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

Assisted Living Program:

Shelly Hopp, Director of Administration
Davenport Lutheran
1128 W 53rd Street
Davenport, IA 52806

Date of Monitoring Visit:

December 14, 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 Davenport Lutheran on December 14, 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:	13
Current number of tenants with cognitive disorder:	3
Total Population:	16

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

Tenant/Family Satisfaction Results – Tenant interviews and the community meeting indicated the tenants were satisfied with the care they received at the program. The tenants stated the staff were nice and provided assistance when needed. They stated they were always able to reach someone for assistance and were aware they could use their emergency buttons when the building was not staffed after 7 p.m. Tenants at the community meeting expressed several concerns regarding food. The meals were prepared in the nursing facility, brought to the program and served family style. The tenants stated they were concerned about the food being wasted at the program and the vegetables being overcooked. They stated they would like to see a smaller meal in the evening and would like to have a choice of entrees for each meal. The tenants did state the food was always served hot and they offered no complaints in regard to food temperature. They mentioned if there was something they did not like the program would offer a substitute. Tenants did state they thought there could be more staff on the weekends during mealtime. Overall, tenants indicated they felt their needs were being met and staff stated they were not overworked. The tenants stated the program did a good job of maintaining the building and their apartments.

Complaint History – No substantiated complaints during the current 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: A review of four tenant records and interviews with the RN and Administrator indicated the program had developed individualized service plans for the tenants within 30 days of occupancy; however, the program did not develop a preliminary service plan for each tenant prior to occupancy. The program had the RN, Administrator, direct care staff and tenant sign the service plans; however, three out of four files had the RN's signature at the time the plan was developed but the signatures of the other participants were added significantly later. Review of tenant records indicated the service plans did not address activities or programming for tenants who were not able to plan their own activities.

- Regulatory Insufficiency: The program did not develop a preliminary service plan for each tenant prior to occupancy.

- Regulatory Insufficiency: The program did not obtain participant's signatures at the time the plan was developed or within an appropriate timeframe.

- Regulatory Insufficiency: The program did not use a service plan that addressed programming or activities for tenants who were unable to plan their own activities.

B. 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: Interviews with the RN and Administrator indicated the program had medications that were set up in medication planners by the RN. The RN then signed off on the MAR that medications had been set up. Four tenants receive medication assistance by the program. One tenant had the RN set up medications and the tenant self-administered these medications without reminders from staff. The remaining three tenants had medications set up by the RN and direct care staff provided medication reminders. According to the RN, medication reminders included direct care staff going into the tenant's apartment and removing the medication planner from the unlocked medication box that was kept in the cupboard. The staff placed the medication planner on the counter and the tenants would transport the medications to the dining room where they preferred to take the medication with their meal. The direct care staff reminded the tenants to take the medications and ensured the medications were taken. According to the RN the direct care staff then signed off in the communication book that medications were given. The program did not have any tenants that received insulin or controlled substances.

- Regulatory Insufficiency: The program did not secure medications in a locked place or container that is accessible only to employees responsible for the administration or storage of medications.

- Regulatory Insufficiency: The program did not appropriately document medications that were administered by the program.

C. 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: According to an interview with the RN and the Administrator the program had a car that was owned by the program that was used to transport tenants to physician appointments and occasionally on outings. The vehicle was equipped with the appropriate safety equipment including a first aid kit, fire extinguisher, safety cones, and a cell phone. The drivers of the program car had a regular State of Iowa Driver's License rather than a Chauffeur's, Class D license with a 3 endorsement.

- Regulatory Insufficiency: The program did not provide staff members with appropriate licensure to transport tenants in the program's vehicle.

Dated this 22nd day of December 2004.