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

**Assisted Living Program:**

Rick Burke, LBSW, Administrator
Willow Pointe Residences L.L.C.
17396 Kingbird Avenue
Mason City, IA 50401-9251

**Date of Monitoring Visit:**

April 2, 2007

**Monitor(s):**

Hal L. Chase, RN BSN MPH

**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 Willow Pointe Residences L.L.C. on April 2, 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.

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|---|---|
| Current number of tenants without cognitive disorder: | 28 |
| Current number of tenants with cognitive disorder: | 0 |
| Total Population: | 28 |

***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 twenty-five tenants attending. Tenants stated the program was as nice as being in their own home. Tenants stated staff are kind and always helpful. Tenants like the variety of food offered and stated the food is good, but not always prepared the way they would like. Tenants enjoy the activities offered. Tenants stated they feel safe, are getting the services they expect and make their own decisions. Tenants stated they are satisfied with the program and would recommend it to their friends and family.

**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:

Tenant #1, a 92 year old, was admitted 12-23-06 and has diagnoses of History of Coronary Artery Disease (CAD) Post Myocardial Infarction with Stents, Type II Diabetes Mellitus, Hyperlipidemia, Hypertension (HTN), History of Duodenal Gastric Ulcers, Glaucoma, Anxiety and Lower Back Pain with Spinal Stenosis. The program did not complete a functional and health evaluation within 30 days of admission.

Tenant #2, an 83 year old, was admitted 12-7-06 and has diagnoses of Depression, Mild Dementia, End Stage Renal Disease, HTN, Nephrosclerosis, Cardiomyopathy, Dialysis, Cardioverter Defibrillator and Coronary Artery Bypass Graft (CABG). The program did not complete a health evaluation within 30 days of admission. During the entrance meeting the Registered Nurse (RN) stated the tenant was admitted to the hospital for Dialysis complications. A review of the tenant's file indicated the tenant was hospitalized 2-28-07 until 3-1-07, when the tenant returned to the program. The program did not complete a functional, cognitive and health evaluation when a change in condition existed.

Tenant #3, a 94 year old, was admitted 6-20-06 and has diagnoses of Congestive Heart Failure, Atrial Fibrillation, CAD, HTN, Hyperlipidemia, Valvular Heart Disease, Mild Mitral Regurgitation, Mild Aortic Insufficiency, Mild Tricuspid Regurgitation and Sub acute Bacterial Endocarditis. A review of the tenant's file indicated the tenant was hospitalized on 3-16-07 and discharged on 3-21-07 to a skilled nursing unit, but did not indicate when the tenant returned. The RN stated, during an interview, the tenant returned to the program on 3-27-07. The program completed a functional and cognitive evaluation on 3-22-07, but did not complete a health evaluation when a change in condition existed.

- Regulatory Insufficiency: The program did not consistently complete a functional and health evaluation within 30 days of admission, and did not consistently complete a functional, cognitive and health evaluation when a change in condition existed.

**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: The RN stated during an interview, the program contracts with a pharmacy to monitor every 90 days, each tenant receiving program-administered prescription medications for adverse reactions to program administered medications in lieu of the RN including this information in her nurse review. A review of program files indicated the last pharmacy medication review was 2-21-06. The RN stated, during an interview, she did not know when the last pharmacy medication review was completed.

- Regulatory Insufficiency: The program did not consistently monitor every 90 days, each tenant receiving program-administered prescription medications for adverse reactions to program-administered medications and make appropriate interventions or referral, and ensure that the prescription medication orders are current and the prescription medications are administered consistent with such orders.

Dated this 19th day of April, 2007.