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

Assisted Living Program:

Teresa Krueger, Director
Linden Place Assisted Living
1922 5th Avenue NW
Waverly, IA 50677

Date of Monitoring Visit:

May 22, 2006

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 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 Linden Place Assisted Living on May 22, 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:	26
Current number of tenants with cognitive disorder:	0
Total Population:	26

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 with 22 tenants was held at 11:15 a.m. Two tenant interviews were also conducted during the on-site visit. Tenants state staff are "wonderful" "outstanding" "go above and beyond" and respond in less than two minutes if they use their pendants. They describe the food as excellent, and the majority of the tenants indicate breakfast is their favorite meal. A tenant reports there could be more diabetic food choices and several tenants indicate the temperature of the food could, at times, be warmer. Tenants enjoy bingo, Bible study, rides in the country, musical therapy and outings. They feel safe and several of the tenants report they do not lock their doors. Tenants state they do not want to keep their apartment doors closed as required by the State Fire Marshall (SFM). They report several benefits of living here including the dedication of staff, "luxurious" lifestyle and the religious component that is provided.

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 of four tenant files reviewed indicate cognitive, health and functional evaluations are completed prior to taking occupancy but no evaluations are done within 30 days of occupancy. Four of four tenant files reviewed indicate a health evaluation is completed post hospitalization, as needed and annually. During an interview with the Registered Nurse (RN) and Director, it was stated no evaluations are completed within 30 days of taking occupancy and no cognitive or functional assessments are completed annually.

- Regulatory Insufficiency: The program does not consistently evaluate tenants' cognitive and functional abilities and health status within 30 days of taking occupancy, as needed with a change in condition and no less than annually.

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

Monitoring Observation: Four of four tenant files reviewed indicates a service plan is developed prior to taking occupancy; however, only the RN updates the service plan within 30 days. An interview with the RN and the Director indicates only the RN updates the service plans within 30 days of taking occupancy. The RN and Director also stated they have developed a signature page for the staff and tenant to sign the service plan within 30 days of taking occupancy. Review of tenant files and an interview with the RN and the director states the service plans are not updated post hospitalization.

- Regulatory Insufficiency: The program does not develop service plans within 30 days of taking occupancy and as needed with a change in condition.

Dated this 9th day of June 2006.