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

Assisted Living Program:

Judy Hesson, Manager
Melrose Meadows
350 Dublin
Iowa City, IA 52240

Date of Monitoring Visit:

August 16, 2004

Monitor(s):

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 Melrose Meadows on August 16, 2004. 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:	17
Current number of tenants with cognitive disorder:	3
Total General Population:	17

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

Tenant/Family Satisfaction Results – A community group interview was held with the 17 tenants. The tenants said the food was excellent as well as being hot or cold as it should be. They feel safe at night. The tenants said they would recommend the ALP to others. The tenants did not seem to be aware of the posting for the Ombudsmen. One tenant asked the monitor to show the tenant the location of the posting. The program makes an effort to ensure privacy and the tenants make their choices about their life.

Complaint History – No complaints on file 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: Five staff records were reviewed; one was the dietary supervisor, one the nurse manager and the other three were CNAs or CMAs. The staff records for the three providing direct care did not have documentation ensuring they had received training appropriate to assigned tasks and target population. There was no documentation of training for nurse delegated duties.

- Regulatory Insufficiency: The program did not have training and staffing plans on file and did not maintain documentation of staff training for nurse delegated duties to ensure competency.

Dated this 15th day of October 2004.