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

Assisted Living Program:

Pat Zaugg, Administrator
Prairie Creek Assisted Living
301 4th Street N.W.
West Bend, IA 50597

Date of Monitoring Visit:

April 7, 2005

Monitor(s):

Hal L. Chase, RN BSN MPH

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 Prairie Creek Assisted Living on April 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:	**9**
Current number of tenants with cognitive disorder:	**1**
Total Population:	**10**

Dementia Specific Program (DSP) – Not applicable.

Tenant/Family Satisfaction Results – A community meeting was held with ten tenants in the dining room. Tenants reported being satisfied with the program. Tenants reported that staff encourages tenants to make their own decisions about health care decisions. Tenants stated that they spend most of the day as they want to. Tenants reported staff promotes their privacy and feels they are respected. Tenants reported staff are well trained and provide the services they have requested. Tenants also reported the food is good, they are given choices, and there is plenty of food offered.

Complaint History – There were no 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: In three of four files reviewed, an evaluation of the tenant's cognitive, functional and health status was not completed prior to occupancy. In four of four files, cognitive status was not evaluated using a scored objective tool. In four of four files reviewed, tenants did not have an evaluation of cognitive, functional and health status evaluated within 30 days of occupancy. The program did not use the global deterioration scale (GDS) to stage tenants who exhibited signs of dementia.

- Regulatory Insufficiency: The program did not conduct a cognitive, functional, and health status evaluation prior to occupancy and within 30 days of occupancy on each tenant.

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

Monitoring Observation: Two of four tenant files indicated the tenant had a change of condition that required a change in the service plan; however, the service plan was not updated. Four of four tenant files did not include tenant's expected outcomes. Two of four tenant files reviewed did not have annual updated service plans.

- Regulatory Insufficiency: The program did not review or update service plans within 30 days of occupancy for tenants receiving personal or health-related cares or with change in condition in consultation with a multi-disciplinary team, the tenant or tenant's legal representative.

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: Review of four of four tenant files and an interview with the RN reported there was no review for adverse reactions to program-administered medications nor were there interventions or referrals to ensure medications were handled properly. The RN did not assess and document the health status of tenants, nor were there recommendations or referrals made, as required, at least every 90 days.

- Regulatory Insufficiency: The program RN did not conduct 90-day nurse reviews of tenants receiving program administered medication or professional-directed care.

Dated this 7th day of April 2005.

PRAIRIE CREEK ASSISTED LIVING
301 4th Street NW
West Bend, IA 50597

April 18, 2005

HEALTH FACILITIES
APR 2 2 2005

Tamara Halvorson
Certification Coordinator-Western
Adult Services Bureau
Lucas State Office Building
321 East 12th St
Des Moines, IA 50319-0083

Dear Ms. Halvorson,

On April 7th Hal Chase conducted the Recertification Monitoring of the Prairie Creek Assisted Living in West Bend Iowa. Following is our Plan of Correction.

A. The Program RN will make sure that a cognitive, functional, and Health status evaluation will take place prior to occupancy and with in 30 days of occupancy on each tenant. A scored objective tool will be used to evaluate cognitive status. We will use the Global Deterioration scale to stage tenants who have exhibited signs of dementia. Regulatory Insufficiency A will be corrected by 4/29/05.

B. The Program RN will review each Service Plan within 30 days of occupancy and will also change the Service Plan any time there is a significant condition change. Each tenant file will include expected outcomes. Each Service Plan will be updated annually. Regulatory Insufficiency B will be corrected by 4/20/05.

C. The Program RN will conduct 90 day nurse reviews of tenants receiving help with medications or assistance with cares. Regulatory Insufficiency C will be corrected by 4/29/05.

If you have any questions please call Karla Thilges or Pat Zaugg at 515-887- 4071. Thank you very much.

Sincerely,

Pat Zaugg
Administrator