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

**Assisted Living Program:**

Sally Farmer, Director
Pennington Square
502 Pinehaven Drive
Monticello, IA 52310

**Date of Monitoring Visit:**

January 11, 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 Pennington Square on January 11, 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.

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|---|---|
| Current number of tenants without cognitive disorder: | 21 |
| Current number of tenants with cognitive disorder: | 1 |
| Total Population: | 22 |

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

**Tenant/Family Satisfaction Results –** Results of the community meeting and tenant and family interviews indicated the tenants were pleased. They felt safe and felt like one big family. The tenants and family stated direct caregivers and administrative staff were friendly and caring. The administrator was always available for questions and did a great job. They indicated all areas of the building were kept clean and there were no concerns in regard to housekeeping or maintenance. Overall, the tenants stated the food was good but a few tenants expressed concerns regarding the variety of the food served and the food temperature. They stated the food was not cold; however, they thought it could be served at a warmer temperature. Tenants stated staff responded to the emergency pendant quickly and they felt safe with the pendants.

**Complaint History** – No substantiated complaints this certification period.

**On-Site Monitoring Evaluation** – The monitor(s) made the observations detailed in the following areas.

**A. 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 program files and interviews with staff indicated the program had Oral Medication Technicians (OMT's) and Certified Nurse Aides (CNA's) passing medications. Of the 22 tenants at the program nine did not administer their own medications. Tenants that received program administered medications had their medications kept in a locked box in their apartments. Three direct care staff passed medications, as did the administrator who also set up medications. The current delegating RN began working at the program on 8-4-04 and the former RN quit on 8-2-04. Staff Member #1 was a CNA and had current RN delegated medication training. Staff Member #2 was an OMT and did not have any RN delegated medication training. According to the Administrator it was thought that additional medication training was not required for an OMT. Staff Member #3 began working at the program on 11-26-01 and quit on 6-27-04. Staff Member #3 became an OMT while working at the program and did have RN delegated medication training prior to becoming an OMT. Staff Member #3 was hired on 11-30-04 and passes medications as an OMT; however, does not have RN delegated medication training from the current RN. The Administrator, who was an OMT, had been trained by the former RN to set up medications and to pass medications. According to the Administrator and the current RN, the Administrator was trained and had medication administration delegated by the current RN; however, this documentation could not be found during the recertification visit.

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

Dated this 13th day of January.