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

Assisted Living Program:

Ms. Anita Vanden Brink, Administrator
Fieldcrest Assisted Living
2501 East 6th Street
Sheldon, IA 51201

Date of Monitoring Visit:

November 30, 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 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 evaluation was conducted at Fieldcrest Assisted Living on November 30, 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:	38
Current number of tenants with cognitive disorder:	4
Total Population:	42

Dementia Specific Program (DSP)* **–** Not applicable.

***These are the census numbers represented by the program to be applicable.**

Tenant/Family Satisfaction Results – A community meeting was held with 22 tenants, in addition to two family interviews. Tenants and family indicate the building and grounds are well maintained. They report there is enough staff during the day and evening, but three tenants stated concerns about having only one staff at night. They report in the past there were not enough activities, but they currently have an activities director who is coming up with new activities. The meals provided are served on time; however, foods are often served cold. Overall, tenants report they would recommend this program to family and friends.

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: During the on-site evaluation, program staff reported one tenant who is incontinent of urine and does not participate in his/her incontinent care, as well as, a tenant who requires two persons for transfer.

Tenant #1 has diagnoses of Dementia and Hypertension. Nurse's notes dated June 16, 2005, report tenant having an increase in bladder incontinence, with the tenant changing his/her underwear independently. On September 16, 2005, nurse's notes report an increase in incontinency and a urine odor present in the tenant's apartment. Nurse's notes state the tenant, "became very defensive and states … does not need assistance." On October 3, 2005, the tenant fractured a hip. The tenant was discharged from the hospital and returned on November 17, 2005. Nurse's notes report an increase in incontinence and tenant wearing Depends, and "may need some reminding or oversight with this." On November 22, 2005, nurse's notes report the tenant having an increase in incontinence "with wetting through depends at night, is wearing depends, but not holding." Staff reports tenant is incontinent with urine, is verbally abusive, resists cares, is constantly wet, soils bedding more often than not, and does not participate in incontinence care. Staff reports tenant as "bull headed," and unwilling to receive assistance with cares. The program nurse states there has been a status change with the tenant and she has discussed potential discharge with tenant and family.

Tenant #2 has diagnoses of Parkinson's, Hypertension, and a history of recent Pneumonia. Tenant's service plan dated November 17, 2005, indicates staff assisting tenant with getting up out of chairs and off toilet with one to two persons for transfer. Two staff report tenant needs two persons to transfer safely. One staff reports he/she "feel comfortable with giving …. transfer, unless …. is on the couch, or in …. bed. Couldn't transfer … in case of an emergency." The program nurse states there has been a status change with the tenant and she has discussed potential discharge with tenant and family. The program nurse states the tenant's need for two persons for transfer has only been in the last couple of weeks.

- Regulatory Insufficiency: The program did not appropriately transfer a tenant who exceeded the parameters of care allowed in Assisted Living Programs.

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

Monitoring Observation: Three of five service plans reviewed indicate the service plan was signed by the RN, but not by the tenant, the tenant's legal representative, nor by a multi-disciplinary team consisting of three staff appropriate to meet the needs of the tenants.

- Regulatory Insufficiency: The program does not consistently develop service plans in consultation with the tenant or the tenant's legal representative, and they did not develop tenants' service plans with a multi-disciplinary team consisting of a healthcare professional and two additional staff appropriate to meet the needs of the tenant.

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: Five of five tenant files reviewed indicate the program nurse completes a 90-day nurse review of health status and personal cares. However, the review does not include monitoring each tenant receiving program administered prescription medications for adverse reactions, making appropriate interventions or referrals, and insuring prescription medication orders are current and administered consistent with such orders. Five of five tenant files reviewed indicate the program nurse does sign and date physician orders and reviews but does not consistently document the time.

- Regulatory Insufficiency: The program RN does not ensure that physician-directed orders are current and medications are administered consistent with such orders.

- Regulatory Insufficiency: The program RN does not appropriately document all reviews showing the time.

D. Record Checks – The program conducts applicable employee record checks. [Iowa Code section 135C.33(5)]

Monitoring Observation: Five of five staff files reviewed indicate staff were hired before a criminal background and dependent abuse check was completed by the program. The program does not have an administrator currently, and the acting administrator could not confirm staff did not work with tenants until these checks were completed.

- Regulatory Insufficiency: The program did not complete a criminal and dependent abuse background check prior to the employee being hired by the program.

Dated this 9th day of December, 2005.