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

February 6, 2015

Ms. Christine Vasquez, Administrator
Walden Point
1200 Fourth Street
Des Moines, IA 50314

RE: Final Recertification Monitoring Evaluation Report – Walden Point, Des Moines, IA

Dear Ms. Vasquez:

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 **January 26 & 27, 2015.** The Report notes Regulatory Insufficiencies in the area(s) of: Dependent Adult Abuse Training, Service Plans and Nurse Review.

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 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.

The review of the recertification documents you submitted has been completed and the documents are accepted. In addition, the State Fire Marshal's (SFM) inspection report has been received as well as the Facility Engineer's approval of the Evacuation Plans for your program.

Also enclosed you will find the Assisted Living Program Certificate **S0240** with effective dates of **July 27, 2014** through **July 26, 2016**.

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
	S0240	A. BUILDING. _____ B. WING _____	01/27/2015

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 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. Number of tenants without cognitive disorder: 47 Number of tenants with cognitive disorder: 0 Total Population of Program at time of on-site: 47 TOTAL census of Assisted Living Program: 47 The following insufficiencies were cited during the recertification conducted to determine compliance with certification for an Assisted Living Program: Iowa Code 235B.16(5)(b) A person required to report cases of dependent adult abuse pursuant to sections 235B.3 and 235E.2, other than a physician whose professional practice does not regularly involve providing primary health care to adults, shall complete two hours of training relating to the identification and reporting of dependent adult abuse within six months of initial employment or self-employment which involves the examination, attending, counseling, or treatment of adults on a regular basis. Within one month of initial employment or self-employment, the person shall obtain a statement of the abuse reporting requriements from the person's employer or; if self-employed, from the department. The person shall complete at least two hours of additional dependent adult abuse identification and reporting training every five years. Based on interview and record review the Program failed to ensure all direct care staff had two hours of Mandatory Dependent Adult Abuse	A 000		

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A 000	Continued From page 1 Reporting within six months of employment as required by Iowa Code 235 B.16 (5) (b). Four staff files were reviewed. Record review of staff files on 1/26/15 revealed: 1. Staff A completed a 3 hour combined course in Child & Dependent Adult Abuse on 10/26/11. 2. Staff B completed a 2.5 hour combined course in Child & Dependent Adult Abuse on 1/7/13. Therefore, neither Staff A or Staff B completed a 2 hour Dependent Adult Abuse training course. 3. Staff C's contained no evidence of completion of Dependent Adult Abuse Training. When interviewed on 1/26/15 at 2:15 p.m., the Registered Nurse (RN) confirmed Staff C's employee file did not contain record of the training and she had been employed since 6/17/14. During an interview on 1/26/15 at 2:27 p.m., Staff C confirmed she had been employed by the Program since June 2014 but had not completed a Dependent Adult Abuse Training course.	A 000		
A 083	481-69.26(1) Service Plans 481-69.26(231C) Service plans. 69.26(1) A service plan shall be developed for each tenant based on the evaluations conducted in accordance with subrules 69.22(1) and 69.22(2) and shall be designed to meet the specific service needs of the individual tenant. The service plan shall subsequently be updated at least annually and whenever changes are needed.	A 083		

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A 083	Continued From page 2 This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to ensure service plans were updated when personal and health care changes occurred and failed to ensure service plans met the needs of individual tenants. Service plans were not based on evaluations. Six tenant files were reviewed. 1. Tenant #1, a 79 year old, was admitted on 4/12/10 and had diagnoses of: polyneuropathy, chronic obstructive pulmonary disease (COPD), contracture of hand joints, and abnormality of gait. An incident report dated 10/21/14 revealed Tenant #1 was found on the floor after lifeline detected a fall. Tenant #1 complained of right shoulder pain and was transported to the hospital via ambulance. Tenant #1 returned to the Program on 10/21/14 with a fractured right shoulder and arm immobilizer in place. Tenant #1's most current service plan was dated and signed by the Registered Nurse (RN) and tenant on 5/8/14. The plan failed to address Tenant #1's fractured shoulder, other than a written addendum for an immmobilizer and pain medication dated 10/22/14. According to the service plan, Tenant #1 received bathing assistance from Program staff or home health staff on a daily basis. In an interview with the RN on 1-27-15 at 9:00 a.m., the RN stated she received instructions not to remove the immobilizer.The plan did not list any interventions to direct staff regarding scheduled use of the immobilizer, including during bathing.	A 083		

