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

Assisted Living Program:

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

Date of Monitoring Visit:

April 12, 2005

Monitor(s):

Hal L. Chase RN BSN MPH
Mary Oliver LISW
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 revisit was conducted at Hawthorn Inn on April 12, 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:	5
Total General Population:	20

Dementia Specific Program (DSP) – Not applicable.

Tenant/Family Satisfaction Results – The current on-site evaluation was a required revisit and, therefore, tenant and family interviews were not conducted.

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: The program had received three insufficiencies related to occupancy agreements as the result of the monitoring visit conducted on January 27 and 28, 2005. During the revisit four files were reviewed and tenants had signed three of the four occupancy agreements; a person holding power of attorney for business matters signed one agreement. Proper documentation of the power of attorney was present in the file. All four files included documentation of power of attorney and durable power of attorney as required by each case. The two newest occupancy agreements were reviewed to assure that signatures were obtained prior to the tenant taking occupancy and were found to be in compliance.

- Regulatory Insufficiency: None noted.

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: The program had received two insufficiencies related to evaluation of tenants as the result of the monitoring visit conducted on January 27 and 28, 2005. During the revisit, five files were reviewed. Two files from the most recent admissions included an evaluation of functional, cognitive, and health status by a health care professional on the day of admission and thirty days after admission. The program did not use the Global Deterioration Scale to stage any tenants, including a new tenant, who scored low on the cognitive evaluation. Three files were reviewed for tenants who entered the program prior to the employment of the new registered nurse (RN), which did not have timely evaluations nor were the evaluations conducted by a health care or human service professional. The evaluation formats presented by the program met the requirements for the evaluation with the exception of staging tenants using the Global Deterioration Scale for those who score low on the cognitive status evaluation.

- Regulatory Insufficiency: The program had not assessed the cognitive, functional, or health status of three existing tenants.

- Regulatory Insufficiency: The program had not incorporated the use of the Global Deterioration Scale evaluation for tenants who scored low on the cognitive status evaluation or within 30 days of admission.

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

Monitoring Observation: The program had received an insufficiency as the result of the January monitoring visit regarding the lack of tenant service notes recording information regarding tenant's needs, health professionals' orders, treatment, therapy, medication, and

injuries. Five of five files reviewed contained recent notes by the RN addressing tenant's needs and current issues.

- Regulatory Insufficiency: None noted.

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

Monitoring Observation: The program had received two insufficiencies related to service plans as the result of the January monitoring visit. Two of four files reviewed for service plans were for tenants admitted since the January monitoring visit. One of those two service plans was not completed until two days after admission; the other was completed on the day of admission. Both service plans were reviewed and revised within 30 days of admission. Two of two tenants admitted before the January visit had new service plans completed by the health care professional. Two of four files reviewed did not have documentation that two additional staff members were included in care planning. In four of four files reviewed, the tenant or legal representative did not sign the service plan nor was there any indication that the tenant or legal representative participated in care planning. Staff members reported that the service plans were discussed with the tenants; however, there was no documentation of those discussions.

- Regulatory Insufficiency: The program did not develop initial service plans prior to admission in consultation with the tenant and/or legal representative.

- Regulatory Insufficiency: The program did not consistently develop the service plan in consult with the health care professional and two additional staff members.

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 program had received two insufficiencies related to medications as the result of the January monitoring visit. During the revisit five files were reviewed. All files reviewed included physician orders for medications that were "noted" with the date and signature of the nurse but were not timed. One file included four physician orders that were not "noted" in any manner. Documentation in the files indicated the newly hired RN was reviewing files to assure that physician orders were correct and being followed. The RN reported, and documentation confirmed, that the nurse was appropriately delegating and monitoring the administration of medications by non-professional staff.

- Regulatory Insufficiency: The program RN was not "noting" physician orders consistently with the signature, date, and time.

F. 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: During the January monitoring visit, the program had received an insufficiency because the RN was not conducting a 90-day review of medications or professional-directed care. Five files were reviewed and documentation in all files indicated the RN was completing a medication review weekly when new medications were delivered. Since the RN had only been working in the program full time for twelve days, it was not possible to ensure that 90-day reviews of professional-directed care would be done. The RN stated that she understood the need for these reviews and planned to complete them in a timely manner,

- Regulatory Insufficiency: None noted.

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: The program had received two insufficiencies related to staffing as the result of the January monitoring visit. During the revisit, personnel records were reviewed and the RN was interviewed. Documentation in personnel files indicated the RN had conducted an academic evaluation of the capacity of staff members to pass medications. The RN stated that she observed caregivers providing care to ensure they were using appropriate caregiving methods but did not document her observations.

- Regulatory Insufficiency: The program RN did not document when skills of caregivers was assessed or monitored.

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

Monitoring Observation: The program had received an insufficiency as the result of the January monitoring visit because they did not obtain employee record checks for dependent adult abuse prior to hire. The program hired one person since the January review. According to time sheets, the person began working on 3-6-05; the criminal and abuse history check results were obtained on 3-22-05, sixteen days after the person began working.

- Regulatory Insufficiency: The program did not obtain a criminal and dependent adult abuse history check prior to hire of each employee.

Dated this 15th day of April 2005

A. Occupancy Agreement. Regulatory Insufficiency: None noted

B. Evaluation of tenant: The program had not assessed the cognitive, functional, or health status of 3 existing tenants. The program had not incorporated the use of the Global Deterioration Scale evaluation for tenants who scored low on the cognitive status evaluation or within 30 days of admission.

Plan of correction: Cognitive, functional, and as well as health status will be updated per RN. Global detoriation scale will be performed on individuals who score moderate or severe on the Mini- Mental Status Evaluation or 11-28 on the MSQ (Orientation- Memory Concentration Scale).

C. Tenant documents: Regulatory Insufficiency: None noted.

D. Service plan. The program did not consistently develop the service plan prior to admission in consultation with the tenant and/or legal representative. The program did not consistently develop the service plan in consult with the health care professional and 2 additional staff members.

Plan of correction: Upon completion of the comprehensive assessment and the functional assessment, prior to occupancy, an individualized service plan will be developed for each resident, in consultation with the resident and at the resident's request with the family member or designated responsible party. The service plan will be developed in consualtion with a multi disciplinary team, which consists of no less than 3 individuals including a health care professional as well as 2 staff members.

E. Medications: The RN was not " noting" physician orders consistently with the signature, date, and time.

Plan of correction: Time now included when RN notes physician orders as well a s signature and date.

F. Nurse review: Regulatory Insufficiency: None noted.

G. Staffing: The program RN did not document when skills of caregivers were assessed or monitored.

Plan of correction: RN will now document skills of caregivers as they are performed.
Please note that RN had observed and documented medication administration and will continue to do so on an ongoing basis.

H. Record Checks: the program did not obtain a criminal and dependent adult abuse history check prior to hire of each employee.

Plan of correction: Criminal and adult abuse history check will be completed immediately prior to hire of each employee.

Dated 4/22/05