Iowa Department of Inspections and Appeals
Assisted Living Program
Initial Certification Monitoring Evaluation Report (AMENDED)

Assisted Living Program:

Fox Run Assisted Living
Kasey Harrison, LPN
3121 MacIneery Drive
Council Bluffs, Iowa 51501

Date of Monitoring Visit:

September 16, 2004

Monitor(s):

Sherrie McDonald, RN
Hal L. Chase, RN, BSN, MPH

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 an Initial 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 Fox Run Assisted Living on September 16, 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:	**17**
Current number of tenants with cognitive disorder:	**2**
Total General Population:	**19**

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

Tenant/Family Satisfaction Results – Four tenants attended the community meeting. The tenants feel safe and secure in the program. Their needs are being met and no concerns were voiced about the program.

Complaint History – There were no substantiated complaints this certification period.

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

A. Evaluation of Tenant - The program evaluates each tenant's functional and cognitive abilities and health status and the determination of needed services as required. [321 IAC 25.23(1) and/or (2)]

Monitoring Observation: Three of three tenant files reviewed indicated an evaluation was not done on tenant's cognitive and health status as needed when changes occurred. Tenant #1 was sent to ER on 8/23 and notes indicate tenant being verbally abusive to staff. Notes on Tenant #2 reported unsteady gait on four separate occasions from 8/17/04 thru 8/20/04 with no health status evaluation completed. Notes on Tenant #3 indicated the tenant has eloped from the building and has been found wandering in the hallways inappropriately clothed, confused and disoriented from 7/3/04 thru 8/6/04.

- Regulatory Insufficiency: The program did not evaluate each tenant's functional, cognitive, and health status as needed to determine if any modifications to services were needed.

B. Criteria for exclusion of tenants - Program does not admit or retain tenants that require a higher level of care, unless a written exception has been applied for and approved. [321 IAC 25.23(3); 25.24]

Monitoring Observation: Review of Tenant #3's initial service plan indicated the tenant wanders. Notes regarding Tenant #3 indicated that tenant has eloped from the building and has been found wandering periodically in the hallways inappropriately clothed, confused and disoriented from 7/3/04 thru 8/6/04 despite a short-term 4 day intervention of 1 hour checks.

In response to the preliminary identification of Tenant #3 exceeding occupancy criteria, the program provided input subsequent to the on-site, that the tenant's current function and health care needs are, at this time, within the parameters allowed in an assisted living program.

- Regulatory Insufficiency: The program did not transfer a tenant who, despite intervention, chronically wanders into danger.

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

Monitoring Observation: Three of three tenant files reviewed did not have service plans updated when changes occurred in the physical, functional and cognitive status of said tenants. Additionally, none of the files reviewed had tenant driven outcomes listed in the service plan(s).

- Regulatory Insufficiency: The program did not update individualized service plans to meet the needs of tenants #1, #2, #3 as identified by the program nor did the plans include expected outcomes.

D. 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: Program staff stated during the entrance meeting that staff routinely set up medications and cue tenants when tenants are reported as self administering.

- Regulatory Insufficiency: Program did not keep medications in a locked place or container that was not accessible to persons other than employees responsible for administration and storage of such medications.

E. Transportation – When the program provides transportation services directly or under contract with the program, the services shall be provided as required. [321 IAC 25.38]

Monitoring Observation: Program staff stated during the entrance meeting that staff routinely transport tenants to appointments and errands in the staff's personal vehicles.

- Regulatory Insufficiency: The program staff does not have the appropriate class "D" chauffeur's license or a Commercial Drivers License (CDL) for transporting tenants.

F. Activities – The program provides appropriate programming for tenants based on individual interests. Programming shall support the service plans, be consistent with the program statement and occupancy policies, and available in writing as required. [321 IAC 25.39]

Monitoring Observation: Two of three tenants files reviewed do not indicate individualized activity(s) developed for tenants diagnosed with depression and cognitive impairment.

- Regulatory Insufficiency: The program does not provide appropriate activities that reflect meaning and purpose for the tenant.

G. Record Checks – The program conducts applicable employee record checks. [Iowa Code section 135C.33(5)]

Monitoring Observation: Review of 4 of 4 employee records did not have a criminal background check completed prior to hire.

- Regulatory Insufficiency: The program did not complete appropriate criminal background checks prior to hiring employees.

Dated this 19th day of September, 2004.