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

Assisted Living Program:

Cindy Kroll
River Hills Village
10 Village Circle
Keokuk, IA 52632

Date of Monitoring Visit:

September 28, 2004

Monitor(s):

Stephanie Cummins, SW

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 River Hills Village on September 28, 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:	25
Current number of tenants with cognitive disorder:	10
Total General Population:	35

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

Tenant/Family Satisfaction Results – Results of the community meeting and tenant interviews indicated the tenants felt comfortable and safe at the program. Several tenants at the community meeting indicated they did not lock their doors and some tenants stated they preferred to leave their doors open. Tenants also indicated they enjoyed the food at the program and stated the temperature of the food was appropriate. The tenants mentioned they would like to see less breaded meats and less pepper used on the food served at the program. Tenants indicated the program was well kept and the apartments were cleaned thoroughly. The tenants enjoyed the activities offered and all of the tenants knew of the activity calendar provided by the program. The tenants stated the direct care staff was caring and attentive. They also stated the direct care staff worked hard. The tenants felt their needs were being met.

Complaint History – (fill in)

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: Review of six tenant records indicated the program evaluated each tenant's functional and cognitive abilities and health status prior to admission performed by a health professional. In addition the program conducted an elopement risk assessment and performed the Geriatric Depression Scale on each tenant prior to admission. Interviews with administrative staff and review of six tenant records indicated an evaluation of each tenant's functional and cognitive abilities and health status and the determination of needed services were not being done within 30 days of admission.

- Regulatory Insufficiency: The program did not evaluate each tenant's functional and cognitive abilities and health status and the determination of needed services within 30 days of admission to the program.

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 six tenant records and interviews with administrative staff of the program indicated the staff is developing an individualized service plan for all tenants immediately after admission; however, the service plan was not developed prior to admission. One out of six records reviewed had the tenant's signature, the signatures of the health professional and two other staff members on the service plans. According to administrative staff interviews, care conferences were held at the end of the month and appropriate signatures would be obtained at that time.

- Regulatory Insufficiency: The program did not develop an individualized service plan for each tenant prior to taking occupancy.

- Regulatory Insufficiency: The program did not obtain all of the appropriate signatures on the service plans developed within 30 days of admission.

C. 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: According to administrative staff all employees that administered medications at the program were certified medication aides. Interviews with direct care and administrative staff indicated the program's RN trained the staff on medications; however, this was not documented. Administrative and direct care staff indicated direct care staff were not trained on assisting tenants with activities of daily living (ADL'S). The program's RN had been employed at the program for approximately one month.

- Regulatory Insufficiency: The program did not provide appropriate staff training and maintain documentation of training received by the staff.

D. 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: The program provided a 20-passenger bus that was handicap accessible and a program owned station wagon that held approximately six people. According to administrative staff interviews the bus was used when a tenant required a handicap accessible vehicle or for large group outings. The station wagon was used on a regular basis for physician appointments. According to an interview with administrative staff the program had three drivers and all three drivers had a Commercial Drivers License (CDL). The bus had a fire extinguisher, safety triangles, a first aid kit, and a cell phone. The station wagon did not have a first aid kit, safety triangles or a fire extinguisher but did have a cell phone.

- Regulatory Insufficiency: The program did not have the appropriate safety equipment for all program vehicles.

Dated this 23rd day of November 2004.