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

Assisted Living Program:

Mr. Bernie Daly
Hawthorne Inn at Windmill Pointe
1500 1st Ave. North
Coralville, Iowa 52241

Date of Monitoring Visit:

January 27 - 28, 2005

Monitor(s):

Hal L. Chase RN BSN MPH
Mary Oliver LISW

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 Hawthorne Inn on January 27 - 28, 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:	15
Current number of tenants with cognitive disorder:	7
Total Population:	22

Dementia Specific Program (DSP) - Not Applicable

Tenant/Family Satisfaction Results – A community meeting was held with sixteen tenants present. Tenants reported they are happy with the program and the services. Tenants felt safe in their apartments and felt staff was friendly and helpful. Tenants reported the food is good and plentiful. They like the activities being offered. When asked what would make this a better home tenants stated, "I can't think of a thing". Tenants were asked if they could stay at the program forever or would they have to move if they were in need of more medical care. The tenant's stated they thought they could stay forever but they "don't know for sure". Tenants were asked if they knew how to contact the Iowa Department of Inspections and Appeals or Department of Elder Affairs and they stated they didn't know. Tenants would recommend this program to family or friends. Two family members were interviewed. Family members were pleased with the program and satisfied with the care being given to their family members. They reported the staff appears to be competent and caring and staff knock before entering the tenant's room, giving the respect that is expected. They would recommend this program to family and friends.

Complaint History – No substantiated complaints this certification period.

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

A. Occupancy Agreement – The program shall enter into an occupancy agreement with the tenant or tenant's legal representative, if applicable, prior to the tenant's taking occupancy that clearly describes the rights and responsibilities of the tenant and of the program, and shall sign a managed risk policy disclosure statement. [321 IAC 25.22]

Monitoring Observation: In two of eight tenant files reviewed, the occupancy agreement was signed after the tenant took occupancy. In four of eight files reviewed, someone other than the alert, well-oriented tenant signed the occupancy agreement. In four of eight files reviewed, the program did not have documentation showing the person signing the occupancy agreement was a legal representative.

- Regulatory Insufficiency: The program did not have all occupancy agreements signed prior to occupancy.

- Regulatory Insufficiency: The program did not ensure those tenants who had no or minimal cognitive impairment sign their own occupancy agreements.

- Regulatory Insufficiency: The program allowed persons to sign occupancy agreements for tenants without having documentation that those persons were, in fact, legal representatives.

B. 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: Eight of eight tenant files indicated the Resident Services Director, who was not a human service or health care professional performed the evaluation of tenants. In five of eight files reviewed, an evaluation of the tenant's, cognitive, functional and health status was not completed prior to occupancy. In eight of eight files, cognitive status was not evaluated using a scored objective tool. In eight of eight files reviewed, tenants did not have an evaluation of cognitive, functional and health status evaluated within 30 days of occupancy. The program did not use the global deterioration scale (GDS) to stage tenants who scored moderately on the objective tool. Administrative staff reported they had never heard of the GDS.

- Regulatory Insufficiency: The program did not assess each tenant's cognitive, functional and health status using a health care or human service professional.

- Regulatory Insufficiency: The program did not conduct a cognitive, functional, and health status evaluation prior to occupancy and within 30 days of occupancy on each tenant.

C. Tenant Documents – Program maintains a complete file for each tenant containing all appropriate documentation. [321 IAC 25.27]

Monitoring Observation: Four of eight tenant files did not have documentation of a legal representative when a person other than the tenant signed documents. Eight of eight tenant files did not include; documentation of tenant service notes that recorded information regarding needs of tenants, health professionals' orders, treatment, therapy, medication, and injuries.

- Regulatory Insufficiency: The program did not maintain documentation of health professionals' orders, treatment, therapy, medication and service notes.

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

Monitoring Observation: Eight of eight tenant files indicated the Resident Services Director who is not a human service or health care professional prepared the service plan. Eight of eight service plans reviewed did not have documentation or signatures indicating the tenant or legal representative was consulted. Three of eight tenant files indicated preliminary service plans were initiated after admission. Two of eight tenant files indicated the tenant had a change of condition that required a change in the service plan; however, the service plan was not updated. Administrative staff and file review indicated the program did not complete service plan updates for tenants who receive personal care or health-related care within 30 days of occupancy. Administrative staff reported that the administrator, who was a human service professional, and the RN signed the service plan after the Resident Services Director completed it. The service plan was not developed in consultation with the tenant or with the tenant's legal representative, if applicable. Eight of eight tenant files did not include tenant's expected outcomes.

- Regulatory Insufficiency: Preliminary service plans were not developed by a health care or human service professional in consultation with the tenant or tenant's legal representative prior to tenant signing the occupancy agreement.

- Regulatory Insufficiency: Service plans were not updated within 30 days of occupancy for tenants receiving personal or health-related cares or with changes in a tenant's health, functional or cognitive status in consultation with a multi-disciplinary team, the tenant or tenant's legal representative.

E. 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 Resident Services Director (RSD), who is not an RN, administered medications and supervised other staff in medication administration. Six of eight tenant files revealed multiple errors including medications being discontinued without a physician's order, medications given without a physician's order, medications ordered by a physician but never initiated, and physician orders not being followed. Medication Administration Records (MAR) were not the same as the physician orders. The RSD transcribed the physician orders to the MAR. When the program RN and RSD were asked to explain the errors, the program RN could not give an explanation and deferred to the RSD. The RSD reported that families occasionally requested physician ordered medications not be given to tenants or over the counter medications be added to the tenant's regimen of medications. Staff complied with these requests without consulting the physician. Additionally, observation of medication administration by the monitor showed improper technique, i.e., not washing hands between tenants and not checking medications given against the record of medications ordered.

- Regulatory Insufficiency: The program did not ensure that administration of medications was provided by an Iowa-licensed registered nurse or advanced registered nurse practitioner registered in Iowa in accordance with nursing rules, IAC 655—Chapter 6.

- Regulatory Insufficiency: The program did not document physician orders, did not obtain physician orders for some medications administered, and did not always follow physician orders that were documented.

F. Nurse Review - Program provides a registered nurse to ensure 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: The program RN reviewed medication records monthly for accuracy; however, numerous errors were noted. The RN reported there was no review for adverse reactions to program-administered medications nor were there interventions or referrals to ensure medications were handled properly. The RN did not assess and document the health status of tenants, nor were recommendations and referrals made, as required at least every 90 days. Review of eight of eight tenant files confirmed these statements. Six of eight files indicated that when medication orders were noted, they were not signed, dated, and timed.

- Regulatory Insufficiency: The program RN did not conduct 90-day nurse reviews of medications or professional – directed care.

G. 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: Staff interviews indicated training was received from the Resident Services Director. Staff also reported they did not receive, via nurse delegation, training appropriate to the targeted population. A review of staff files showed training was sporadic. The program did not maintain documentation of training.

- Regulatory Insufficiency. The nurse and staff members did not provide nursing services that met the standards of nursing under IAC 655—Chapter 6.

- Regulatory Insufficiency. The program did not maintain consistent documentation of staff training nor did the program have a staffing plan on file.

H. Record Checks – The program conducts applicable employee record checks. [Iowa Code section 135C.33(5)]

Monitoring Observation: Six of six personnel files did not include documentation of dependent adult abuse record checks. The administrator stated he believed the criminal abuse record check automatically included the dependent adult abuse check so he did not complete a separate dependent adult abuse check on each employee prior to hire.

- Regulatory Insufficiency: The program did not obtain employee record checks for dependent adult abuse prior to hire.

Dated this 2nd day of February, 2005