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

Assisted Living Program:

Shelley Wicks, Administrator
West Liberty Assisted Living
1004 North Miller Drive
West Liberty, IA 52276

Date of Monitoring Visit:

May 19, 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 West Liberty Assisted Living on May 19, 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:	8
Current number of tenants with cognitive disorder:	1
Total Population:	9

Dementia Specific Program (DSP) – Not applicable.

Tenant/Family Satisfaction Results – A community meeting was held with eight tenants. The monitor observed the tenants during the community meeting and throughout the day. Tenants visited in the common areas and appeared to get along well with one another. Tenants were satisfied with the cleanliness of the building and apartments and had no complaints regarding housekeeping. They stated they were served a lot of food and it was hot and of good quality. The only food related complaint was the oatmeal was often runny and needed more oatmeal or less water. Tenants stated staff was nice and knocked before entering their apartments. Tenants were able to reach staff in the nursing home after program staff left in the afternoon, by pushing their pendants or calling the desk. Tenants received an activity calendar monthly and a calendar was posted. There were activities including musical groups and children's visits. On the day of the monitors visit children from a local school visited in the morning and a choir came in the afternoon. The tenants did not feel that going to the nursing home for activities inconvenienced them in any way. A family member was contacted via telephone and was happy and satisfied. The family member stated there had been a staffing issue and the family member approached the registered nurse (RN) regarding the problem and the issue was resolved. The family member also felt several of the tenants, including their loved one, might benefit from Books on Tape and had discussed this issue with the RN. The tenants and the family were satisfied and would recommend the program.

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. 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. One file had a health evaluation completed prior to the tenant taking occupancy. Two files had health evaluations completed after taking occupancy and one had a health evaluation on the day of occupancy.

Tenant #1 was hospitalized from 2-17-05 to 2-19-05. The RN stated she discussed level of care and any changes with the discharge planner prior to the tenant's return. From 2-21-05 to 3-15-05 the tenant was admitted to the attached nursing home due to weakness. A discharge nursing home assessment was completed at the nursing home; however, an assessment for re-admission using assisted living assessment tools was not completed.

None of the four files had a functional assessment within 30 days of occupancy; however, one of the tenants was not due for a 30-day assessment. A Functional Level Needs Assessment Worksheet was used to evaluate tenant's functional needs prior to taking occupancy but was not used within 30 days of occupancy.

- Regulatory Insufficiency: The program did not evaluate each tenant's health status prior to taking occupancy.

- Regulatory Insufficiency: The program did not evaluate each tenant's functional and cognitive abilities and health status as needed or after a change in condition.

- Regulatory Insufficiency: The program did not evaluate each tenant's functional abilities within 30 days of taking occupancy.

B. Transportation – When the program provides transportation services directly or under contract with the program, the services shall be provided as required. [321 IAC 25.38]

Monitoring Observation: Administrative staff indicated they had a 14-passenger bus but it had not been used in the past year. The bus was used primarily for outings; however, the RN stated some of the tenants had their own transportation and others had families in the area that provided transportation. The bus had seatbelts for the driver and for wheelchairs but did not have seatbelts for ambulatory tenants. Four to five staff members drove the bus and all had regular State of Iowa Driver's Licenses.

- Regulatory Insufficiency: The program did not provide a vehicle that had seatbelts for all tenants.

- Regulatory Insufficiency: The program did not have appropriately licensed staff to drive the vehicle.

Dated this 24th day of May 2005.

Plan of Correction for West Liberty Assisted Living Residences

For the first three regulatory insufficiencies, a flow sheet was designed by the Director of Nursing and the Social Worker on May 19, 2005. This flow sheet has been and will continue to be used as a guideline for the Assisted Living staff for functional, cognitive, and health assessments as well as occupancy agreements. Please see the attached form.

A. Evaluation of Tenant
Regulatory Insufficiency: The program did not evaluate each tenant's health status prior to taking occupancy.

POC: A flow sheet developed by the Director of Nursing and the Social Worker, was designed on May 19, 2005. This flow sheet will serve as a reminder that the health status will be completed prior to occupancy.

Regulatory Insufficiency: The program did not evaluate each tenant's functional and cognitive abilities and health status as needed or after a change in condition.

POC: A flow sheet developed by the Director of Nursing and the Social Worker was designed on May 19, 2005. This flow sheet will serve as a reminder that the evaluation of the tenant's functional, cognitive, and health status will be reevaluated as a change in condition occurs.

Regulatory Insufficiency: The program did not evaluate each tenant's functional abilities within 30 days of taking occupancy.

POC: A flow sheet developed by the Director of Nursing and the Social Worker was designed on May 19, 2005. This flow sheet will serve as a reminder that an assessment of the tenant's functional abilities will be completed within 30 days of taking occupancy.

B. Transportation
Regulatory Insufficiency: The program did not provide a vehicle that had seatbelts for all tenants.

POC: The Iowa Department of Transportation does not require the use of seat belts for this bus. As this is a requirement specifically for assisted living, Simpson Memorial Home will not use this bus for transportation until it can be retrofitted with seat belts. Installation should be done no later than August 1, 2005. Until then, transportation will be provided in the 2002 Ford Explorer which has seat belts for all passengers.

Regulatory Insufficiency: The program did not have appropriately licensed staff to drive the vehicle.

POC: Of the four drivers, it was discovered on the day of survey that one of them had a CDL license. A second driver secured his Chauffeur's Class D endorsement 3 license on May 19, 2005. Two remaining drivers are awaiting opportunity to obtain the required license and will not drive the vehicles until this is accomplished. Completion date is no later than August 1, 2005.

Required Tenant Documents Check List

I. **Application Form** (Must be completed prior to occupancy)(business file)

II. **Occupancy Agreement** signed dated and timed prior to occupancy (business file)

- Tenant's Name (Face Sheet)
- Birth Date (Face Sheet)
- Home Address (Face Sheet)
- Insurance/Identification Numbers Copy cards(business file)
- Name/address/Phone numbers family members, or designated people to contact in the event of illness or emergency (Face Sheet)
- HUD Rental Assistance (if Applicable)

III. **Initial Evaluation (Functional needs Assessment worksheet)**

- **MMSQ** completed and signed and timed prior to occupancy, change in condition, or re-admission
- Cognitive Assessment/Mini mental/GDS if MMSQ below 23
- FNA worksheet completed and signed prior to occupancy
- **Functional Level Assessment** /updates
- Completed, dated and signed prior to occupancy of the apartment by the team and the Tenant, at 30 days, annually, or significant change

IV. Activities addressed

V. Nursing Home preferences addressed

VI. **Nursing Assessment**

- Initial Nurses Notes with head to toe assessment prior to occupancy/re-occupancy
- Worksheet done prior to occupancy
- 30 day NN review head to toe assessment (write if any changes to FNA)
- Must identify changes at 30 days, significant change, 90 days, and annually

VII. **Medication Review**

- Assessment every 90 days
- In NN must say 90 day med review
- Change in condition, medications, side effects

VIII. **Health Related Services (Bathing, Dressing, ADL)**

- Reviewed Quarterly

IX. **Copy of Power of Atty/Conservatorship or legal representative**

X. **HIPAA signed authorization to release information, photos**

Facility Representative_____ Date_____

Revised 4/21/2005/4/26At 11:30am Second Review 5/19/2005