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

**Assisted Living Program:**

Patricia Heiden
Oaknoll Assisted Living
701 Oaknoll Drive
Iowa City, IA 52246

**Date of Monitoring Visit:**

July 12, 2004

**Monitor(s):**

Judy Parks, 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 Oaknoll Assisted Living on July 12, 2004. In preparing this report, the following information was considered:

**Current Program Census:**

***General Population Program -***

Current General Population ALP Census: 16  Number of tenants with dementia:  10

***Dementia Specific Program –*** *Not applicable*.

Program has 10 tenants staged between 4 and 7 on the Global Deterioration Scale (GDS) but remains an undeclared dementia-specific program.

**Tenant/Family Satisfaction Results –** Community meeting with residents indicated an overall satisfaction with the facility, environment, food quality, and staff treatment. Tenants expressed feeling safe and secure and that their needs were being met. Tenants were very complimentary of staff and the treatment they receive from them. Tenants stated no issues with privacy or their personal belongings. Tenants could not verbalize criteria for transfer from assisted living.

**Complaint History** – No complaints on file this certification period**.**

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

**A. Service Plan –** Program has an individualized service plan developed and updated for each tenant as required. [321 IAC 25.28]

Monitoring Observation: Interviews with tenants and review of five tenant files indicated that individualized activities were not planned for those who were unable to plan their own. Group activities were provided and a schedule was provided to all residents. Tenant records indicated that an interest inventory was completed. A number of activities take place in an adjoining building and several tenants expressed the concern that it was too great a distance to go. In addition, there are a number of tenants in the general population with early dementia and activities were not individualized for that population on service plans.

- Regulatory Insufficiency: The program did not document individualized activities on service plans for dementia tenants and others who were unable to plan their own activities.

**B. Occupancy Agreement –** The program shall enter into an occupancy agreement with the tenant or tenant's legal representative, if applicable, prior to the tenant's taking occupancy that clearly describes the rights and responsibilities of the tenant and of the program, and shall sign a managed risk policy disclosure statement. [321 IAC 25.22]

Monitoring Observation: Review of five tenant files and interviews with staff indicated the program only accepts Assisted Living tenants from the Independent Living part of the CCRC. The occupancy agreement on file did not include all of the essential required components of the Iowa Code.

- Regulatory Insufficiency: The program did not provide a new occupancy agreement with the required components when tenant transferred from independent to assisted living.

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

Monitoring Observation: Review of five tenant records, interviews with tenants and staff indicated that all tenants have their medications administered by staff. There was not documentation that all tenants had an order from their physician or signed documentation that the tenant was choosing to have their medications administered by staff.

- Regulatory Insufficiency: The program did not provide for tenant self-direction in medication administration.

Dated this 29th day of July 2004.