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

Assisted Living Program:

Kirk Erickson, Administrator
Rosebush Gardens Assisted Living
4925 West Avenue Road
Burlington, IA 52601

Date of Monitoring Visit:

February 8, 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 re-visit 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 Rosebush Gardens Assisted Living on February 8, 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:	35
Current number of tenants with cognitive disorder:	4
Total Population:	39

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 23 tenants, three tenant interviews and two family interviews was held. Tenants state they have formed a tenant council and feel the council has been effective on improving issues. Tenants indicate the quality of meat served had previously been poor; however, it was brought to the attention of administrative staff and now the meat served is of good quality. They indicate the food is "excellent" and state they are offered substitutions if there is an item served they do not like. Tenants report they would like the sidewalks and parking lot more thoroughly cleared to enable them to reach their cars safely. Tenants report staff responds "instantly" if they use their emergency response system. Several tenants indicated they would like emergency pull cords in the living room, in addition to the emergency pull cords in the bathroom and bedroom. They report staff is accessible and caring.

Complaint History – There were substantiated complaints in the area of medications 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: Five tenant files were reviewed. Three of the five tenants were new admissions. The three new tenants did not have evaluations consistently completed prior to taking occupancy. Tenant #1, admitted on 1-30-06, has cognitive, health and functional evaluations dated 1-31-06. Tenant #2, admitted on 1-3-06, has a functional evaluation dated 1-4-06, and a health evaluation by the physician completed on 11-5-05, two months prior to admission. The tenant has a cognitive evaluation completed prior to admission on 12-21-05. Tenant #3, admitted on 12-28-05, has health and cognitive evaluations prior to admission; however, has a functional evaluation dated 12-29-05, after taking occupancy.

- Regulatory Insufficiency: The program does not consistently complete functional, cognitive and health evaluations prior to taking occupancy.

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

Monitoring Observation: Tenant #1 was admitted on 1-30-06, with diagnoses of Obsessive Compulsive Disorder, Anxiety Disorder, Depression and mild Parkinson's Disease. Nurse's notes indicate the tenant is very anxious and is up at night pacing in the hallway and is difficult to console. The service plan dated 1-27-06, under mental status, states staff will provide reassurances, support cueing and orientation. The service plan does not address any interventions to resolve or minimize the behavior and has not been updated to show changes in the tenant's status.

Staff reports Tenant #4 is incontinent of stool two to three times per week. The tenant does not currently receive any staff assistance with toileting and would refuse assistance with toileting if offered. Staff reports the tenant gets feces on the carpet, on walls and on the toilet. Staff also reports the tenant does not appropriately manage his/her catheter and urine leaks on the carpet. The tenant, tenant's family, the Administrator, the former RN and several direct care staff met on 8-3-05, to discuss the issues related to the tenant's incontinence. It was agreed the team would get together in two weeks to determine status of the issue. Nurse's notes do not address a follow up session and the service plan dated 11-28-05, does not address any interventions to resolve the problem. The service plan has not been updated to show changes in the tenant's status. On 1-17-06, the tenant inappropriately touched/smacked a staff on the buttocks and acted like he/she was going to hit staff in the face, because staff did not refill the ice cube tray appropriately. On 12-24-05, the tenant requested a hug from staff and touched the staff's buttocks and breast. The staff indicates in an interview the inappropriate touching was not welcomed and staff was offended by this behavior. The service plan dated 11-28-05, does not address or reflect this behavior and the service plan has not been updated to show changes in the tenant's status.

- Regulatory Insufficiency: The program does not develop service plans to meet the current needs of the tenants.

Monitoring Observation: There are four tenants that are scored at a four and above on the Global Deterioration Scale (GDS) and one tenant with a diagnosis of Obsessive Compulsive Disorder, Anxiety Disorder, Depression and mild Parkinson's Disease. The service plans under activities state, staff will provide group activities, tenant will attend some activities, tenant participates in some activities and the tenant does not attend activities. The service plans do not identify planned or spontaneous activities for those unable to plan their own activities.

- Regulatory Insufficiency: The program does not develop service plans that address planned and spontaneous activities for those tenants unable to plan their own activities.

C. Medications – Program has a comprehensive written medication policy that allows tenant self-administration, but accommodates the need for tenant medication assistance via nurse delegation. The medication assistance is appropriately supervised and administered. Medications are appropriately stored. [321 IAC 25.29(1) and/or (2)]

Monitoring Observation: A noon medication pass was observed. Staff prepared the medications, signed off on the Medication Administration Record (MAR) and then gave the medications to the tenant. Staff signed off on the MAR before he/she had ensured the tenant had taken the medications.

- Regulatory Insufficiency: The program does not follow acceptable medication protocol.

D. 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: Review of tenant files and an interview with the RN indicate the review of medications every 90 days consists of reviewing Physician Order Sheets (POS).

- Regulatory Insufficiency: The program does not complete a 90-day review of medications for those tenants that receive program administered medications.

E. 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: Staff interviews and an interview with the RN indicates staff assists tenants with minor catheter care, monitoring blood sugars, drawing up insulin, Nebulizer treatments and inhalers. One of the tenants that staff assists with drawing up insulin is on a sliding scale. The RN and staff state the RN has not completed or documented any training of these tasks.

- Regulatory Insufficiency: The program does not have appropriately trained staff.

Dated this 2nd day of March 2006.