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

Assisted Living Program:

Lynne Popp, LBSW Co-Administrator
Sarah Sheehan, RN Co-Administrator
Clover Ridge Place Assisted Living
205 Ehlers Lane
Maquoketa, IA 52060

Date of Monitoring Visit:

March 9, 2006

Monitor(s):

Hal Chase, RN BSN MPH
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 Clover Ridge Place Assisted Living on March 9, 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:	24
Current number of tenants with cognitive disorder:	5
Total Population:	29

***Dementia Specific Program (DSP)** –** A program that is a Dementia Specific Program by definition or holds itself out as providing specialized care in a dedicated setting but may have tenants without cognitive disorder.

Current number of tenants in a DSP that holds itself out as providing specialized care in a dedicated setting:	9
Current number of tenants without cognitive disorder:	1
Total Population:	10

***These are the census numbers represented by the program to be applicable.**

Tenant/Family Satisfaction Results – A community meeting with 12 tenants, two tenant interviews and two family interviews were held. Tenants report they feel safe and families have no concerns regarding safety. Tenants state cleaning could be improved and staff does not spend enough time cleaning in each apartment. They report the carpets are not vacuumed thoroughly and on the weekend the furniture in the lounge does not get put back after activities or gatherings. Tenants report the food needs several improvements including: improved temperature and decreasing starches and processed foods. Tenants also state staff does not always wear their long hair pulled back when serving the meals. (On the day of the recertification visit staff serving the food had their hair pulled back.) Half of the tenants at the meeting would like to see more activities and felt everyone could benefit from a reminder of the activities before they occur. Family and tenants describe staff as great, efficient and kind and a family member stated staff treats him/her like a friend.

Complaint History – There were substantiated complaints this certification period in the areas of evaluation of tenants, criteria for exclusion of tenants, service plans and staffing.

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: Tenant #3, admitted on 12-14-05, is 88 years old, resides in the dementia unit and was staged as a four on the Global Deterioration Scale (GDS). Administrative and direct care staff interviews and progress notes indicate the tenant has verbally aggressive behaviors. The tenant was hospitalized for these behaviors from 12-26-05 to 1-5-06. Staff indicates the tenant's behaviors have improved since admission and he/she can be redirected. Staff offered several interventions that minimize the tenant's behaviors; however, there are no interventions listed on the service plan.

Tenant #4, admitted on 5-28-05, is 89 years old and has diagnoses of Failure to Thrive, Diabetes type II, Congestive Heart Failure, and Hypertension. Tenant resides in the general population unit and was staged as a three on the GDS dated 12-23-05. The tenant's file indicates the tenant is currently receiving Hospice care. The tenant sustained a right arm injury on 3-6-06, and declined emergency room care despite "limited ROM (range of motion), right arm guarding, and right arm swelling." The Registered Nurse (RN) did not complete a functional, health, or cognitive evaluation despite a change in status. The tenant's last service plan of 12-22-05, identifies services provided by both Hospice and the program, but does not indicate services needed for transfer, toileting, and ambulation which the tenant requires.

- Regulatory Insufficiency: The program does not develop service plans that reflect the needs of the tenant.

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: Six tenant files were reviewed. All files indicate the program RN completes a nurse review, which includes a health and personal care review, but does not review medications administered by the program. The RN stated she reviews medication administration records (MAR's) to insure prescribed medications are accurately transcribed to the MAR's, but does not review new medications for efficacy or adverse effects.

- Regulatory Insufficiency: The program does not complete a comprehensive review of medications every 90 days.

C. Transportation – When the program provides transportation services directly or under contract with the program, the services shall be provided as required. [321 IAC 25.38]

Monitoring Observation: A mini van is used to take tenants on weekly shopping trips and the Activity Director (AD) drives the mini van. The AD has a regular State of Iowa Driver's License.

- Regulatory Insufficiency: The program does not have an appropriately licensed employee to transport the program's tenants.

D. Activities – The program provides appropriate programming for tenants based on individual interests. Programming shall support the service plans, be consistent with the program statement and occupancy policies, and available in writing as required. [321 IAC 25.39]

Monitoring Observation: The program has both a declared dementia unit and is dementia specific in the general population. Six of the twelve tenants that attended the community meeting indicated there were not enough activities. Tenant #1, resides in the dementia unit, staged as a six on the GDS and the service plan states staff will cue and prompt tenant to participate in daily activities. Tenant #2, resides in the dementia unit, staged as a six on the GDS and the service plan states staff will monitor the tenant through regular interactions, offer to escort the tenant due to forgetfulness and encourage the tenant to participate in group and/or one-on-one activities. Tenant #3, resides in the dementia unit, staged as a four on the GDS and the service plan states staff will remind the tenant of activities.

- Regulatory Insufficiency: The program does not provide spontaneous activities to support the tenant's individual service needs.

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

Monitoring Observation: Five employee files were reviewed. One of five employee files does have not appropriate background checks. The employee was hired on 2-15-06, had a criminal history check completed on 2-28-06, and did not have a dependent adult abuse check.

- Regulatory Insufficiency: The program does not conduct appropriate background checks for all employees prior to hire.

F. 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 #4, admitted on 5-28-05, is 89 years old and has diagnoses of Failure to Thrive, Diabetes type II, Congestive Heart Failure, and Hypertension. Tenant resides in the general population unit and was staged as a three on the GDS dated 12-23-05. The tenant's file indicates the tenant is currently receiving Hospice care and the tenant has a Power of Attorney (POA). The administrator and RN are not aware of any other legal documents. Nurse's notes record seven entries, between 11-30-05 through 2-22-06, where the program deferred to the tenant's family for decisions regarding medication administration, including medication reminders and direct cares given to tenant. The tenant had sustained a right arm injury and refused to be seen by a physician at the local hospital. The RN stated the program deferred to the tenant's family regarding the final decision to not have the tenant seen by an emergency physician. A monitor observed the tenant during the on-site visit. During this visit the tenant inquired about his /her medications, if he/she "had taken them yet" and whether he/she should see a physician about his/her right arm injury.

- In response to the preliminary identification of Tenant #4 not being encouraged toward self-direction and participation in decisions that emphasize choice, the program provided input, subsequent to the on-site, that the tenant was encouraged to participate in decisions that emphasize choice.

Dated this 11th day of April 2006.