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

Assisted Living Program:

Ms. Wendy Nelson, Administrator
Prairie View Inn Assisted Living
610 N. Eastern Street
Sanborn, IA 51248

Date of Monitoring Visit:

February 7, 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 Prairie View Inn Assisted Living on February 7, 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:	6
Current number of tenants with cognitive disorder:	0
Total Population:	6

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

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

Tenant/Family Satisfaction Results – Five tenants attended the community meeting and stated they feel like they are home. Tenants stated staff are friendly and the administrator is always available. Tenants feel safe and commented they leave their apartment doors open during the day. Tenants stated they are getting the services they expect and feel the program nurse is very helpful in answering questions about medications and services they receive. Tenants stated they make their own decisions and the program encourages their independence. Tenants like the food served and state it is of good quality. Tenants stated they would like to have more fresh fruits and vegetables. Tenants also believe there are plenty of activities offered to them by the program. Tenants would recommend this program to their friends and family.

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

Monitoring Observation: Three of three tenant files reviewed indicate the program did not obtain tenant signatures on Do Not Resuscitate Orders (DNR). All three tenants are cognitively intact, passed their mini-mental status exam, and do not have a designated legal representative. The program obtained signatures from each tenant's family member.

- Regulatory Insufficiency: The program does not have tenants sign their own resuscitation agreement.

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

Monitoring Observation: The program initiated a new formatted service plan, replacing the existing service plan used for tenants. Three of three tenant files reviewed indicated the program implemented the new service plan for each tenant, had three staff sign each service plan, but did not obtain the tenant's signature as required.

- Regulatory Insufficiency: The program does not have tenants sign their service plan when service plans are developed.

Dated this 13th day of February 2006.