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

Assisted Living Program:

Ms. Kellie Jimerson, Administrator
Avoca Lodge Assisted Living
612 E. York Road
Avoca, IA 51521

Date of Monitoring Visit:

January 5, 2006

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 Avoca Lodge Assisted Living on January 5, 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.

Current number of tenants without cognitive disorder:	19
Current number of tenants with cognitive disorder:	1
Total Population:	20

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 13 tenants in attendance. Tenants stated their apartments were well maintained, and the building and grounds always "look nice." Tenants stated they are "very independent," and can leave and do "what they want when they want to." Tenants like the food and it is of good quality. Each tenant is given a choice of entrées. Tenants state there are many choices when it comes to activities. Tenants state the administrator and nurse are "wonderful," and direct care staff is "timely" when providing cares. Tenants believe all staff are well trained. Tenants feel safe and would recommend the program to others.

Complaint History – There are 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 of four tenant files reviewed indicate the program does not consistently complete evaluations prior to and within 30 days of admission to the program. Tenant #1 was admitted on 1/27/05. A cognitive evaluation was completed on 1/20/05, but the functional and health evaluations were not completed. Tenant #2 was admitted on 11/25/05. A functional, cognitive, and health evaluation was not completed within 30 days of admission. Tenant #3 was admitted on 10/12/04 and had an updated annual service plan completed on 11/6/05. The evaluation to support the development of the 11/6/05 service plan was completed after the development of the 11/6/05 service plan. A cognitive evaluation was completed on 11/23/05, and the functional and health evaluations were completed on 12/7/05. Tenant #4 was admitted on 7/6/03. A service plan update was completed on 11/6/05; however, the evaluation to support the updated service plan was completed after the development of the service plan. A cognitive evaluation was completed on 11/23/05, and the functional and health evaluations were completed on 12/7/05.

- Regulatory Insufficiency: The program does not consistently complete evaluations prior to and within 30 days of admission to the program.

- Regulatory Insufficiency: The program does not consistently complete an evaluation of each tenant's functional, cognitive, and health status prior to the development of the tenant's service plan.

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

Monitoring Observation: Two of four tenant files reviewed indicate the program does not consistently have the tenant and the appropriate number of staff sign their service plans. Tenant #1's service plan of 2/21/05, which is the service plan updated within 30 days of occupancy does not have the two additional two staff person's signatures. Tenant #2's service plan of 11/28/05, which is the service plan updated within 30 days of occupancy does not have the tenant's signature.

- Regulatory Insufficiency: The program does not develop service plans in collaboration with and signed by the tenant and a multi-disciplinary team consisting of three staff persons.

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: Two of four tenant files reviewed indicate the program does not consistently include a medication review of prescribed medications, and does not accurately capture events, which occurred during the three months when a 90-day nurse

review was completed. Tenant #3's file indicates a change in the tenant's cognitive status according to the Global Deterioration Scale (GDS) completed on 8/17/05. The nurse review of 8/20/05 does not mention any change in the tenant's cognitive status. A medication change was noted in the nurse's notes of 10/5/05, but the nurse review of 11/12/05 does not indicate a medication review was completed. Tenant #4's nurse's notes of 6/30/05 and 7/28/05 indicate a change in the tenant's status, which required an update to the tenant's service plan. This was completed on 7/20/05; however, the nurse review of 8/20/05 does not mention any change in the tenant's status.

- Regulatory Insufficiency: The program nurse does not perform a comprehensive nurse review that includes the tenant's change in either cognitive, functional, or health status and a review of prescribed medication changes.

Dated this 13th day of January, 2006.