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

Assisted Living Program:

Tom Knoepke, Executive Director
Cottage Grove Place
2115 1st Avenue SE
Cedar Rapids, IA 52402

Date of Monitoring Visit:

January 6, 2005

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 Cottage Grove Place on January 6, 2005. 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:	11
Current number of tenants with cognitive disorder:	4
Total Population:	15

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

Tenant/Family Satisfaction Results – The result of the community meeting indicated the tenants had several complaints in regard to the food. The tenants stated the meat was generally well prepared but at times the beef was tough. There were no complaints in regard to food temperature. The tenants stated the dining room environment and atmosphere at the program needed to be improved, as it did not have the same atmosphere as other dining rooms on campus; however, it was clean and well kept. The tenants indicated they liked being able to pick the food they wanted each day. The tenants stated that all areas of the building were clean and well maintained and staff was polite, helpful, courteous and listened to their concerns and complaints. The emergency pendant they wore made them feel safe and they were not afraid to use it if they needed assistance. Several tenants felt safe enough at the program that they did not lock their doors.

Complaint History – No substantiated complaints 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: Review of four tenant files indicated the program had developed a service plan for all tenants prior to taking occupancy, within 30 days of occupancy, as needed, and annually. The service plans were all signed appropriately and were individualized for each tenant; however, they did not address expected outcomes for the tenants.

- Regulatory Insufficiency: The program did not have a service plan that addressed tenant outcomes.

B. 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: Review of staff files and staff interviews indicated the program had Registered Nurses (RN's), Licensed Practical Nurses (LPN's), and Oral Medication Technicians (OMT's) that passed medications. According to staff the RN's primarily passed medications and the two OMT's occasionally passed medications. Administrative staff indicated there had not been any medication training by the RN's for the OMT's. Review of staff files and interviews with administrative staff indicated new employees were oriented and completed an orientation checklist that included personal cares. The checklist; however, was signed off by a direct care worker and not a RN. Administrative staff indicated that the company had just sent a new form to be utilized, which included an extensive checklist of personal cares and treatments and a place for the RN to sign and date. The program used only certified staff as direct caregivers.

- Regulatory Insufficiency: The program did not have appropriately trained staff.

Dated this 11th day of January 2005.