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A 083	Continued From page 3 Physician order dated 10/24/14 directed Tenant #1 to use oxygen at 2 liters per nasal cannula while he/she slept. Tenant #1's December medication administration record (MAR) also listed the oxygen to be worn at bedtime. The service plan updated on 10/22/14 did not identify the use of oxygen at night. Tenant #1's file contained a physician order dated 12/18/14 for ciprofloxacin 250 mg twice a day for seven7 days for treatment for a urinary tract infection (UTI). According to a nurse review completed 10-22-14, Tenant #1 had a history of diabetes and used insulin, had a rash in the perineal area and required perineal care completed by staff twice daily. The nurse review also revealed Tenant #1 frequently dribbled urine and did not use incontinence pads. In an interview with the RN on 1-27-15 at 9:00 a.m., she stated Tenant #1 had frequent UTI's. Tenant #1's Service Plan did not contain any information regarding a history of UTIs or any signs and symptoms staff should observe. The clinical record for Tenant #1 contained physician orders for physical therapy (PT) on 10/24/14 and 12/5/14. The service plan updated 10-22-14 did not identify the outside service provider, PT. The service plan did not meet Tenant #1's specific service needs related to a fractured shoulder and use of an immobilizer, frequent urinary infections, the use of oxygen, and an outside service provider, PT. 2. Tenant #5, a 90 year old, was admitted on 6-24-14 and had diagnoses of: chronic obstructive pulmonary disease and hypertension.	A 083		

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A 083	Continued From page 4 A functional evaluation dated 12-6-14 which revealed the pharmacy set up medications in bubble packs and Tenant #5 received medications administered by Program staff. A nurse review dated 12-6-14 confirmed the Program administered pharmacy-supplied medications to Tenant #5. The nurse review also indicated Tenant #5 was independent with the administration of the medication Tramadol. A review of the service plan dated 12-6-14 revealed the family set up medications for Tenant #5 and Tenant #5 was independent in taking medications. The service plan did not identify the Program administered medications as indicated in the functional evaluation. The service plan did not identify Tenant #5 self-administered Tramadol. The service plan was not based on the functional evaluation of Tenant #5.	A 083		
A 094	481-69.27(1) Nurse Review 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: 69.27(1) To monitor, at least every 90 days, or after a significant change in the tenant ' s condition, any tenant who receives program-administered prescription medications for adverse reactions to the medications and to make appropriate interventions or referrals, and to ensure that the prescription medication orders are current and that the prescription medications are administered consistent with such orders.	A 094		

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A 094	Continued From page 5 This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to monitor tenants every 90 days when the tenant received program-administered medications. 2. Tenant #3, an 87 year old, admitted on 10/27/10 had diagnoses of: syncope, history of UTI, heart problems, kidney problems, macular degeneration, and memory loss. According to the service plan dated 12-31-14, the Program staff administered medications to Tenant #3. Nurse Reviews found in Tenant #3's file were dated 6/27/14 and 12/6/14. The 6/27/14 review was titled as 90 day review. The 12/6/14 review said it was to establish baseline. A Nurse Review in September of 2014 could not be located in the chart. When interviewed on 1/26/15 at 3:30 p.m., the RN confirmed a review had not been completed in September as she got off schedule with Tenant #3's Nurse Reviews.	A 094		
A 096	481-69.27(3) Nurse Review 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:	A 096		

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A 096	Continued From page 6 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 This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure Nurse Reviews were conducted every 90 days when providing personal cares and when tenants' health status changed. Six files were reviewed. 1. Tenant #1, a 79 year old, was admitted on 4/12/10 and had a diagnosis of polyneuropathy, chronic obstructive pulmonary disease (COPD), contracture of hand joints, abnormality of gait. An incident report dated 10/21/14 revealed Tenant #1 was found on the floor after lifeline detected a fall. Tenant #1 complained of right shoulder pain and was transported to the hospital via ambulance. Tenant #1 returned to the Program on 10/21/14 with a fractured right shoulder and arm immobilizer in place. Nurse Review dated 10/22/14 stated the immobilizer should be used but did not say when it should be on/off. The subsequent Nurse Review in the file dated 1/20/15 said the immobilizer had been discontinued on 12/8/14, however the review did not address or contain any information about the course of treatment or resolution of the fractured right shoulder. Physician order dated 10/24/14 directed Tenant #1 to use oxygen at 2 liters per nasal cannula while he/she slept. Tenant #1's December	A 096		

