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

Assisted Living Program:

Ronald Hurd, Housing Director
Village Ridge
365 Marion Boulevard
Marion, IA 52302

Date of Monitoring Visit:

February 8 & 9, 2005

Monitor(s):

Rose Boccella, MS
Hal Chase, RN, BSN, MPH
Stephanie Cummins, SW, MA
Ann Martin, 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 Village Ridge on February 8 & 9, 2005. 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:	24
Current number of tenants without cognitive disorder:	34
Total Population:	58

Tenant/Family Satisfaction Results – At the community meeting tenants stated staff was helpful, friendly, and responded to their concerns and requests. A family member stated the direct care staff and administrative staff were caring, helpful, and treated tenants well. The program went above and beyond what was required and they would recommend the program. They felt the program was like a big family. Tenants had interests in golf, bowling and billiards. The program had a pool table, installed a mini golf course, and had recently acquired a one-lane bowling alley. The tenants also enjoyed bingo, exercises, crafts, card games and outings. Tenants stated there was always something to do and they never felt bored. Tenants and the family member stated the building was clean and well maintained. Tenants did not have any items missing and they felt safe at the program. Tenants stated the food served was good but at times the meat was tough. They were given other food choices if there was something served they did not like. Tenants stated they had fire drills bi-monthly. Tenants enjoyed living at the program and would recommend it.

Complaint History – There was one substantiated complaint this certification period in the area of background checks.

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: Eight of the eight tenant files reviewed indicated tenant evaluations were not consistently completed in the required intervals and tenants did not have health evaluations completed within 30 days and with a change in condition. The RN stated the evaluations were not always completed when the service plan was updated with a change in condition.

- Regulatory Insufficiency: The program did not complete the required evaluations in the appropriate intervals.

- Regulatory Insufficiency: The program did not complete the evaluations as changes occurred.

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

Monitoring Observation: Eight of the eight tenant files reviewed indicated service plans were developed prior to admission; however, the service plans were not consistently updated after admission and did not address expected outcomes. The service plans were detailed and individualized for each tenant and were signed appropriately.

- Regulatory Insufficiency: The program did not have service plans that were updated in the appropriate intervals.

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

C. 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: Eight of the eight tenant files reviewed indicated that physician orders were received by the RN and were signed but not always dated and timed.

- Regulatory Insufficiency: The program RN did not appropriately document review of physician orders with a signature, date and time.

D. 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: The current RN had been employed at the program since April of 2004 and stated she trained the new direct care staff. Staff interviews and reviews of employee files indicated that existing direct care staff were trained by the former RN.

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

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

Monitoring Observation: Three employee files were reviewed. The program used a background check system that requested a criminal history but did not include a background check for dependent adult abuse. This background check system was initiated in January of 2004.

- Regulatory Insufficiency: The program did not have complete background checks for all employees prior to hire.

Dated this 17th day of February 2005.