br><br>481-69.27(231C) Nurse review. 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:<br>69.27(3) 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<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on interview and a review of hospitalized | A 096 | | |

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 |
|---|---|---|---|
| | S0240 | A. BUILDING: _____ B. WING _____ | C 12/08/2015 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| WALDEN POINT | 1200 FOURTH STREET DES MOINES, IA 50314 |

| (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 096 | Continued From page 1<br>tenant's files, the following was noted: Four tenant files were reviewed; one of the four tenants did not return to the Program post-hospitalization.<br><br>1. Tenant #1, an 89 year-old, was admitted on 11-24-07 and had diagnoses of: atrial fibrillation, hypertension, chronic kidney disease, diabetic neuropathy, and esophageal reflux. Tenant #1 had a colostomy.<br><br>Clinical notes dated 10-24-15 documented Tenant #1 was taken to the hospital for not feeling well. Notes dated 10-26-15 documented Tenant #1 was admitted for a low sodium level and returned to the Program. The tenant file contained hospital discharge documentation dated 10-30-15 which documented Tenant #1 had an acute kidney injury, chronic diarrhea, high potassium level, and renal failure.<br><br>The tenant file lacked documentation of the completion of a nurse review to assess and document the health status of Tenant #1 with a change of condition.<br><br>2. Tenant #4, an 81 year-old, was admitted on 3-6-10 and had diagnoses of: diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation, and congestive heart failure.<br><br>Clinical notes dated 10-22-15 documented Tenant #4 was short of breath. Tenant #4 was admitted to the hospital for an exacerbation of the COPD. Notes dated 10-29-15 documented Tenant #4 returned to the Program.<br><br>The tenant file lacked documentation of the completion of a nurse review to assess and | A 096 | | |

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 |
|---|---|---|---|
| | S0240 | A. BUILDING: _____ B. WING _____ | C 12/08/2015 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| WALDEN POINT | 1200 FOURTH STREET DES MOINES, IA 50314 |

| (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 096 | Continued From page 2<br>document the health status of Tenant #4 with a change of condition.<br><br>The registered nurse stated at exit she was unable to locate nurse reviews for these tenants. | A 096 | | |

Walden Point

December 21, 2015

Department of Inspections and Appeals
Attn: Jim Friberg
Lucas State Office Building
321 East 12th Street
Des Moines, Iowa 50319

Dear Mr. Friberg:

On behalf of Walden Point Assisted Living in Des Moines, I respectfully submit our Plan of Correction for your approval. Our response is specific to the Complaint/Incident Investigation Report for the onsite visit on December 7 and 8, 2015. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of insufficiencies. The plan of correction is prepared and/or executed solely because it is required by the provision of state law.

**Nurse Review**

1. Elements detailing how the Program will correct each regulatory insufficiency.
   - The RN will complete a nurse review for Tenant #1.
   - The RN will complete a nurse review for Tenant #4
2. What measures will be taken to ensure the problem does not recur.
   - The RN will be re-educated on regulatory requirements for completing a nurse review. This training will include review of processes to monitor for potential changes in condition and when to complete a nurse review.
3. How the Program plans to monitor performance to ensure compliance.
   - The RN or designee will monitor for compliance at least two times per year to ensure compliance.

4. The date by which the regulatory insufficiency will be corrected.
   - This regulatory insufficiency will be corrected by January 15, 2016.

If you have any questions regarding this plan of correction, please feel free to contact me at 515-288-9985. Thank you.

Sincerely,

Kymberly Stevenson
Administrator

1200 Fourth Street
Des Moines, IA 50314