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

Assisted Living Program:

Ms. Tessa Numedahl, Administrator
Aase Haugen Assisted Living
8 Ohio Street
Decorah, IA 52101-1563

Date of Monitoring Visit:

November 6, 2007

Monitor(s):

Stephanie Cummins, SW MA
Lincoln Newsom, RN

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 Aase Haugen Assisted Living on November 6, 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:	14
Current number of tenants with cognitive disorder:	0
Total Population:	14

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:	4
Current number of tenants without cognitive disorder:	3
Total Population:	7

***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 10 tenants and two tenant interviews. Tenants stated they love living at the program. They stated staff was good and there are no problems. If needed, the nursing home staff also helped. Tenants stated food was better, and they were getting more. Tenants stated they did not have many activities and the majority were at the nursing home; however, tenants did state the Activity Director had asked what they would like to do, and tenants did not state they would attend more activities if they were available in the assisted living side of the building. Tenants stated they felt safe in the program and they never need to lock their doors. They were getting what they paid for and they make their own decisions. Tenants stated they use call pendants in the event of an emergency and staff respond quickly. Tenants stated they were pleased with the program and would recommend it to friends and family.

Complaint History – There have been no substantiated complaints 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: Five tenant files were reviewed.

Tenant #5, a 94 year old, was admitted on 6-12-07 and diagnoses included: Dementia without Behavioral Disturbances, Urinary Incontinence, Alzheimer's Disease, Constipation, Hypertension (HTN) and Cataracts. The tenant was staged at a five on the Global Deterioration Scale (GDS), which indicated moderately severe cognitive decline. The tenant currently resided in the dementia unit. The tenant had Durable Power of Attorney (DPOA) paperwork in the file. The DPOA signed the occupancy agreement; however, it was not signed prior to taking occupancy.

- Regulatory Insufficiency: The program did not consistently obtain a signed occupancy agreement for all tenants, prior to taking occupancy. (25.22(1))

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

Monitoring Observation: Five tenant files were reviewed.

Tenant #1 an 81 year old, was admitted on 6-25-07, with diagnoses of Small Cell Lung Cancer with Metastasis to the Brain, Chronic Obstructive Pulmonary Disease (COPD), HTN and Atrial Fibrillation. The tenant resides in the dementia unit. The tenant's 30 day service plan was updated on 7-27-07, two days late, and included the signatures off all except that of the tenant. The program did not consistently obtain required signatures.

Tenant #4, an 88 year old, was admitted on 6-11-07 and diagnoses include: Dementia, Congestive Heart Failure (CHF), Anxiety, Anemia and HTN. The Tenant fell or was found on the floor on 7-19-07, 8-7-07, 8-11-07 and 8-21-07, according to Interdisciplinary Progress Notes. The service plan was not updated as needed. The tenant's service plan stated (under Mobility) the tenant moved around the dementia unit without staff assistance and the tenant had a shuffled gait. According to Interdisciplinary Progress Notes dated 10-19-07, the tenant was noted to be agitated two to three times per week with cares. The note also indicated the tenant appeared to be sleeping more during the day. The service plan was not updated as needed and did not address the tenant's behaviors during cares. The tenant's service plan did not address planned and spontaneous activities. The service plan stated (under Food Preparation) the tenant participated in food activities.

Tenant #5 had a service plan developed within 30 days of taking occupancy; however, the service plan was signed by a nurse, one staff and the tenant. The tenant's service plan did not address planned and spontaneous activities. The service plan stated (under Food Preparation) the tenant participated in food activities.

- Regulatory Insufficiency: The program did not consistently have service plans signed by a health professional, two staff and the tenant. (25.28(2))

- Regulatory Insufficiency: The program did not consistently develop service plans, as needed. (25. 28(3))

- Regulatory Insufficiency: The program did not consistently develop service plans that identified planned and spontaneous activities for those unable to plan their own activities including those tenants with dementing illness (25.28 (4) d.)

C. 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]

Monitoring Observation: Two medication passes were observed, one in the general population unit and one in the dementia unit. The medication pass in the general population unit was a mock medication pass. Staff #4 was observed during the mock medication pass in the general population. The staff passing the medication did not have a current medication list for the tenant and one was not available in the tenant's room. Staff #5 administered medications in the dementia unit. The staff did not have a current list of medications available when administering medications to the tenant and one was not available in the tenant's room. Staff #5 administered the medications and returned to the kitchen to initial medications were administered.

