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

Assisted Living Program:

Mr. Mark Hudson, Administrator
Mill Pond
1201 S.E. Mill Pond Ct.
Ankeny, IA 50021

Date of Monitoring Visit:

December 21, 2004

Monitor(s):

Hal L. Chase RN BSN MPH
Charlotte Kemp RN MS

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 Mill Pond on December 21, 2004. In preparing this report, the following information was considered:

Current Program Census:

General Population Program (GPP) – Not applicable.

Dementia Specific Program (DSP) – A program that is a Dementia Specific Program by definition or holds itself out as providing specialized care in a dedicated setting but may have tenants without cognitive disorder.

Current number of tenants in a DSP that serves 5 or more tenants with dementia or cognitive disorder staged between 4 and 7 on the Global Deterioration Scale (GDS):	12
Current number of tenants without cognitive disorder:	43
Total Population:	55

Tenant/Family Satisfaction Results – A community meeting was held and tenants reported the program is meeting their expectations. The staff is well trained and helpful; however, the staff is sometimes slow in responding to their needs. The staff offers privacy when it is needed. Tenants reported they receive the services as requested or needed. They do report the food could be better as it is sometimes cold when it arrives at their table.

Family of the tenants were interviewed and reported that they are generally pleased with the staff, services and accommodations that the tenant receives. Family reports that this program offers a great opportunity to lead an independent life.

Complaint History – There was a substantiated complaint in the area of staffing during 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: Five of six tenant files were reviewed and staff interviews indicated the program did not evaluate tenant within 30 days of occupancy.

- Regulatory Insufficiency: The program did not evaluate each tenant's functional abilities, cognitive abilities, and health status within 30 days of admission to the program.

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

Monitoring Observation: Five of six tenant files were reviewed of tenants who receive personal or health-related care were reviewed and indicated the program did not update the service plan within 30 days of occupancy and did not update in consultation with a multidisciplinary team and the tenant.

- Regulatory Insufficiency: The program did not update the service plan within 30 days of occupancy.

- Regulatory Insufficiency: The program did not consult with a multidisciplinary team and the tenant when updating the service plan.

C. 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: Staff interviews indicated staff routinely cue four tenants to take medications and staff set up medications for five tenants when tenants are reported as self-medicating.

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

D. 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: Five of six tenant files reviewed indicated that the quarterly nurse reviews did not review medications that were administered by the program to these tenants. The program was not documenting medication administration to eight tenants. The caregivers also reported that the number of medications given to tenants were recorded at the end of the shift as having been administered.

- Regulatory Insufficiency: The program RN did not assess each tenant receiving program-administered prescription medications for adverse reactions.

- Regulatory Insufficiency: The program did not document medication administration appropriately.

Dated this 30th day of December, 2004