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

Assisted Living Program:

Elecia Henke, Administrator
Madison Square Assisted Living
209 West Jefferson
Winterset, IA 50273

Date of Monitoring Visit:

March 2, 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 Madison Square Assisted Living on March 2, 2006. In preparing this report, the following information was considered:

Current Program Census: Not applicable.

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:	29
Current number of tenants with cognitive disorder:	4
Total Population:	33

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 18 tenants attending. Tenants report the housekeeping they receive is excellent and the cleanliness of the program is one of the things staff do best. Tenants report staff are courteous, provide the care they need and are trained to handle any situation that may come up. Tenants report the nurse and administrator are accessible. Tenants report they like the food and it is of good quality. Tenants report they are receiving the services they are paying for; they would recommend this program to family and friends.

Complaint History – There were no substantiated complaints during 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: Three of five tenant files reviewed indicate the program does not consistently complete a functional, health, and cognitive evaluation when a change in the tenant's status occurred.

Tenant #1 98 years old, admitted on 8/5/03 with diagnoses of Hypothyroidism, Degenerative Joint Disease, Macular Degeneration, and Urinary Incontinence. The tenant was admitted to the hospital on 2/17/06 with a diagnosis of dehydration. The program did not complete a functional, health, or cognitive evaluation after the tenant returned to the program on 3/1/06.

Tenant #2 82 years old, admitted on 11/3/05 with diagnoses of Dementia and Arthritis. The program completed a cognitive evaluation within 30 days of admission, but did not complete a functional or health evaluation. The RN noted a change in the tenant's mental status on 1/10/06; however, did not complete a cognitive evaluation at that time. The tenant was hospitalized on 2/22/06, returned to the program on 2/23/06, and a cognitive evaluation was completed. Functional or health evaluations were not completed on tenant returned from the hospital.

Tenant #3 85 years old, admitted on 8/5/03 with diagnoses of Gastro Esophageal Reflux Disease, Depression, Osteoporosis, Congestive Heart Failure and Atrial fibrilation. On 9/22/05 the service plan was updated to reflect changes in administration of medications. The program did not complete a functional, health or cognitive evaluation to support the updated service plan of 9/22/05.

- Regulatory Insufficiency: The program does not evaluate tenants' functional, health and cognitive abilities as needed with a change in condition.

B. Managed Risk Statement – Program has a managed risk statement which includes the tenant's or legal representative's signed acknowledgement of the shared responsibility for identifying and meeting needs and the process for managing risk and upholding tenant autonomy when tenant decision making may result in poor outcomes for the tenant or others. [321 IAC 25.36]

Monitoring Observation: Seven of seven tenant files reviewed indicates the program established a managed risk agreement with tenants, (indicating potential falls, injuries, being diabetic, not wearing a code alert button, and self medicating with over the counter medications) when the tenant may encounter a negative outcome, despite evidence or history of behavior or actions that put the tenants into danger.

- Regulatory Insufficiency: The program does not apply the managed risk agreement correctly between the program and the tenant, when an action or behavior puts the tenant at risk and the tenant is unwilling to modify the risk.

C. Assisted Living Definition – Program encourages family involvement, tenant self-direction, and tenant participation in decisions that emphasize choice, dignity, privacy, individuality, shared risk, and independence. [Iowa Code section 231C.2]

Monitoring Observation: Tenant #3 admitted to the program on 8/5/03. The tenant's current diagnosis is GERD, Depression, Osteoporosis, CHF, and Atrial fibrilation. The tenant's last cognitive evaluation, the Mini Mental Status Exam (MMSE), was last completed on 8/9/05. The tenant scored 27 out of a possible 30, which indicates no cognitive impairment. The tenant signed his/her service plan update of 8/12/05, and advanced directives; the tenant also self-administers medications. On 9/22/05, the tenant's son stated the tenant had missed several doses of medications and requested the program to administer prescription medications to the tenant. The program updated the tenant's service plan on 9/22/05 to reflect this change, without the tenant's approval, signature or completing cognitive, functional or health evaluations to determine if the tenant had a status change. At time of implementation the tenant was reported to have been angry at this decision. The son is tenant's power of attorney (POA). The program stated they were not in possession of, or knew if the tenant had a Durable Power of Attorney.

- Regulatory Insufficiency: The program does not encourage tenant participation in decisions that emphasize choice, dignity, privacy and independence.

Dated this 22nd day of March, 2006