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

Assisted Living Program:

Brenda Colvin, Administrator
Vriendschap Village
2602 Fifield Road
Pella, IA 50219

Date of Monitoring Visit:

December 27, 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 Vriendschap Village on December 27, 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:	29
Current number of tenants with cognitive disorder:	3
Total Population:	31

Dementia Specific Program (DSP)* **–** Not applicable.

***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 was held with two tenants attending and one tenant interview. The tenants described the food as excellent and the best thing about living at the program. Tenants reported when they call for help staff respond quickly and are very willing to help. According to the tenants, there are crafts, Bingo, Wheel of Fortune, exercises and shopping trips offered. One tenant reported there are plenty of activities offered; however, he/she chooses not to participate routinely. The tenants have no concerns regarding housekeeping, laundry or maintenance. They offered no concerns or improvements that could be made by the program. They reported in addition to the food, the other tenants and staff make it a good place to live.

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. 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.

Tenant #3, an 82 year old, was admitted on 11-12-03 and has diagnoses of Congestive Heart Failure (CHF), Severe Aortic Stenosis and Osteoporosis. Annual cognitive and functional evaluations were completed; however, a health evaluation was not completed annually. According to 90 Day Summary notes, the tenant was hospitalized on 10-7-06 with complaints of not feeling well and the tenant had low oxygen levels. The tenant returned to the program on 11-6-06. Cognitive and functional evaluations were completed as needed with a change in condition; however, a health evaluation was not completed as needed with a change in condition. The nurse documented on 11-6-06 on the existing health evaluation that the tenant had a skin tear on upper arm and was hard of hearing bilaterally. The tenant was hospitalized from 11-20-06 to 11-23-06 with swelling in the tenant's leg. Cognitive, health and functional evaluations were not completed as needed with a change in condition.

Tenant #4, an 86 year old, was admitted on 11-7-03 and has diagnoses of CHF, Coronary Artery Disease, Parkinson's, Type II Diabetes and Dementia. The tenant is staged at a four to five on the Global Deterioration Scale (GDS), which indicates moderate to moderately severe cognitive decline. Annual cognitive and functional evaluations were completed on 11-7-06; however, a health evaluation was not completed annually. The nurse documented on 11-7-06 on the existing health form that the tenant now ambulates with a walker. The tenant was hospitalized from 10-4-06 to 10-6-06 for an unresponsive episode. The nursing progress notes report while the tenant was hospitalized he/she was combative during the night and was given Haldol. Cognitive, health and functional evaluations were not completed as needed with a change in condition. According to nursing progress notes dated 11-17-06, the tenant's level of care changed and increased. The tenant's service plan was updated with changes; however, cognitive, health and functional evaluations were not completed as needed with change in condition.

- Regulatory Insufficiency: The program does not consistently complete health, functional and cognitive evaluations, as needed with a change in condition.

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

Monitoring Observation: Five tenant files were reviewed. Two of the five tenants had GDS scores of four and above.

Tenant #4 is staged at a four to five on the GDS, which indicates moderate to moderately severe cognitive decline. The tenant's service plan signed 11-7-06, does not address planned and spontaneous activities.

Tenant # 5 is staged at a five on the GDS, which indicates moderately severe cognitive decline. The tenant's service plan signed 3-20-06, does not address planned and spontaneous activities.

- Regulatory Insufficiency: The program does not consistently include planned and spontaneous activities on tenants' service plans who are unable to plan their own including those tenants with dementing illness.

Monitoring Observation: Five tenant files were reviewed.

Tenant #3 was hospitalized from 11-20-06 to 11-23-06 with swelling in the tenant's leg. The service plan was not updated as needed with a change in condition.

Tenant #4 was hospitalized from 10-4-06 to 10-6-06 for an unresponsive episode. The nursing progress notes report while the tenant was hospitalized he/she was combative during the night and was given Haldol. The tenant's service plan was not updated as needed with a change in condition.

Regulatory Insufficiency: The program does not consistently update tenants' service plans as needed with a change in condition.

C. 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: According to an interview with the nurse, she has not provided or documented any training of Activities of Daily Living (ADLs) for direct care staff. Direct care staff are both certified and uncertified staff.

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

Dated this 9th day of January, 2007.