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

Assisted Living Program:

Kim Emrich
Lutheran Home Apartments
1413 2nd Avenue
Vinton, IA 52349

Date of Monitoring Visit:

March 17, 2005

Monitor(s):

Stephanie Cummins, SW, MA

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 Lutheran Home Apartments on March 17, 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:	19
Current number of tenants with cognitive disorder:	0
Total Population:	19

Dementia Specific Program (DSP) – Not applicable.

Tenant/Family Satisfaction Results- A large community meeting, tenant interviews and a family interview were held during the onsite visit. Tenants and a family member stated the building was well maintained with the dining room, hallways and apartments kept clean. Tenants enjoyed activities such as bingo, exercises, musical groups and outings. Tenants stated they had regular fire drills. Two tenants, who lived in the middle of the hallway and had an alarm located outside of their apartment doors, stated they had a difficult time hearing the alarm when they were in their apartments. Other tenants stated the alarms were loud and they could hear them in their apartments. Tenants stated the food at the program had improved but they would like to see more fresh vegetables and meat with less breading. They stated they were given other food choices if there was something served they did not like. When tenants activated their emergency pendants they stated staff response was prompt. The family member and tenants described the direct care and administrative staff as kind, compassionate and excellent. The family member also stated she "loved" the staff and felt they went above their normal job duties. Overall, the tenants and family member were satisfied with and felt safe at the program and have recommended it to others in the community.

Complaint History –There were 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: Five tenant files were reviewed. One out of five files reviewed had an occupancy agreement that was signed prior to taking occupancy and two out of five had occupancy agreements that were signed approximately one month after taking occupancy. One out of five had an occupancy agreement that was signed but not dated and one occupancy agreement could not be located.

- Regulatory Insufficiency: The program did not consistently obtain tenant signatures on occupancy agreements for all tenants prior to taking occupancy.

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: Review of five tenant files and RN interview indicated the program evaluated each tenant's cognitive and functional abilities and health status prior to taking occupancy. Within 30 days of admission the program evaluated each tenant's functional abilities and health status but did not evaluate the tenant's cognitive abilities.

- Regulatory Insufficiency: The program did not evaluate each tenant's cognitive abilities within 30 days of taking occupancy.

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

Monitoring Observation: Review of five tenant files and RN interview indicated the program did not develop a service plan prior to tenants taking occupancy. The program developed a service plan for all tenants within 30 days of taking occupancy with the RN, Administrator, SW, and the tenant signing the service plans. One tenant had a service plan that was developed on 3-19-03 and updated on 7-9-03, 3-4-04 and 3-10-05. The RN, Administrator, and SW all signed the service plan each time it was updated, however, the tenant signed only the original service plan developed on 3-19-03. According to the RN, the program did not obtain tenant signatures when service plans were updated.

- Regulatory Insufficiency: The program did not develop a service plan prior to tenant taking occupancy.

- Regulatory Insufficiency: The program did not routinely obtain tenant's signature on the service plan when the service plan was updated.

Dated this 21st day of March 2005

Lutheran Home Apartments
Assisted Living, Vinton
Plan of Correction
Re-certification Monitoring 03-17-2005

A. Occupancy Agreement -

Regulatory Insufficiency: The program did not consistently obtain tenant signatures on occupancy agreements for all tenants prior to taking occupancy.

Plan of Correction: All occupancy agreements will be signed prior to occupancy. The "Admission Process" policy (attached #1) includes the "Occupancy Agreement" on the initial visit. The Nurse Coordinator will include a copy in her packet to give to the potential tenant. Prior to moving in to the apartment, the new tenant will set up a time to meet with the Administrator to complete the Occupancy Agreement.

B. Evaluation of Tenant -

Regulatory Insufficiency: The program did not evaluate each tenant's cognitive abilities within 30 days of taking occupancy.

Plan of Correction: Each tenant will have an evaluation of their cognitive abilities within 30 days of taking occupancy. The "Admission Process" policy (attached #1) does indicate that a cognitive evaluation will be done within 30 days occupancy. This was a misunderstanding on the part of the Nurse Coordinator and will now be included in the evaluation within 30 days.

C. Service Plan -

Regulatory Insufficiency: The program did not develop a service plan prior to tenant taking occupancy.

Plan of Correction: A service plan will be developed for each tenant prior to taking occupancy. The "Service Plan" policy (attached #2) had been updated and includes that the service plan be developed prior to tenant taking occupancy. The Nurse Coordinator will develop a preliminary service plan prior to the tenant taking occupancy and updates will be made accordingly.

