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

Assisted Living Program:

Mary Montgomery, Administrator
The Homestead Assisted Living
2501 West State Street
Mason City, IA 50401

Date of Monitoring Visit:

March 20, 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 The Homestead Assisted Living on March 20, 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:	37
Current number of tenants with cognitive disorder:	0
Total Population:	37

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 in the dining room with twenty-seven tenants in attendance. Tenants stated the program is nice and if they can't live at home than this is the next best thing. Tenants stated staff are friendly and helpful. Tenants stated the food is good quality and the meals are served restaurant style with two different entrees offered. Tenants stated they enjoy the activities and there are plenty of activities throughout the day. Tenants stated they are receiving the services they expect. Tenants stated they make their own decisions. Tenants 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, an 84 year old, was admitted on 1-13-07. Current diagnoses including: Bronchitis, Atrial Fibrillation with Pacemaker and a History of Compression Fracture. Progress notes dated 2-16-07 indicated the tenant was self-medicating but was forgetting to take prescribed medications. The program notified the tenant's physician on 2-16-07 requesting the program take over administration of medications. A change in condition existed when the tenant became forgetful and unable to self-administer prescribed medications. On 2-16-07 the program noted the tenant required complete supervision and administration of all medications but did not complete the functional evaluation in its entirety as required and did not complete a cognitive and health evaluation with a change in condition.

Tenant #2, a 75 year old, was admitted on 8-1-05. Current diagnoses including: Parkinson's, Hypertension (HTN), Depression, Osteoarthritis, Congestive Heart Failure (CHF), Left Shoulder Advanced Degenerative Joint Disease and a History of a Fractured Arm. The program completed an annual health evaluation on 8-8-06 but did not complete an annual functional and cognitive evaluation as required.

- Regulatory Insufficiency: The program did not consistently complete functional, cognitive and health evaluations annually and when a change in condition existed.

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

Monitoring Observation: Tenant #1's service plan of 2-9-07, indicated an update was made on 2-16-07 when the program began administering prescribed medications. The tenant and a multi-disciplinary team of three staff did not sign the service plan despite a change in the tenant's service plan.

Tenant #2's service plan of 8-8-06 was not updated to reflect services performed by the program. Progress notes of 12-20-06 indicated wound care to dorsal scalp. The tenant's functional evaluation of 4-11-06 indicated the tenant was dependent on staff to participate in daily and special events and attends only with assistance; however, the service plan 8-8-06 indicated the tenant was independent with activities. On 2-22-07 the tenant was prescribed a sling to be used for the right shoulder when the tenant experienced pain, a request for consult with the tenant's physician for pain management and an order for outpatient rehabilitation, evaluation and treatment of the left upper extremity. The program did not update the service plan to reflect interventions related to these changes.

- Regulatory Insufficiency: The program did not consistently have the tenant sign the updated service plan and did not update the service plan to reflect additional services performed by the program.

Dated this 3rd day of April, 2007.