

**Iowa Department of Inspections and Appeals
Assisted Living Program
Initial Certification Monitoring Evaluation Report**

Assisted Living Program:

Sharon Lukes, RN Administrator
Windhaven Assisted Living Program
5500 S Main St
Cedar Falls, IA 50613-7437

Date of Monitoring Visit:

May 31, 2007

Monitor(s):

Hal L. Chase, RN BSN MPH
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 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 Windhaven Assisted Living Program on May 31, 2007. In preparing this report, the following information was considered:

Current Program Census: Not applicable.

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: 53

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: 24

Total Population: 77

***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 sixteen tenants in attendance. Tenants stated it was “wonderful” living at the program and everyone who works is helpful and friendly. Staff are respectful, considerate and always there when you need them. The food is fantastic with plenty of choices. Tenants enjoy the activities and like what is offered. They feel safe and are getting more services than they thought they would receive. Tenants make their own decisions: one tenant stated “my children think they know better than I do.” Tenants are satisfied with the services received from the program and would recommend it to friends and family. One family member stated staff gives tenants dignity and doesn’t embarrass them when they may have acted inappropriately. He stated staff always finds something for tenants to do and he “... can’t praise this place enough. I can go away for a month and never worry about my father.” The family member also states they can come in “... day or night and it has always been excellent.”

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: Seven tenant files reviewed indicate the program does not consistently complete cognitive and health evaluation within 30-days of admission.

- Regulatory Insufficiency: The program does not consistently complete cognitive and health evaluations as required.

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, a 92 year old, was admitted on 3-28-07 and has diagnoses of History of Atrial Fibrillation Status Post Pacemaker, History of Chronic Anticoagulation, Dementia, Hypertension, Depression, Gastroesophageal Reflux Disease, History of Arthritis, History of Cerebrovascular Accident, Post Partial Colectomy for Colon Cancer and Status Post Tonsillectomy. The tenant's file indicates physical therapy was given from 4-2-07 through 4-12-07. The tenant's service plan of 3-25-07 was updated on 4-23-07, but does not reflect physical therapy from 4-2-07 through 4-12-07.

Tenant #2, a 57 year old, was admitted on 10-2-06 and has diagnoses of Dementia, Hallucinations, Insomnia and Depression. A cognitive evaluation was completed on 10-3-06, staging the tenant at six on the Global Deterioration Scale indicating severe cognitive decline. Nurse's notes of 2-25-07 through 4-2-06-7 indicates the tenant was physically combative, pinching and hitting staff when cares were attempted. The tenant's service plan of 11-1-06 does not indicate interventions related to the tenant's aggressive behavior.

- Regulatory Insufficiency: The program does not update service plans to reflect the personal and health care needs of tenants.

C. Food Service – Program shall provide or coordinate with other community providers to provide hot or other appropriate meal(s) at least once a day or make arrangements for the availability of meals. Menus shall be appropriately planned. If applicable, therapeutic diets shall meet all requirements. Food preparation personnel shall meet all requirements. [321 IAC 25.32]

Monitoring Observation: The program was unable to produce a food license for the kitchen where meals are prepared for tenants.

- Regulatory Insufficiency: The program does not have a food license to operate a kitchen.

Dated this 26th day of June, 2007.