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

Assisted Living Program:

David Burkhart, Executive Director
Silvercrest Legacy Pointe
1020 South Scott Boulevard
Iowa City, IA 52240

Date of Monitoring Visit:

April 6-7, 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 Legacy Pointe on April 6-7, 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:	54
Current number of tenants with cognitive disorder:	7
Total Population:	61

Dementia Specific Program (DSP) – Not applicable.

Tenant/Family Satisfaction Results – A community meeting and several tenant interviews were conducted. Tenants stated the direct care staff was caring, kind and compassionate. They stated administrative staff was new and positive changes had occurred. Tenants felt the program did a great job with keeping the building clean and well maintained. Tenants stated there were not many activities but a new activity director would be starting next week. They would like to have more outings and wanted to keep Bingo as an activity. Tenants indicated the program had regular fire drills and stated the alarm was loud. They mentioned that if they pushed the emergency pendant the staff responded very quickly. Tenants state food and service had improved recently but still needed further improvements. They would like to see less pasta, more tender pork chops, and smaller portion sizes. Tenants felt safe at the program.

Complaint History – There are no substantiated complaints this certification period.

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: Six tenant files were reviewed. All tenant files had functional, cognitive and health evaluations completed prior to tenants taking occupancy. The Registered Nurse (RN) stated the program was not completing a full assessment; including, functional, cognitive and health evaluations within 30 days of occupancy and no files contained these evaluations. Instead, the program was reviewing the assessments from admission. One tenant had been hospitalized recently and the RN had completed all of the required evaluations prior to the tenant returning to the program. The tenant files had a service plan annually; however, did not have functional, cognitive and health evaluations annually.

- Regulatory Insufficiency: The program did not evaluate each tenant's functional and cognitive abilities and health status within 30 days of occupancy and annually.

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

Monitoring Observation: Six tenant files were reviewed and all had a service plan prior to the tenant taking occupancy. All tenants received personal and or health related care; however, none of the tenant files had a service plan that was updated within 30 days of taking occupancy. The service plans were updated annually; however, the tenant did not sign the updated plan. The RN, social worker (SW), and facility representative/Director signed the updated service plans annually.

- Regulatory Insufficiency: The program did not update the service plan within 30 days of occupancy for those tenants that received personal and or health related care.

- Regulatory Insufficiency: The program did not obtain the tenant's signature when the service plan was updated within 30 days of admission and annually.

C. 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 RN began working at the program on 1/3/05. Review of program records and an interview with the RN indicated the program had delegated medication administration to direct care staff and documentation of the delegation was provided. The RN had not delegated personal cares to the direct care staff. The program employed certified direct care staff according to program records.

- Regulatory Insufficiency: The program did not have appropriately trained direct care staff under the direction of the current RN.

Dated this 8th day of April 2005

Legacy Senior Living Community
Legacy Pointe, Iowa City
1020 South Scott Boulevard
Iowa City, Iowa 52240

April, 2005

Re: Re-certification Monitoring Evaluation Report
Plan of Correction

Dear Chris Nothaft,

The following are plans of correction for regulatory insufficiencies:

Regulatory Insufficiency: The program did not evaluate each tenant's functional and cognitive abilities and health status within 30 days of occupancy and annually.

Corrective Plan: The program will evaluate each tenant's functional and cognitive abilities and health status within 30 days of occupancy and annually.

Regulatory Insufficiency: The program did not update the service plan within 30 days of occupancy for those tenants that received personal and or health related care.

Corrective Plan: The program will update the service plan within 30 days of occupancy for those tenants that receive personal and or health related care.

Regulatory Insufficiency: The program did not obtain the tenant's signature when the service plan was updated within 30 days of admission and annually.

Corrective Plan: The program will obtain the tenant's signature when the service plan is updated within 30 days of admission and annually.

Regulatory Insufficiency: The program did not have appropriately trained direct care staff under the direction of the current RN.

Corrective Plan: The program will appropriately train direct care staff under the direction of a New Director of Nursing/RN and will implement a new orientation check list.

Respectfully,
David Burkhart, Executive Director
Legacy Senior Living Community, Legacy Pointe