Iowa Department of Inspections and Appeals
Assisted Living Program
Initial Certification Monitoring Evaluation Report

Assisted Living Program:

Cathy Flanagan, Director RN
SunnyBrook at Ashford Park Assisted Living Residence
1406 East Linden Drive
Mount Pleasant, IA 52641

Date of Monitoring Visit:

May 25, 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 an Initial 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 SunnyBrook at Ashford Park Assisted Living Residence on May 25, 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:	30
Current number of tenants with cognitive disorder:	8
Total Population:	38

Dementia Specific Program (DSP) **–** A program that is a Dementia Specific Program by definition or holds itself out as providing specialized care in a dedicated setting but may have tenants without cognitive disorder.

Current number of tenants in a DSP that holds itself out as providing specialized care in a dedicated setting:	4
Current number of tenants without cognitive disorder:	1
Total Population:	5

Tenant/Family Satisfaction Results-A community meeting was held with 15 tenants attending. Tenants said the quality of the food was good and it was presented in an appealing manner. Tenants enjoyed the activities and one tenant said they had so much to do that the tenant did not have time to keep his/her apartment clean. Another tenant mentioned they had a lot of activities but stated it was fine to not participate. Tenants felt the building was kept clean and they had no complaints with housekeeping or maintenance. Tenants have participated in a fire drill and indicated the alarms were loud enough to hear. Tenants said staff was friendly and nice and their needs were being met; however, they felt the staff were too busy. Administrative staff indicated in the entrance meeting they were hiring additional staff.

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. Criteria for exclusion of tenants - Program does not admit or retain tenants that require a higher level of care, unless a written exception has been applied for and approved. [321 IAC 25.23(3); 25.24]

Monitoring Observation: Tenant #1 was admitted on 3-7-05 with diagnoses of Alzheimer's, benign prostate hypertrophy and hypertension. The tenant was evaluated as a five on the Global Deterioration Scale (GDS) on 4-28-05. Staff interviews indicated the tenant had verbally and sexually aggressive behaviors. Between 4-24-05 and 5-24-05 the tenant had five documented incidences of aggressive, hostile and threatening behavior. On 5-14-05 it was documented the tenant was agitated, swearing, yelling at staff and received a Pro Re Nata (PRN, as needed) order for Lorazepam from the physician. The PRN was given at 12:20 p.m. and the note said the tenant continued to be unsteady, hostile, verbally abusive and threatening towards staff. The tenant also displayed sexually aggressive behavior towards some staff; on 5-19-05 the tenant pulled a staff into the tenant's lap and it was documented the tenant had made attempts to touch some staff inappropriately. Staff stated that on the morning of the initial certification visit, the tenant removed clothing to take a shower and made a comment to the staff about comparing breasts. The tenant resided in the memory care unit with three women, two of which had a cognitive impairment and GDS scores of four. The tenant also displayed two documented occurrences of elopement behavior. On 5-17-05 the tenant was found pacing and trying to open windows to go outside. On 5-24-05 the tenant was walking outside in the enclosed courtyard, studied the gates, tried to get in the end doors and was upset when unable to get through. On 05/24/05 the Registered Nurse (RN) discussed with family the tenant's aggressive behavior and need for transfer if the behaviors continued. The RN suggested a physician consult.

Tenant #2 was admitted on 2-20-05 with diagnoses of Alzheimer's, transient ischemic attack and hiatal hernia. The tenant was evaluated as a six on the GDS on 3-20-05. The tenant had two falls, one on 4-19-05 and another on 5-11-05. Staff interviews indicated the tenant's condition had declined and the tenant needed to be fed at times. Nurse's notes stated on 4-27-05 the RN had spoke with tenant's physician about the tenant's decline, increased pacing, need to be fed on occasion and a more hunched over posture. On 5-17-05 and 5-19-05 it was documented the tenant was not eating well, needed coaxing and needed to be fed more often. The tenant also had urinary and stool incontinence, including frequent urination in the room on the carpet. The notes report the tenant was toileted every one to two hours without success. On 5-22-05, 5-23-05 and 5-24-05 the tenant was found incontinent of stool. On 5-25-05 it was documented a family member would be in town on 5-29-05 to discuss the tenant's decline and need to start looking for alternate placement. A waiver application had been requested for this tenant prior to another placement being found.

- Regulatory Insufficiency: The program did not initiate transfer for tenants who on a routine basis have unmanageable incontinence and who are dangerous to self and others.

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 tenant files indicated the RN did not consistently note new physician orders with time, date and signature.

- Regulatory Insufficiency: The program did not appropriately document physician orders with time, date and signature.

Dated this 27th day of May 2005.