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

Assisted Living Program:

Mr. Bill Byerly, Administrator
Summit Heights Assisted Living
8 South Summit Avenue
Nora Springs, IA 50458

Date of Monitoring Visit:

December 29, 2005

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 Summit Heights Assisted Living on December 29, 2005. 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:	9
Current number of tenants with cognitive disorder:	1
Total Population:	10

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 9 tenants attending. Tenants stated their apartments were "immaculately cleaned by staff," and the building and grounds were well maintained. Tenants stated they are "in control, very independent, and make my own decisions" and direct care staff are caring, patient, and well trained. Tenants stated the food is good and they are given a choice of entrées when asked. Tenants stated there are many activities offered to choose from. Tenants feel safe and recommend the program to others.

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 of three tenant files reviewed indicate the program does not consistently complete an annual service plan update, and does not collaborate with tenants when updating tenants' service plans. The program RN reported to the monitor she was not aware the program needed to complete an annual updated service plan and to require tenants to sign service plans when a change in status occurred with the tenant.

Tenant #1's last service plan signed by the tenant was 4/19/02; updates were made to the service plan 1n 2003, 2004, and 2005. Tenant #2's last service plan signed by the tenant was 10/4/04, with no updated service plan for 2005. Tenant #3 was admitted on 8/22/05, with an initial service plan completed on 7/22/05; however, the tenant's service plan within 30 days of admission was not initiated or implemented by the program.

Evaluations were completed for each tenant as required under state regulation.

- Regulatory Insufficiency: The program does not consistently complete service plans within 30 days of admission, annually and whenever changes are needed.

- Regulatory Insufficiency: The program does not develop service plans with a multidisciplinary team in collaboration with the tenant and/or tenant's representative.

- Regulatory Insufficiency: The program does not have the tenant and/or tenant's representative sign the service plan.

B. Nurse Review - Program provides a registered nurse to ensure the appropriate administration and documentation of medications, ensure that physician orders are current, and assess and document the tenants' health related activities. [321 IAC 25.30]

Monitoring Observation: Three of three tenant files reviewed indicate the program nurse signs and dates physician and other health care orders; however, she does not time these orders indicating the orders were appropriately acted upon.

Regulatory Insufficiency: The program nurse does not time the documentation or physician orders.

Dated this 9th day of January, 2006