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

Assisted Living Program:

Susan Meyer, Administrator
Keystone Senior Suites
250 Fifth Street
Keystone, IA 52249

Date of Monitoring Visit:

May 5, 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 Keystone Senior Suites on May 5, 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:	7
Current number of tenants with cognitive disorder:	1
Total Population:	8

Dementia Specific Program (DSP) – Not applicable.

Tenant/Family Satisfaction Results – A community meeting and tenant interviews were held. Tenants stated there was a monthly activity calendar and most of the activities took place in the adjoining care center; tenants said they kept themselves busy in addition to the activities offered. Tenants did not require much staff assistance but when they needed something or pushed their emergency pendants, staff was quick to respond. Tenants and family said the food was good; however, the tenants did offer some suggestions for improvements. They suggested more fresh salads, better quality chicken and stated at times the food could be warmer. Family and the tenants stated the apartments, hallways, and dining area was kept clean. Tenants described the staff members as "marvelous" and "excellent" and a family member felt the program had good communication with families. Tenants and family stated they were satisfied with the program and would recommend it to other people in the community.

Complaint History –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: Four tenant files were reviewed. All four files had functional and health evaluations completed prior to taking occupancy. Two of four tenant files had cognitive evaluations completed after the tenant took occupancy. Three of four tenants did not have a cognitive evaluation completed within 30 days of occupancy and one of four tenants had not been at the program for 30 days and was; therefore, not due for a 30-day evaluation. Two of three tenants had cognitive evaluations completed after 30 days of taking occupancy and one tenants evaluation was not located. The program had completed functional evaluations within 30 days of taking occupancy. According to the administrator and reviews of four tenant files the program did not complete a new formal health evaluation within 30 days of occupancy. Tenant #1 had knee replacement surgery on 2-16-05 and, according to family, returned to the program sometime between 3-8-05 and 3-15-05. The program did not have any record of the dates the tenant was gone and did not perform any assessments prior to the tenant's return.

- Regulatory Insufficiency: The program did not consistently evaluate tenant's cognitive abilities prior to taking occupancy and did not evaluate cognitive and health status within 30 days of occupancy.

- Regulatory Insufficiency: The program did not evaluate tenant's functional and cognitive abilities and health status as needed.

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

Monitoring Observation: Review of four tenant files indicated all tenants had a service plan developed prior to taking occupancy. The tenants and the administrator, who is a licensed practical nurse (LPN), and had been the administrator of the care center since 1982, signed the service plans. Tenant #1 had knee replacement surgery on 2-16-05 and, according to the tenant's family, returned to the program sometime between 3-8-05 and 3-15-05. The program did not have any record of the exact dates the tenant was gone. The service plan was not updated prior to the tenants return.

- The administrator, who is an LPN, had been identified as not meeting the requirements of a health or human service professional, which would allow her to sign service plans. Subsequent to the on-site the program provided input that the administrator could meet this requirement through nurse delegation.

- Regulatory Insufficiency: The program did not update service plans as needed.

Dated this 6th day of May 2005.

KEYSTONE NURSING CARE CENTER

250 5TH STREET.
KEYSTONE, IOWA 52249

Phone 442-3234

May 24, 2005

Chris Nothaft
Certification Coordinator- Eastern Iowa
Adult Services Bureau
Department of Inspections and Appeals
Lucas State Office Building
321 East 12th Street
Des Moines, Iowa 50319-0083

Dear Ms. Nothaft,

This is the Keystone Senior Suites plan of correction for recertification.
A. Evaluation of Tenant
Evaluation of health, cognitive and functional status will be done prior to admission, 30 days within occupancy and annually and as needed as of this date 5-25-05.
B. Service Plan
Service plan will be completed prior to admission, updated annually or when changes are needed by a human service or health care professional as of this date 5-25-05.

Sincerely,

Susan Meyer, Adm.
Keystone Senior Suites