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A 096	Continued From page 7 medication administration record (MAR) also listed the oxygen to be worn at bedtime. Nurse Review dated 1/20/15 did not address Tenant #1's use of oxygen. Tenant #1's file contained a physician order dated 12/18/14 for ciprofloxacin 250 mg twice a day for seven days. Review of the order and Program clinical notes contained no indication for the order for the antibiotic. Nurse Review dated 1/20/15 said Tenant #1 had been on antibiotic therapy on 12/18/14 due to urinary tract infection (UTI). Tenant #1's file did not contain a nurse review at the time of the antibiotic order or after the course of therapy. The Nurse Review dated 1/20/15 contained no information regarding whether the antibiotic had been administered according to physician orders, signs of side effects, and/or whether the UTI was resoloved. In addition, Tenant #1's Program clinical notes dated 11/28/14 stated he/she would be admitted to skilled nursing services for strengthening per family request. The clinical notes did not document Tenant #1's return to the Program. A nurse review was not completed after Tenant #1 returned from skilled care to document Tenant #1's health status and to determine if recommendations were needed related to strengthening. 2. Tenant #2, an 88 year old, was admitted on 4/25/14 with diagnoses of: congestive heart failure (CHF), hypertension, diabetes, and history of pacemaker placement. According to the service plan dated 12-29-14, Tenant #2 needed occasional assistance with dressing.	A 096		

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A 096	Continued From page 8 Nurse Reviews dated 8/23/14 and 12/29/14 were located in Tenant #2's file. The review dated 8/23/14 was titled 90 day review. The review dated 12/29/14 said it was being done to establish baseline and return from the hospital. According to the review Tenant #2 was hospitalized from 12/24/14 - 12/27/14 with CHF. Further review revealed no review between 8/23/14 and 12/29/14. When interviewed on 1/27/15 at 11:35 a.m., the Registered Nurse (RN) confirmed she had not completed a 90 day nurse review in November when it was due as she "got off" schedule for conducting reviews.	A 096		

Walden Point

Affordable Assisted Living

February 26, 2015

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

Dear Ms. Boccella:

On behalf of Walden Point Assisted Living, I respectfully submit our Plan of Correction for your approval. Our response is specific to the Recertification Report for the onsite visit on January 26 and 27, 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 deficiencies. The Plan of Correction is prepared and/or executed solely because it is required by the provisions of Iowa law.

Dependent Adult Abuse Training

1. Elements detailing how the Program will correct each regulatory insufficiency.
   - Staff A, B, and C will receive 2 hours of dependent adult abuse training.
   - Dependent Adult Abuse will be scheduled with a representative of Assisted Living Partners.

2. What measures will be taken to ensure the problem does not recur.
   - A process has been put in place to ensure new hires receive 2 hours of dependent adult abuse training within 6 months of hire and at least every 5 years as required.

3. How the Program plans to monitor performance to ensure compliance.
   - Employee files will be audited at least annually to ensure compliance.

4. The date by which the regulatory insufficiency will be corrected.
   - Walden Point will have this regulatory insufficiency corrected on or before March 15, 2015.

Service Plan

1. Elements detailing how the Program will correct each regulatory insufficiency.
   - The service plan will be updated for Tenant #1 and #5. The service plan will be developed to meet the tenant's identified needs and requests for assistance.

2. What measures will be taken to ensure the problem does not recur.

- The RN will be re-educated on Iowa regulatory requirements for service plan development.

3. How the Program plans to monitor performance to ensure compliance.
   - The RN or designee will review at least every 90 days when completing the 90-day nurse review. This process will include ensuring the service plan includes identified tenant needs and services to be provided. In addition, the review will monitor to ensure the service plan is supported by assessments as required.

4. The date by which the regulatory insufficiency will be corrected.
   - Walden Point will be in compliance by March 15, 2015.

Nurse Review

1. Elements detailing how the Program will correct each regulatory insufficiency.
   - The RN will complete a nurse review as required by Iowa regulation for Tenant #1, #2, and #3.

2. What measures will be taken to ensure the problem does not recur.
   - The RN will be re-educated on Iowa regulatory requirements for completing a nurse review.
   - The RN will be re-educated on use of a tracking tool to identify when a 90 day nurse review is due.

3. How the Program plans to monitor performance to ensure compliance.
   - The RN or designee will review at least every 90 days when completing the 90-day nurse review. This process will include reviewing pertinent information over the last evaluation cycle and review of when the last 90-day nurse review was completed.

4. The date by which the regulatory insufficiency will be corrected.
   - Walden Point will be in compliance by March 15, 2015.

Please contact me at 515-288-9985 with any questions you have. Thank you.

Sincerely,

Christine Vasquez
Administrator