Iowa Department of Inspections and Appeals
Assisted Living Program
Re-certification Monitoring Evaluation Report

Assisted Living Program:

David Brinkmeyer, Administrator
Apple Valley Assisted Living
405 27th Avenue South
Clear Lake, Iowa 50428

Date of Monitoring Visit:

September 24, 2004

Monitor(s):

Mary Oliver, LISW
Hal Chase, 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 Re-certification Monitoring Evaluation Report. Depending on the circumstances, DIA may re-visit 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 Apple Valley Assisted Living on September 24, 2004. In preparing this report, the following information was considered:

Current Program Census:

General Population Program (GPP) **– A program that is not a Dementia Specific program, but may have tenants with cognitive disorder.**

Current number of tenants without cognitive disorder:	9
Current number of tenants with cognitive disorder:	2
Total General Population:	11

Dementia Specific Program (DSP) **–** Not applicable.

Tenant/Family Satisfaction Results – Ten of ten tenants attended the group meeting. All tenants stated they were satisfied with the program. All tenants reported that they would or had already recommended the program to others. One family member of a tenant with dementia was interviewed. The family member voiced satisfaction with the program.

Complaint History – During this certification period there were substantiated complaints in the areas of Staffing and Life Safety.

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

A. 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. [321 IAC 25.29(1) and/or (2)]

Monitoring Observation: The program Registered Nurse (RN) reported and the record for Tenant #1 confirmed that the tenant was checking blood sugars three times a day, and was taking medications, including insulin injections, independently. However, the RN was faxing copies of the blood sugar records (recorded by the tenant) to the physician at the request of the tenant. The RN commented on the content of the blood sugar report and asked for direction from the physician and the physician responded with direction to change or not change the insulin dosage. The nurse noted the orders and informed the tenant of the physician order. On another occasion, Tenant #1 returned from a hospital emergency visit with physician orders and medication, which the nurse noted, and the CNA administered during the night that the tenant returned from the emergency room. The tenant was not fully responsible for all medication needs.

- Regulatory Insufficiency: The program did not record all medications taken by the tenant nor were medications stored in a locked place or container that was not accessible to persons other than employees responsible for the administration or storage of medications when the RN was taking responsibility for communicating with the physician about the tenant's blood sugar levels and doses of medications.

Dated this 20th day of October 2004