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

Assisted Living Program:

Brian Burnside, CEO
Murphy Place Assisted Living
620 East Monroe
Corydon, Iowa 50060

Date of Monitoring Visit:

March 29, 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 Murphy Place Assisted Living on March 29, 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:	3
Current number of tenants with cognitive disorder:	4
Total Population:	7

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 group interview. Tenants stated staff were helpful, respectful and treated them well; however, they did have some concerns. One tenant stated a wait of 30 minutes one day when the pendant alarm was pushed; other tenants shared comments they had to wait a while for help, but could not state specific times. The tenants stated there is plenty of food and cold food is cold and hot food is hot, but would like a wider variety in meals and less food prepared with breading. The tenants stated they were satisfied with the program and would recommend it to friends and family members.

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. Staffing - The provisions of this section address the program's staffing and training practices and associated documentation in responding to the identified needs of the tenant. [321 IAC 25.33]

Monitoring Observation: Tenants reported waiting several minutes for staff after pushing the personal emergency response pendant they wear. One tenant reported waiting 30 minutes on one occasion. Staff reported there were occasions when it's not possible to respond to the needs of one tenant, when the needs of another tenant were being met. There were times when she had no one to call to respond in her place. One aide worked on each shift, at times during all shifts the aide was the only staff in the building.

- Regulatory Insufficiency: The program did not have sufficient trained staff available at all times, to fully meet tenants identified needs.

B. Record Checks – The program conducts applicable employee record checks. [Iowa Code section 135C.33(5)]

Monitoring Observation: The program received a letter from the Iowa Department of Human Services stating Staff #1 could be hired despite a history of confirmed child abuse, if the program provided 520 hours of close supervision to assure the person was not abusive with tenants. The person was hired on 2-2-05. The letter from DHS was held in the personnel department of the county hospital and the Director of the assisted living program was not informed of the need for close supervision. The Director reported no special supervision was provided and the employee was assigned as the only aide during the night shift shortly after being employed. No incidents of abuse by any employees have been reported.

- Regulatory Insufficiency: The program did not provide 520 hours of close supervision required by the Department of Human Services for an employee with a confirmed history of child abuse.

Dated this 30th day of March, 2006.