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

Assisted Living Program:

Marsha Taylor, Administrator
Timberland Village
725 Timberland
Story City, IA 50248

Date of Monitoring Visit:

August 26, 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 Timberland Village on August 26,2004. 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:	19
Current number of tenants with cognitive disorder:	8
Total General Population:	27

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

Tenant/Family Satisfaction Results – There was no community meeting held because none of the tenants chose to attend. Several tenants were informally interviewed during lunch and five tenants were interviewed individually. Tenants reported overall satisfaction with the program, activities, staff and meals. Interviewed tenants reported that autonomy and independence are upheld at the program and staff treats them with respect and dignity. This building of well elderly are enjoying their lives at the program and would recommend it to 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: Five tenant files were reviewed during the on-site visit. The program is routinely conducting pre-admission evaluations of prospective tenants. These pre-admission evaluations include all three required elements – physical health, functional and cognitive status. Evaluations required within thirty days of admission lacked the cognitive status component. The program policy outlines a high standard of evaluating tenants every ninety days, however the monitors had difficulty following the actual time intervals of tenant evaluations. Monitors did note evaluations were done with status change.

- Regulatory Insufficiency: The program did not include the cognitive status component in evaluations required within thirty days of admission.

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

Monitoring Observation: Five tenant files were reviewed for compliance with service plan requirements. Each of these files contained a preliminary service plan developed by an RN or human service professional prior to admission to the program and tenant signatures were found on these preliminary service plans. Subsequent service plan updates contained the three required staff signatures and the expected outcomes of the staff interventions/services as required but lacked tenant signatures.

- Regulatory Insufficiency: The program did not obtain required tenant signatures and/or legal representative signatures on service plan updates as required.

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: The noon med pass was observed for one tenant. This medication pass was completed by a Certified Nurse Aide (CNA). The observation included the aide unlocking the tackle box, removing the medication from the medication box with her fingers. Included in this section of the medication box was the noon and evening medication together in the same space.

- Regulatory Insufficiency: The program did not supervise, store and administer the medications appropriately.

Monitoring observation: The nurse stated to monitors that medications administered by the program staff are also accessible by tenants. Program staff will set up medications, cue tenants, but that tenants will have access to prescribed medications.

- Regulatory Insufficiency: The program did not ensure access of medications were restricted to employees responsible for administration or storage of such medications.

Monitoring Observation: Staff interviews indicated that staff was not adequately trained by an RN. Staff indicated they assisted with dressing changes and the administration of medications to tenants. Staff stated that they were trained by their peers and other CNAs at the program. The RN did not teach, demonstrate, illicit feedback nor document that training was completed to adequately respond to the identified needs of the tenants.

- Regulatory Insufficiency: The program did not ensure staff was trained to administer medications according to Nurse Delegation.

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 program has a registered nurse who oversees the day-to-day medical activities of the program. This RN routinely assesses tenants health-related activities and monitors medication administration. The RN reviews tenants' medications monthly and notates physician orders. Monitors found clear documentation of the RN activities of medication monitoring and tenant assessment, however, the RN did not properly notate physician orders with name, date and time.

- Regulatory Insufficiency: The program did not ensure physician signatures with name, date and time as required.

Dated this 16th day of September 2004.