Regulatory Insufficiency: The program did not routinely obtain the tenant's signature on the service plan when the service plan was updated.

Plan of Correction: Each tenant will sign their service plan when ever it is updated or changes are made. The Nurse Coordinator, after reviewing the service plan with the tenant, will obtain the tenant's signature and date.

THE LUTHERAN HOME FOR THE AGED ASSOCIATION - EAST

POLICIES AND PROCEDURES

CLASSIFICATION: **Nursing - Vinton Lutheran Home Apartment**

SUBJECT: **Admission Process**

DATE Implemented: **January 22, 1999**
Updated: **June 12, 2000**
April 30, 2003
January 27, 2005
April 4, 2005

POLICY:

An evaluation of each tenant's functional and cognitive abilities and health status and the determination of needed services will be completed prior to occupancy, within 30 days of occupancy and as needed, but not less than annually.

The tenant will meet or exceed the profile for eligibility.

The occupancy agreement includes all services provided and available. It will be discussed with the perspective tenant to promote understanding of residency criteria and occupancy agreement.

- **A nursing assessment including cognitive, health status and functional ability will be done to initiate the admission process. The following documents will be initiated or completed on the initial visit:**

  a) History Assessment Form
  b) Mini Mental State Exam (MMSE)
  c) Emergency Medical Record
  d) Release of Information for Medical Records
  e) Admission Checklist
  f) Occupancy Agreement

- **The prospective tenant will be informed that:**

  1. A complete current physical will be needed prior to admission.

2. Verification of a negative CXR or TB test prior to admission.

3. An apartment must be set-up with the administrator to complete and sign the occupancy agreement prior to moving into the apartment. The tenant will be informed of and abide by all terms, fees and conditions of the occupancy agreement.

4. After the preadmission requirements are met, plans can be made for moving into the assisted living apartment.

THE LUTHERAN HOME FOR THE AGED ASSOCIATION - EAST

POLICIES AND PROCEDURES

CLASSIFICATION: **General-Assisted Living Apartments**

SUBJECT: **Service Plan**

DATE Implemented: **March 4, 2003**
Updated: **May 2, 2003**
Updated: **February 15, 2005**
Updated: **March 10, 2005**

POLICY:

An individualized service plan based on functional, cognitive and health status evaluation shall be developed for each tenant.

Prior to occupancy, preliminary service plan will be developed by a assisted living nurse manager (health care professional) in consultation with the resident, and at the tenant's request, with the family member(s) or designated responsible party. Within thirty (30) days of occupancy, the service plan will be reviewed and changes made as required. The service plan shall be updated and reviewed at least annually thereafter, or whenever changes are necessary.

A multidisciplinary team (the team) will develop the service plan for each tenant. The team shall consist of no fewer than 3 individuals, including a health care professional and other staff appropriate to meet the needs of the tenant, in consultation with the tenant and, at the tenant's request, with other individuals identified by the tenant, and with the tenant's legal representative, if applicable.

The Service Plan will be individual and indicate, at a minimum:

1. Tenant's identified needs and requests for assistance and expected outcomes.
2. Any services and care to be provided, per agreement with the tenant.
3. The provider(s), if other than the assisted living program.

4. For tenants who are unable to plan their own activities, including tenants with dementia, planned and spontaneous activities based on the tenant's abilities and personal interests.
5. The date service is initiated.
6. Signatures of team members and tenant, or their designee.

- **The procedure for implementing a Service Plan for each tenant are as follows:**

1. Prior to admission, the initial assessment and mini metal status examination (MMSE) shall be reviewed by the assisted living nurse manager to identify tenant needs.

2. A "functional assessment will also be completed for each tenant.

3. Services provided, as well as services available will be reviewed with the tenant, and/or their designees.

4. A Service Plan will be developed by the team, based on the assessments and requests made by the tenant, and/or their designees.

5. Within thirty (30) days of occupancy, the Service Plan will be reviewed and changes made, as necessary.

6. The Service Plan will be reviewed, at least annually, by the team. Change will be made, as necessary.

7. If changes are necessary prior to the annual review, the following steps will be taken.

    a. Identify problem and/or need for change in Service Plan.
    b. Review potential change with the team.
    c. Discuss need for change with tenant, and/or their designee.
    d. Document new service on Service Plan.
    e. Implement change.

8. **Transfer Planning**. The assisted living program shall provide assistance to a tenant and the tenant's representative, if applicable, to ensure a safe and orderly transfer when the tenant meets the program transfer requirements.