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

Assisted Living Program:

Stacy Burgoin-Snyder
Linnwood Estates
700 North Linn Street
Glenwood, IA 51534

Date of Monitoring Visit:

August 2, 2004

Monitor(s):

Sherrie McDonald, 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 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 Linnwood Estates on August 2, 2004. In preparing this report, the following information was considered:

Current Program Census: 21 tenants

General Population Program -

Current General Population ALP Census: 21 Number of tenants with dementia: 1

Dementia Specific Program – Not applicable.

Tenant/Family Satisfaction Results – The community meeting was held with 17 tenants and two family members present. The tenants felt the food was good, the building was kept clean and well maintained. The staff was providing good service. They would recommend the program to family and friends.

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. 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: The program is assessing tenants prior to admission and within 30 days of admission. The program is completing a service assessment form as well as a medical history/physical/functional assessment form. It was noted in the review of three files that the information gathered on the assessment forms does not always match the service plan.

Review of Tenant #1's file indicated both assessment tools state the tenant is independent in eating; however, the service plan states the tenant needs food identified due to blindness. The assessment tools note that the tenant is independent with dressing; the service plan states tenant needs assistance with dressing. The assessment tools state the tenant is independent in toileting; the service plan states the tenant needs assistance at night only. The assessment tools state the tenant will have home health assisting with medications; the service plan states the program will provide daily medication management. The program nurse did not sign assessment forms on tenant #1.

Review of Tenant #2's file indicated the service assessment tool states the tenant is independent. The medical assessment tool states the tenant is independent with a walker. The service plan does not note that this tenant uses a walker.

Review of Tenant #3's file indicated the service assessment states that the tenant requires five minutes to get to the bathroom. The medical assessment states the tenant is incontinent of bladder, with no further notations made. The service plan states the tenant needs assistance to get on/off the toilet seat with no documentation of incontinence. The medical and service assessments state the tenant is independent in medications; the service plan states the program will help with ordering medications, but during interview it was found the tenant is independent and the program is not assisting at all. This tenant uses a motorized wheelchair frequently; however, the assessment tools and service plan does not indicate the tenant uses a motorized scooter.

- Regulatory Insufficiency: Program staff is not consistently documenting tenant's status on the assessment forms and updating with change in condition.

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

Monitoring Observation: Review of three of three files indicated the program is not accurately documenting needs and requests for service on each tenant's service plan. Service plan for Tenant #1 indicates that Mills County Public Health (MCPH) will bath tenant on a regular schedule; however, the service plan does not indicate when bathing will occur. The program is administering as needed (prn) medications to the tenant; however, the family is applying a pain patch as needed. The service plan states that MCPH will assist tenant with medications, but it does not document any involvement of family or the program.

Review of Tenant #3's file indicated tenant had a problem with swelling and redness in legs. Hot packs and elevation was started; however, the service plan was not updated to identify needs and requests for service by program staff. This tenant is independent in medications, but the service plan states the program will assist with ordering medications. The service plan states the tenant receives assistance with bathing by program, but the MCPH staff is doing bathing three times weekly.

- Regulatory Insufficiency: The service plans are not individualized and specific as to the services provided to the tenant.

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: Eight of twenty-one tenants had delegated medication administration to the program at the time of the monitoring visit. The program has certified medication aides (CMA) or Medication Managers (MM) administering medications. The program-administered medications are stored in locked tackle boxes within the tenants' apartments. The staff responsible for medication administration carries the key to the locks.

Review of service plan for Tenant #1 indicated that MCPH will set up medications; however, MCPH has never been involved with medications since the tenant was admitted to the program. The family is administering the pain patch, and the program staff is administering the prn medications. These medications are not stored in a locked box. There were ten medications listed on the medication sheet for this tenant. The tenant's power of attorney (POA) spoke with the tenant's pharmacy and felt the tenant did not need most of these medications. With tenant approval, these medications were not being given to the tenant. This tenant had liter flow on oxygen reduced and pulse-oximeter readings taken with no physician orders in the file for these actions.

Review of service plan for Tenant #3 indicated the program initiated hot packs and dressings on tenant's leg with no physician orders in the file for this treatment.

Review of service plan for Tenant #4 indicated the family sets up the medications and the program staff reminds the tenant to take the medications. Staff interviews indicated they stay with the tenant to assure the medications are taken. The medications for this tenant are not kept in a secure location.

- Regulatory Insufficiency: The program does not have physician orders in the tenant file for all medications and treatments given.

- Regulatory Insufficiency: The program is not securely storing medications when delegated medication administration by the tenant.

- Regulatory Insufficiency: The program is not administering medications according to accepted medication protocol.

D. Nurse Review - Program provides a registered nurse to ensure the appropriate administration and documentation of medications, ensure that physician orders are current, and assess and document the tenants' health related activities. [321 IAC 25.30]

Monitoring Observation: The Registered Nurse (RN) for the program resigned in July and an RN from Glenwood Manor is currently filling in until another RN can be hired.

Tenant #2 was admitted to the hospital for shortness of breath and discharge diagnosis of aspiration with early Congestive Heart Failure (CHF). There is no documentation of nurse review for change in tenant's status following tenant's return to the program.

- Regulatory Insufficiency: Program RN did not review tenant with change in health status.

E. Staffing - The provisions of this section address the program's staffing and training practices and associated documentation in responding to the identified needs of the tenant. [321 IAC 25.33]

Monitoring Observation: There is no documentation of staff orientation and training by the RN on delegated tasks for tenants. During staff interviews, it was reported they received training over the phone by the Glenwood Manor RN. The staff explained to other staff how to perform delegated tasks.

- Regulatory Insufficiency: The program RN did not provide appropriate training to staff.

- Regulatory Insufficiency: The program has no documentation of staff training and competencies of staff.

Dated this 31st day of August, 2004.