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

Assisted Living Program:

Laurie Lockard, Manager
Maple Crest Assisted Living
98 Bolger Drive
Fayette, IA 52142

Date of Monitoring Visit:

November 12, 2004

Monitor(s):

Beverly A. Johnson, 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 Maple Crest Assisted Living on November 12, 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:	12
Current number of tenants with cognitive disorder:	1
Total Population:	13

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

Tenant/Family Satisfaction Results – A community meeting with ten tenants present revealed the tenants are very satisfied with the homelike atmosphere and the cleanliness of the premises. They were also very complimentary of the friendly staff and manager. One item was discussed that they deemed a small problem. They felt the morning schedule was too busy for one staff to handle. This makes their breakfast service very slow as they individualize their food preferences and prepare the food as they receive the orders. The tenants were aware of the evacuation procedure for fires and tornados and have participated in the required drills.

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

Monitoring Observation: Two of two records reviewed did not show any evidence of documented outcomes. The monitor discussed this with the RN and the manager and it was stated they were not documenting outcomes on any tenants. The form the program is using has an area for expected outcomes and the monitor explained how to determine an outcome.

- Regulatory Insufficiency: The program is not developing individualized service plans documenting tenant's expected outcomes.

B. 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: Eight of eight medication records reviewed of the tenants who have delegated medication administration to the facility did not have the required nurse reviews.

- Regulatory Insufficiency: The program did not have the RN perform reviews on tenant's medication records, ensure physician orders are current and assess and document the tenant's health related activities every 90 days.

Dated this 19th day of November, 2004.