Iowa Department of Inspections and Appeals
Assisted Living Program
Recertification-Complaint Investigation Report

Assisted Living Program: **Complaint Intake: 10694**

Mr. Tim Perry, Administrator
The Waterford of Ames Assisted Living
1325 Coconino Road
Ames, IA 50014

Date of Monitoring Visit:

February 21, 2007

Monitor(s):

Hal L. Chase RN BSN MPH
Connie Schaffer

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 an Initial Certification 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 Waterford of Ames Assisted Living on February 21, 2007. 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:	47
Current number of tenants with cognitive disorder:	4
Total Population:	51

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 12 tenants attending. Tenants stated the program is "pretty good, nothing like home but the next best thing." Tenants stated there is new staff at the program and they are "very friendly." Tenants stated they can call the nurse for help. Tenants stated there is not enough staff in the evenings as they sometimes wait fifteen minutes before someone answers their call light. Tenants stated the food could be cooked better and foods aren't always hot or cold. A few tenants stated there is not enough food at supper time and they would like to have "fresh green vegetables and fresh fruits." Tenants stated there is a variety of meat offered, but it is not always tender enough. Tenants stated there weren't any activities offered in January or February. Tenants stated they feel safe and didn't have a reason not to, and staff check on them when they miss a meal. Tenants stated that no one tells them what to do, unless they are asked. Tenants stated they would recommend the program to friends and family.

Complaint History – There were substantiated complaints in the areas of Evaluation of Tenant, Service Plans, Medications, Staffing and Record Checks 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: Three of five tenant files reviewed indicated the program did not consistently complete annual functional, cognitive and health evaluations to determine the tenant's continued eligibility for the program and to determine any modifications to services needed.

- Regulatory Insufficiency: The program did not consistently complete annual functional, cognitive and health evaluations.

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

Complaint Allegation 10694: It is alleged the Administrator and Registered Nurse (RN) take tenant "medical records out of the facility to work on them."

Monitoring Observation: The Administrator and RN stated they had taken tenant files, including medical records of tenants' home with them for the purpose of familiarizing themselves with tenants living at the program. The Administrator and RN stated documents were kept confidential and in their possession at all times when these documents were out of the program.

- Regulatory Insufficiency: None noted.

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

Monitoring Observation: Two of five tenant files reviewed indicated the program did not consistently complete annual service plans to determine any modifications to services provided to tenants.

- Regulatory Insufficiency: The program did not consistently complete annual service plan updates.

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]

Complaint Allegation 10694: It is alleged "there are a lot of medication errors." It is alleged the RN "shreds this documentation."

Monitoring Observation: Five of five tenant Medication Administration Records (MARs) for December, January and February 2007 did not indicate medication errors. Three of four staff interviewed stated they were not aware of any medication forms, including MARs being shredded. The RN and Administrator stated they did not shred

any tenant documents, including MARs and wasn't aware of anyone else shredding documents.

- Regulatory Insufficiency: None noted

E. 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 five tenant files reviewed indicated the RN did not monitor every 90 days each tenant receiving program administered medications for adverse reactions, did not assess and document the health status of each tenant, monitor progress on previous recommendations and if there are changes in the health status of a tenant. Two of five tenant files reviewed indicated the RN was completing a nurse review as it related to assessment and documentation of tenants' health status but did not monitor every 90 days each tenant receiving program administered medications for adverse reactions.

- Regulatory Insufficiency: The program did not consistently complete a nurse review every 90 days.

F. 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: During the community meeting a majority of tenants stated activities were not offered in January or February. Tenants stated the Activities Director left and a new Activities Director started this past week. The program did not prepare a written schedule of activities monthly. The Administrator confirmed what the tenants had stated. The Administrator stated the new Activities Director has been with the program for three days and hasn't scheduled any activities to date.

- Regulatory Insufficiency: The program did not provide appropriate programming for each tenant.

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

Monitoring Observation: Two of six staff files indicated the program did not have criminal background and dependent adult abuse checks completed prior to employment.

- Regulatory Insufficiency: The program did not complete appropriate employee record checks.

Dated this 7th day of March, 2007.