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

Assisted Living Program:

Leah Galvin, Director
The Kensington
2210 Avenue H
Fort Madison, IA 52627

Date of Monitoring Visit:

July 5 & 6, 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 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 The Kensington on July 5 & 6, 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:	65
Current number of tenants with cognitive disorder:	9
Total Population:	74

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:	8
Current number of tenants without cognitive disorder:	0
Total Population:	8

***These are the census numbers represented by the program to be applicable at the time of the on-site.**

Tenant/Family Satisfaction Results – A community meeting with 24 tenants was held at 2:30 p.m. In addition, one family interview and four tenant interviews were held. Tenants report the food is excellent and they enjoy the choices they are given at every meal. They indicate breakfast is the best meal of the day and they like the meals being served in shifts. Tenants state the Activity Director does a good job and they have plenty of activities to choose from including: Price Is Right, Bingo, fresh air rides, outings and church. Two tenants want more activities in the evenings and one tenant would like more activities on the weekends. Tenants and family indicate the building is clean and is kept spotless. They also state staff are polite and friendly and family indicates staff is excellent. One improvement/concern the tenants report is that there is not a seating arrangement in the dining room and new tenants often take the seats of existing tenants. Tenants indicate they feel safe and they feel they make their own decisions.

Complaint History – There were no substantiated complaints 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: Eight tenant files were reviewed. Two of eight tenant files do not have evaluations as needed with a change in condition. According to nurses notes dated 6-29-06, Tenant #1 moved from the general population to the dementia unit on 7-1-06. Cognitive, health and functional evaluations were not completed in conjunction with the move to the dementia unit. According to the service plan dated 11-5-05, Tenant #2 did not receive any medications and was independent regarding medication administration. According to the service plan dated 4-19-06 and signed 4-21-06, the program began assisting the tenant with medications. Cognitive, health and functional evaluations were not completed when the change in medication administration occurred. A change in condition occurred with both tenants and new evaluations were not completed as required by regulation.

- Regulatory Insufficiency: The program does not evaluate tenants' cognitive and functional abilities and health status as needed with a change in condition.

B. Tenant Documents – Program maintains a complete file for each tenant containing all appropriate documentation. [321 IAC 25.27]

Monitoring Observation: Eight tenant files were reviewed. Two of eight tenant files do not have appropriate tenant documents. Tenant #1 has an occupancy agreement dated 7-1-06 and signed 7-2-06, which was signed by the tenant's spouse and not the tenant or a legal representative. Tenant #3 has an occupancy agreement dated 12-27-05, signed by the tenant's son and not the tenant or a legal representative. A note on the occupancy agreement states the tenant refused to sign but acknowledged the son's signature. The program does not maintain a complete file for each tenant including a copy of the paperwork identifying the tenants' legal representative, as required by regulation.

- Regulatory Insufficiency: The program does not obtain appropriate tenant documents.

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

Monitoring Observation: Eight tenant files were reviewed. Four of eight tenant files do not have service plans developed within 30 days of taking occupancy. Tenant #2 was admitted on 11-5-05 and had an initial service plan dated 11-5-05. A service plan within 30 days was not completed. Tenant #3 was admitted on 12-27-05 and had an initial service plan signed on 12-16-05. A service plan within 30 days was not completed. Tenant #4 was admitted on 9-28-05 and had an initial service plan dated 9-28-05. A 30 day service plan was not completed. Tenant #5 was admitted on 3-21-05 and had an initial service plan dated 3-17-05. A service plan within 30 days was not completed.

One tenant had a service plan developed within 30 days of taking occupancy; however, the service plan was developed prior to evaluations. Tenant #6, was admitted on 12-5-05

and had an initial service plan dated 12-5-05. The service plan was updated on 12-19-05 prior to the evaluations, which were completed on 12-22-05.

- Regulatory Insufficiency: The program does not develop a service plan for all tenants within 30 days of taking occupancy and based upon the cognitive, functional, and health evaluations.

D. 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. [231C.16A]

Monitoring Observation: The monitor observed a medication pass at noon on 7-5-06. The monitor reviewed the Medication Administration Records (MARs) for July and found eight omissions that occurred in the first five days. According to Medication Error Sheets, 14 medication errors were documented from 4-13-06 to 7-2-06; however, omissions were not included in the medication error reports. An interview with the RN on 7-6-06 indicates omissions are not documented as medication errors as required by regulation.

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

F. Food Service – Program shall provide or coordinate with other community providers to provide hot or other appropriate meal(s) at least once a day or make arrangements for the availability of meals. Menus shall be appropriately planned. If applicable, therapeutic diets shall meet all requirements. Food preparation personnel shall meet all requirements. [321 IAC 25.32]

Monitoring Observation: An interview with the Director on 7-5-06 indicates dietary staff serve food in the general population and they have a one hour training by the local Department of Public Health. In the dementia unit direct care staff serve food and only one staff has training on safe food handling. All staff that serve food do not have an orientation on sanitation and safe food handling as required by regulation.

- Regulatory Insufficiency: The program does not provide an orientation on sanitation and safe food handling for all staff that serve or prepare food.

Dated this 25th day of July, 2006.