Iowa Department of Inspections and Appeals
Assisted Living Program
Re-certification Monitoring Evaluation Report – (AMENDED)

Assisted Living Program:

Kathy Martin
Lakeview Lodge
312 Southbrook Drive
Waterloo, IA 50702

Date of Monitoring Visit:

December 15, 2004

Monitor(s):

Stephanie Cummins, SW
Joyce Downing, 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 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 Lakeview Lodge on December 15, 2004. In preparing this report, the following information was considered:

Current Program Census:

General Population Program (GPP) – Not applicable.

Dementia Specific Program (DSP) –

Current number of tenants in a DSP that holds itself out as providing specialized care in a dedicated setting:	48
Current number of tenants without cognitive disorder:	1
Total Population:	49

Tenant/Family Satisfaction Results – Tenant and family interviews and the results of the community meeting indicated the tenants and family were satisfied with all aspects of the program. Tenants stated the staff members that work at the program were helpful in assisting the tenants with their needs. They stated the food was good and was always served at an appropriate temperature. Two tenants indicated the food was a little spicy for their tastes however the concerns were not consistent among all of the tenants. Tenants stated they enjoyed the activities that occurred and always knew when something was going on at the program. Tenants stated the building was always kept clean and was well maintained and the apartments were kept clean as well. Tenants indicated the program respected their privacy and knocked before entering their room. Overall tenants and family were satisfied with the program.

Complaint History – There were no substantiated complaints filed 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: Review of eight tenant records indicated the program evaluated each tenant's functional abilities prior to taking occupancy, which was done by a human service professional. The program did not have documentation of tenant's health and cognitive assessments prior to taking occupancy. The RN stated health status and cognitive assessments were done prior to taking occupancy; however, these evaluations were not documented. The health status and cognitive that were documented had occurred after the tenants had taken occupancy. A scored assessment tool was not being used to assess the tenants' cognitive abilities prior to taking occupancy. The program evaluated each tenant's functional, health status and cognitive abilities within 30 days of admission and as needed and annually.

- Regulatory Insufficiency: The program did not provide documentation of an evaluation of each tenant's cognitive abilities and health status prior to taking occupancy.

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: The program administered medications to 49 tenants at the program. The medications were kept in a locked drawer in each tenant's apartment. The pharmacy(s) provided the regularly scheduled medications and set them up in weekly planners. The regularly scheduled tenant medications were not being recorded and signed for individually on the tenant medication administration record. Tenant medications that were administered as needed (prn) were recorded and signed for individually on the medication record.

The medication policy stated that when a narcotic was given to a tenant, the individual who administered the narcotic, would count the remaining number to verify an accurate accounting of the narcotic. When the medication pass was observed and a narcotic (schedule 2 drug) was administered the narcotic count was not done.

- Regulatory Insufficiency: The program did not record and sign for individual medications on the tenant's medication record, administered on a regular schedule.

Dated this 21st day of January 2005.