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

Assisted Living Program:

Sharon Quail, Administrator
Maple Manor Village Assisted Living
343 Parriott
Aplington, Iowa 50604

Date of Monitoring Visit:

April 20, 2006

Monitor(s):

Mary Oliver, LISW

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 Maple Manor Village Assisted Living on April 20, 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:	13
Current number of tenants with cognitive disorder:	0
Total Population:	13

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 ten tenants attending. The tenants were very pleased with their rooms, staff assistance and the food. "They make the best roast beef in town." No one interviewed had suggestions for improvements in the program. The tenants felt safe and stated they were getting more services than expected when they signed their occupancy agreements. Tenants stated they were allowed to make their own decisions and excellent medical care was available when they were ill. Tenants stated they were comfortable with receiving care from staff located in the long term care facility at night. Several tenants stated they had help within a couple of minutes after calling at night.

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

Monitoring Observation: Two out of 13 service plans were reviewed. A tenant was admitted on 8-31-05 with diagnoses of: Constipation, Abdominal Pain, Irritable Bowel Syndrome, Diabetes, Hypertension, Hypochondriac and Anxiety. Tenant #1 had a high score on the mini-mental status exam conducted on 9-15-05, so no staging was done using the Global Deterioration Scale evaluation was completed; however, the file contains a letter from the tenant's physician dated 7-26-05 stating the tenant is not able to make own decisions, making the Durable Power of Attorney effective. The tenant is self care except for bathing and shampooing which the family helps with, and medication administration which is handled by program staff. The service plan for Tenant #1 dated 4-12-06 listed "…medication administration, meds at care center in med cart TID, blood sugar check QD, BP et pulse check QD."

Interview with the nurse indicated the tenant's medications were crushed and stored at the long term care center nursing station because the tenant had a history of spitting out medications. The tenant's blood sugar was being checked because the tenant had difficulty with having low and high blood sugars; blood pressure and pulse were being checked because the tenant had a continuing problem with high blood pressure. The service plan did not include direction to staff regarding the blood sugar and blood pressure readings requiring a physician contact or immediate treatment; explain why the medications were being crushed and stored in the long-term care unit, or why long-term care staff were to give the medications rather than the program staff. Staff stated all service plans followed the same format of simply listing the services to be provided without details being spelled out.

- In response to the preliminary identification that the program did not develop an individualized service plan that identified all tenant needs and services, the program provided input that requested services were documented in tenants' service plans and provided as requested.

Dated this 19th day of May 2006.