- Regulatory Insufficiency: The program did not consistently follow an acceptable medication protocol. (IAC 655-6)

D. 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: Five tenant files were reviewed.

Tenant#1 had an order dated 8-23-07 for Diastat 10 mg Rectal Gel per rectum every four hours, as needed, for seizures. The order was signed by the Hospice nurse on 8-23-07. The physician signed the order on 11-5-07. The order was put on the Medication Administration Record (MAR) on 10-26-07. According to Staff #1, the tenant had not needed the medication and the medication was not administered. Staff #1 indicated the Hospice nurse had the order in their office until 10-26-07, when the new order was written.

Tenant #4 fell or was found on the floor on 7-19-07, 8-7-07, 8-11-07 and 8-21-07, according to Interdisciplinary Progress Notes. Nurse review was not completed, as needed. According to Interdisciplinary Progress Notes dated 10-19-07, the tenant was noted to be agitated two to three times per week recently with cares. The note also indicated the tenant appeared to be sleeping more during the day. Nurse review was not completed, as needed.

- Regulatory Insufficiency: The program did not consistently ensure physician orders were current. (25.30(1))

- Regulatory Insufficiency: The program did not consistently assess and document tenants' health related activities. (25.30(3))

E. 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: Four staff files were reviewed.

Staff #2 indicated in an interview she served and prepared food. Staff #2 did not have an orientation on sanitation and safe food handling prior to handling food.

- Regulatory Insufficiency: The program did not consistently provide staff who are responsible for preparing or serving food or both an orientation on sanitation and safe food handling. (25.32(5))

F. Staffing - The provisions of this section address the program's staffing and training practices and associated documentation in responding to the identified needs of the tenant. [321 IAC 25.33]

Monitoring Observation: Four staff files were reviewed.

Staff #2 stated in an interview that other direct care staff demonstrated and observed her administering medications and trained her regarding activities of daily living (ADLs). Staff #1 stated in an interview, training for new staff pertaining to medications and ADLs involved nurse demonstration and staff return demonstration. Staff #1 indicated the nurse completed the training initially and then staff had orientation with other direct care staff. Staff #1 indicated nurse delegated training for administering Diastat, a Rectal Gel, was not completed.

- Regulatory Insufficiency: The program did not consistently provide sufficient trained staff at all times to fully meet the identified needs of the tenants. (25.33(1))

G. Managed Risk Statement – Program has a managed risk statement which includes the tenant's or legal representative's signed acknowledgement of the shared responsibility for identifying and meeting needs and the process for managing risk and upholding tenant autonomy when tenant decision making may result in poor outcomes for the tenant or others. [321 IAC 25.36]

Monitoring Observation: Tenant #2 a 65 year old, was admitted on 7-9-07, with diagnoses of: Cerebral Vascular Accident (CVA) and Hyponatremia. The tenant scored 29 on the Mini-Mental State Exam which indicated normal functioning. Interdisciplinary Progress Notes of 7-6-07 indicated the program spoke to the tenant in regards to his/her use of alcohol. The program told the tenant he/she cannot use alcohol in the program and this would be a reason for discharge back to the nursing home. An interview with this tenant was done, with the tenant stating he/she would like to have a beer now and then.

A discussion with Staff #3, the program's Social Worker (SW), was done on exit. Staff #3 stated the family of the tenant was involved with the tenant but only as long as the

tenant remained sober. Staff #3 felt if the tenant was to return to drinking it would be excessive. Staff #3 stated the tenant did not want to return to the nursing home. Staff #3 also stated there had not been any alcohol found in the tenant's room. The program did not implement a managed risk statement with the tenant.

- Regulatory Insufficiency: The program did not consistently uphold tenant autonomy when tenant decision making may result in poor outcomes for the tenant or others. (25.36)

H. Transportation – When the program provides transportation services directly or under contract with the program, the services shall be provided as required. [321 IAC 25.38]

Monitoring Observation: The program has two mini-vans to transport tenants. All safety equipment was noted in one of the mini-vans; however, the other mini-van had no first-aid kit.

- Regulatory Insufficiency: The program did not ensure the vehicle had all required safety devices. (25.38(7))

Dated this 2nd day of January, 2008.