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

Assisted Living Program:

John's Harbor Memory Loss Center
Janet Simpson, Administrator, Wesley Acres
Megan Hartwig, Unit Coordinator
3520 Grand Avenue
Des Moines, Iowa 50312

Date of Monitoring Visit:

April 20, 2007

Monitor(s):

Mary Oliver, LISW

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 John's Harbor Memory Loss Center on April 20, 2007. In preparing this report, the following information was considered:

Current Program Census:

General Population Program (GPP)* – Not applicable.

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:	15
Current number of tenants without cognitive disorder:	0
Total Population:	15

***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 not held as 13 of 15 tenants were reported to have a Global Deterioration Scale (GDS) of 4 or above.

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. Occupancy Agreement – The program shall enter into an occupancy agreement with the tenant or tenant's legal representative, if applicable, prior to the tenant's taking occupancy that clearly describes the rights and responsibilities of the tenant and of the program, and shall sign a managed risk policy disclosure statement. [321 IAC 25.22]

Monitoring Observation: Tenant #1 a 96 year old, was admitted 3-19-07 with diagnoses of Atrial Fibrillation, Diabetes Mellitus II, Dementia and a History of Transient Ischemic Attacks. The tenant is a Stage 4 on the GDS, which indicates moderate cognitive decline. There was an occupancy agreement in the file; however, the occupancy agreement was not signed by the tenant or a legal representative.

Tenant # 2 an 83 year old, was admitted 1-4-05 with diagnoses of History of Hypothyroid, History of Basal Ganglia Stroke and Cognitive Impairment. The tenant is a Stage 3 on the GDS, which indicates a mild cognitive decline. The occupancy agreement was not signed by the tenant, only by the Power of Attorney.

Tenant #3 an 87 year old, was admitted 1-4-07 with diagnoses of Diabetes, Esophageal Reflux, Unspecified Chronic Ischemic Heart Disease Hypertension, and Hyperlipidemia. The tenant is a Stage 3 on the GDS, which indicates a mild cognitive decline. The occupancy agreement was signed by the tenant's spouse who has Power of Attorney, and was not signed by the tenant or the person who holds the Durable Power of Attorney.

- Regulatory Insufficiency: The program does not obtain signatures of tenants and legal representatives on occupancy agreements.

B. 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 tenant files indicate health evaluations were not completed prior to the development of service plans. Four tenants files indicate the cognitive evaluations were unsigned, so it was not possible to determine if the evaluations were completed by a health care or human service professional.

- Regulatory Insufficiency: The program did not always complete health evaluations prior to developing service plans and did not assure cognitive evaluations were completed by a health care or human service professional who signs the evaluations.

Dated this 1st day of May, 2007.