# Iowa Department of Inspections and Appeals
# Assisted Living Program
# Recertification Monitoring Evaluation & Second Revisit Report

**Assisted Living Program:**

**Complaint Intake #: 12832R2**

Windsor Manor Assisted Living
Ms. Shelly Robins, Administrator
608 South 15th Street
Indianola, IA 50125

**Date of Monitoring Visit:**

August 31, 2006

**Monitor(s):**

Hal L. Chase, RN BSN MPH
Ann Martin, RN
Tamara Halvorson
Connie Schaffer

**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 Recertification Monitoring Evaluation Report. Depending on the circumstances, DIA may revisit 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 complaint second revisit and recertification evaluation was conducted at Windsor Manor Assisted Living on August 31, 2006. 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.

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| Current number of tenants without cognitive disorder: | 27 |

***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.

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|---|---|
| Current number of tenants in a DSP that holds itself out as providing specialized care in a dedicated setting: | 9 |
| Total Population: | 36 |

***These are the census numbers represented by the program to be applicable at the time of the on-site.**

**Tenant/Family Satisfaction Results** – A community meeting was held with 26 tenants. Tenants stated the program was a nice place to live and their apartments are clean and well kept. Tenants stated staff care about them, always take time to help and are careful with their belongings. Tenants stated there are plenty of things to do and they are never idle. Tenants stated they feel safe and don't worry about their safety. Tenants stated they make their own decisions and would recommend this program to friends and family.

**Complaint History** – There were substantiated complaints this certification period in the areas of Evaluation of Tenant, Criteria for Exclusion of Tenant, Service Plan, Medications, Staffing, Tenant Documents, Nurse Review and Dementia-specific Education for Program Personnel.

This is the second revisit on Complaint #12832 and the recertification visit for period November 6, 2006 through November 5, 2008.

**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)]

Complaint Allegation **#12832**: It was alleged the tenant was not evaluated adequately as the tenant's condition changed and lack of evaluations resulted in increased illness and a hospital stay.

Monitoring Observation: It was alleged the program did not complete a functional, cognitive and health evaluation when a change in condition occurred with Tenant #1, resulting in increased illness and hospitalization. The program was cited for a regulatory insufficiency for not evaluating Tenant #1's function, cognition and health status when a change in condition occurred.

During the revisit on 5-8-06, it was determined during the entrance meeting Tenant #1 was hospitalized on 4-8-06, and did not return to the program.

During the second revisit and recertification of 8-31-06, tenant files reviewed indicated the program completes functional, cognitive and health evaluations as required.

- Regulatory Insufficiency: None noted.

**B. 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: In response to the preliminary identification of Tenant #2 not meeting criteria for retention in an Assisted Living Program, the program provided input, subsequent to the on-site, that the tenant's condition has improved and the behaviors are now manageable.

During the second revisit and recertification of 8-31-06, tenant files reviewed indicated tenants residing at the program do not exceed the program's ability to provide care.

- Regulatory Insufficiency: None noted.

**C. Tenant Documents** – Program maintains a complete file for each tenant containing all appropriate documentation. [321 IAC 25.27]

Monitoring Observation **Recertification & Complaint #12832**: Complaint #12832, dated 4-7-06 alleged the program did not correctly record the urine output from Tenant #1's catheter. It was alleged the Registered Nurse (RN) described an incident in the nursing record of 3-14-06, was not the same as the description of the incident related by the Certified Nursing Assistant (CNA) involved. The program was cited for a regulatory insufficiency for not maintaining a complete file with required documents. During the second revisit on 5-8-06, it was determined during the entrance meeting Tenant #1 was hospitalized on 4-8-06, and did not return to the program.

During the revisit of 5-8-06, a review of Tenant #2's file indicated the program had someone other than the tenant sign the designation for Cardio Pulmonary Resuscitation (CPR). The program was cited for a regulatory insufficiency for not having Tenant #2 sign the notification of decision for CPR.

During the second revisit and recertification of 8-31-06, Tenant #3's file was reviewed. Tenant #3, a 91 year old, was admitted on 8-15-06, with diagnoses of Macular Degeneration, Anxiety, Asthma and Osteoarthritis. A cognitive evaluation was completed on 8-15-06, staging the tenant at three on the GDS indicating mild cognitive decline. The tenant's file indicated someone other than the tenant, or the tenant's legal representative, signed the determination to perform CPR.

