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

Assisted Living Program:

Jean Van Grouw, Administrator
Kentucky Ridge Assisted Living
2050 S. Kentucky Avenue
Mason City, IA 50401

Date of Monitoring Visit:

July 8 & 9, 2004

Monitor(s):

Charlotte Kemp, RN
Jan O'Briant, LISW

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 Kentucky Ridge on July 8 & 9, 2004. In preparing this report, the following information was considered:

Current Program Census:

General Population Program –

Current General Population ALP Census: 44 Number of tenants with dementia: 9

Dementia Specific Program – Not applicable.

Tenant/Family Satisfaction Results – Twenty-two tenants attended the community/tenant council meeting. Eight tenants were interviewed individually. All tenants interviewed voiced a high level of satisfaction with the program and its services. The tenants are well-elderly with a variety of interests and activities. Tenants reported the staff is wonderful and take good care of them and reported there are a variety of activities in which to participate. Autonomy and independence are supported at the program and the tenants feel they make their own decisions and are in charge of their lives.

Complaint History – No substantiated 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: Six tenant files were reviewed during the on-site visit. Service plans were reviewed for proper intervals, identification of tenant needs and services provided. The program consistently develops preliminary service plans prior to occupancy, again within thirty days of occupancy and with status changes. The program meets a high standard of practice in updating service plans quarterly rather than the required yearly updates. Service plans were individualized and tenant interviews and observations matched the documentation contained in the service plans.
The service plans did not include the desired outcomes for the provided services as required. During the on-site visit the program added an area on their service plan document to record desired outcomes and will include desired outcomes in all subsequent service plans.

Tenant signatures were found on all service plans reviewed and the program consistently obtained signatures of a health care professional and human service professional on service plans. The third signature required to complete the multi-disciplinary team was not consistently found on service plans for tenants needing personal or health-related care. Discussion with leadership staff revealed a misunderstanding about the requirement for the third signature. The program had been using a family member as the third signer of service plans rather than using a third staff person to complete the multi-disciplinary team concept.

- Regulatory Insufficiency: The program did not include desired outcomes on service plans.

- Regulatory Insufficiency: The program did not obtain a third staff signature on service plans to complete the multi-disciplinary team.

Dated this 29th day of July 2004.