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

Assisted Living Program:

Heartwood Heights
Theresa Riley, Director
409 9th Avenue North
Sibley, IA 51249

Date of Monitoring Visit:

October 27, 2004

Monitor(s):

Hal L. Chase RN BSN MPH

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 Heartwood Heights on October 27, 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:	24
Current number of tenants with cognitive disorder:	1
Total General Population:	25

Dementia-Specific Program (DSP) – Not applicable.

Tenant/Family Satisfaction Results – A Community meeting was held and tenants reported "great satisfaction" with the program. Tenants reported that they make their own decisions about what they want and need from the program. Tenants also stated they are given privacy when they want it and that they feel safe at the program. Tenants indicated they know how to contact the resident advocate and DIA if needed. Tenants also reported that staff are competent with their cares and are "quick to help if needed". Tenants stated the food is "excellent" and they never go hungry. Tenants also report that there are plenty of activities to do and they are generally satisfied with where they are living. Tenants especially stated that they "think the world of Theresa Riley" and "she does a very good job".

Complaint History – There were no complaints filed 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: File reviews and staff interviews indicated the program is not completing a cognitive evaluation using an objective, scored tool on each tenant prior to occupancy, within 30 days of occupancy, as needed, not less than annually. The staff is using the Global Deterioration Scale (GDS) on those tenants who display cognitive dysfunction prior to occupancy; however, the tenant is not reviewed again within 30 days of occupancy.

- Regulatory Insufficiency: The program is not assessing each tenant's cognitive ability prior to occupancy, within 30 days of occupancy, as needed, not less than annually using an objective, scored tool.

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: File review and staff interviews indicated the program nurse is setting up medications for tenants who have requested this service and then is allowing those tenants to store and self-administer their own medications.

- Regulatory Insufficiency: The program does not secure all medications the program has been delegated partial or complete responsibility for administration.

C. 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: Review of three tenant files and staff interviews indicated that the RN is performing a medication review every 2 weeks on two out of the three tenants which the RN is setting medications up for weekly and bi-weekly. The program nurse indicated she does not, however, conduct a 90-day review of tenants who are receiving personal and health related cares.

- Regulatory Insufficiency: The program RN is not conducting a nurse review every ninety (90) days for tenants who are receiving personal and health related cares.

D. Nursing Assistant Work Credit – Program shall complete and submit to DIA an Iowa Nurse Aide Registry Application for each nursing assistant working in the program. Quarterly reports shall be submitted when change in employment occurs. [321 IAC 25.31]

Monitoring Observation: Through leadership interviews, it was determined the program was unaware they were to report to the DIA Nurse Aide Registry work credit for CNA's who were working at the program.

- Regulatory Insufficiency: The program did not submit a Nurse Aide Registry Application to DIA for each nursing assistant working at the program.

Dated this 5th day November, 2004.