- Regulatory Insufficiency: The program does not have the tenant or the tenant's legal representative, if appropriate sign the determination to perform CPR.

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

Monitoring Observation: Complaint #12832, dated 4-7-06, alleged the program removed the batteries from Tenant #1's emergency pendant. The program was cited for a regulatory insufficiency for not providing services needed by the tenant in the tenant's service plan.

During the revisit of 5-8-06, a review of Tenant #2's last service plan of 4-14-06, indicated the program did not develop a service plan designed to meet the specific service needs of the tenant. The program's progress notes of 4-8-06, and incident reports of 5-7-06 and 5-9-06, note tenant's aggressive behavior and elopements from the program. The program did not develop interventions related to this behavior and did not develop activities for a tenant with dementia who is unable to plan his/her own activities. The program was cited for not consistently developing service plans as needed with a change in condition and for not addressing specific planned and spontaneous activities for those with dementing illness.

During the second revisit and recertification of 8-31-06, a review of Tenant #2's progress notes dated 5-25-06, indicated the tenant continues to be agitated, attempts to get out of the courtyard and tries to knock out the screen in his/her window. Progress notes of 6-12-06, indicated an incident occurred on 6-9-06, where the tenant was "very upset" and wanted to get out. The tenant broke through the window and grabbed a staff member's arm. Staff tried all distraction interventions "but were not successful." Progress notes of 7-10-06, indicated the tenant fell the night of 7-9-06, and was transported to the Emergency Room (ER) for evaluation. Progress notes of 8-3-06, indicated the tenant became upset with staff members and grabbed a staff member's arms. Progress notes of 8-8-06, indicated the tenant was sent to the ER after an episode of hypotension and difficulty breathing. Despite a history of aggression, as noted in the previous report, and ongoing aggression noted on 6-12-06 and 8-3-06, the tenant's fall on 7-9-06, hypotension and difficulty breathing noted on 8-8-06, the tenant's latest service plan of 4-14-06, did not include interventions related to the behavior, falls, and hypotension.

- Regulatory Insufficiency: The program does not consistently develop service plans as needed with a change in condition.

- Regulatory Insufficiency: The program does not develop service plans that reflect the current needs of the tenant.

**E. 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.

Monitoring Observation: During the revisit of 5-8-06, Tenant #2's file was reviewed. Tenant #2 was admitted to the program on 3-17-06. Progress notes of 4-8-06 indicate the tenant had three separate episodes of physical aggression and displayed behavior that put staff and other tenants at risk. Incident reports of 5-7-06 and 5-9-06 state the tenant eloped from the unit and was able to leave the building. The tenant's file does not contain a nurse review. The RN stated she had not completed a nurse review despite a change in the tenant's status. The program was cited for a regulatory insufficiency for not completing a nurse review after a change in health status occurred.

During the second revisit and recertification of 8-31-06, tenant files reviewed indicated the program completes nurse reviews after a change in health status occurs.

- Regulatory Insufficiency: None noted.

**F. 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: Complaint #12832 dated 4-7-06, alleged the program did not receive appropriate nursing care resulting in significant illness requiring hospitalization. The program was cited for a regulatory insufficiency for not providing nursing and service plan services in accordance with Iowa Code chapter 152 and 655 – Chapter 6.

During the second revisit and recertification of 8-31-06, staff training records and tenant files reviewed indicated the program provides nursing and service plan services in accordance with Iowa Code chapter 152 and 655 – Chapter 6.

- Regulatory Insufficiency: None noted.

**G. Dementia-specific education for program personnel** – A dementia-specific program shall employ or contract with personnel who have received appropriate dementia-specific education and training. [321 IAC 25.34]

Monitoring Observation: During the revisit of 5-8-06, staff training files were reviewed. Staff employed by the program did not receive training appropriate to assigned tasks and

target population. The program was cited on a regulatory insufficiency for not providing dementia-specific training to adequately serve for a tenant with dementia.

During the second revisit and recertification of 8-31-06, staff records indicate the program provided dementia-specific training to adequately serve a tenant with dementia.

- Regulatory Insufficiency: None noted

Dated this 25th day of September, 2006.