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

Assisted Living Program:

Mike Jarrell, Administrator
Elm Crest Retirement Community
2104 12th Street
Harlan, IA 51537

Date of Monitoring Visit:

December 4, 2007

Monitor(s):

Michael Streepy, RN
Ann Martin, 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 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 Elm Crest Retirement Community on December 4, 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 include tenants with cognitive disorder.

Current number of tenants without cognitive disorder:	19
Current number of tenants with cognitive disorder:	6
Total Population:	25

Dementia Specific Program - 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 17 tenants. Tenants stated the environment of the program was very nice and they were pleased with all aspects. Tenants stated staff were very good, dependable and responded to call lights and requests for assistance in no time. Tenants stated food was good and they were provided with plenty to eat. Tenants stated nothing came to mind that would make the program better and if there was the Administration and staff would take care of it. Tenants stated the activities program was good but felt suggestions were not always followed. Tenants stated they felt safe and the program has fire drills frequently with evacuation practice. Tenants stated they felt the program provides services consistent with contracts. Tenants make their own decisions and do what they want. Tenants would like to have a piano on the second level. Tenants are satisfied with the program and would recommend it to their friends and family.

Complaint History – There were no substantiated complaints 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 82 year old, was admitted 10-07-07 and has diagnoses of: Diabetes, Chronic Kidney Disease, Atrial Fibrillation, Chronic Obstructive Pulmonary Disease, Malignant Neoplasm of the Bladder, Hypothyroidism and Osteoarthritis. ECRC Assisted Living Resident Notes dated 11-06-07 through 11-13-07 indicated the tenant was experiencing difficulty breathing. No evaluation of cognitive, health or function was completed with a change in condition. Review of the ECRC 90 day Nursing Assessment tool dated 11-12-07 reveals the program used it as a cognitive, health and functional evaluation but it was incomplete and not an approved tool.

Tenant #2, a 91 year old, was admitted 02-09-07 and has diagnoses of: History of Guillian Barre Syndrome, Status Post Craniotomy and Hypertension. ECRC Assisted Living Resident Notes of 10-22-07 indicate the tenant transferred to the hospital for Supra pubic catheter placement returning to the program 10-24-07. No evaluations of functional, health or cognition were completed with a condition change.

- Regulatory Insufficiency: The program did not consistently complete functional, health and cognitive evaluations when a change in condition existed to determine if modifications to services were needed. (25.23(2))

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 ECRC Assisted Living Resident Notes dated 11-06-07 and 11-07-07 indicated the tenant was experiencing difficulty breathing. The updated service plan dated 11-07-07 was formulated without a complete evaluation of cognitive, health or function.

Tenant #2's ECRC Assisted Living Resident Notes of 10-24-07 indicates a return from the hospital after the placement of a Supra pubic catheter. The service plan updated 10-24-07 was formulated without completed evaluations of cognitive, health and function.

- Regulatory Insufficiency: The program did not consistently develop service plans based on evaluations conducted in accordance with 25.23(1) and 25.23(2). (25.28(1))

Monitoring Observation: Tenant #1's service plan of 11-07-07 lacked the required signatures of two additional staff people in addition to the signature of the healthcare professional.

- Regulatory Insufficiency: The program did not consistently ensure all persons who develop the plan sign the service plan. (25.28(2))

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: Tenant #1's physician orders include an order for Coumadin 2 mg dated 10-05-07. ECRC Assisted Living Resident Notes dated 11-16-07, 11-17-07 and 11-18-07 indicated the medication was not available. The notes also indicate the Supervisor and Pharmacy were notified on 11-16-07. Interview with the program RN on 12-04-07, confirmed the finding. The RN stated she had instructed staff to contact the pharmacy; however, the pharmacy stated they had not been notified. No one followed up to obtain the medication until after 11-18-07.

- Regulatory Insufficiency: The program did not apply an acceptable standard of practice in administration of medications. (IAC 655 – Chapter 6)

Monitoring Observation: Personnel files for 2 of 3 Medication Managers indicated no documentation of training for insulin administration or supervision.

- Regulatory Insufficiency: The program did not consistently document training of Medication Managers by the licensed professional in the administration and supervision of insulin. (25.29(2)(a)), 6.2(5)d.(3))

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: Tenant #1's ECRC Assisted Living Resident Notes dated 11-06-07 through 11-13-07 indicated the tenant was experiencing difficulty breathing. No documentation of Nurse Review was completed with the change in condition.

Tenant #2's ECRC Assisted Living Resident Notes of 10-22-07 indicated the tenant transferred to the hospital for Supra pubic catheter placement and returned to the program 10-24-07. ECRC Assisted Living Resident Notes of 10-18-07 through 10-31-07 indicate pain and discomfort in the right heel area. No documentation of Nurse Review was completed with a change in condition.

- Regulatory Insufficiency: The program did not consistently ensure the registered nurse would assess and document the health status of each tenant, make recommendations and referrals as appropriate, and monitor progress on previous recommendations with changes in health status. (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: Interview with the RN on 12-04-07 reveals the statement and confirmation of no documentation of orientation on sanitation and safe food handling prior to handling food and an annual in-service training on food protection. Personnel file review reveals no documented in-service training of direct care staff serving food.

- Regulatory Insufficiency: The program did not consistently provide an orientation on sanitation and safe food handling prior to staff handling food and an annual in-service training on food protection for staff who are responsible for preparing or serving food. (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: Personnel files for Staff #2 and #3 contained no documentation of nurse delegation or training of tasks.

- Regulatory Insufficiency: The program did not consistently ensure that all personnel employed would receive training appropriate to assigned tasks and target population. (25.33(5))

- Regulatory Insufficiency: The program did not maintain documentation of training received by program personnel. (25.33(7))

G. Dementia-specific education for program personnel – A dementia-specific program shall employ or contract with personnel who have received appropriate dementia-specific education and training. [321 IAC 25.34]

Monitoring Observation: Review of personnel files reveals Staff #9 had no dementia training. The program census indicated six tenants with a Global Deterioration Score of 4 or above which classifies the program as dementia-specific by population.

- Regulatory Insufficiency: The program did not consistently ensure all personnel employed by a dementia specific program receive a minimum of six hours of dementia specific education and training. (25.34(1))

Dated this 19th day of December, 2007.

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Correction Date 1/22/08
Preparation and execution of this response and plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of Federal and State law. For the purpose of any allegations that the facility is not in substantial compliance with Federal regulations of participation, this response and plan of correction constitutes the facility's allegation of compliance in accordance with the State Operations Manual.

A. Evaluation of Tenant
Individual Resident:
Tenant # 1 was given a cognitive evaluation on 12/7/07 using a state approved tool.
Tenant #2 was given a functional health assessment on 12/7/07 using a state approved tool.

Residents in similar situations:
All residents on admission or change of condition will be given functional and cognitive evaluations using the state approved tool effective 12/7/07.

System fix:
Implementation of the state approved tool for functional and cognitive evaluations will be used.

Monitoring:
The Clinical Coordinator or their designee will use an audit tool to verify that the state approved tool was used for functional and cognitive changes on admission or change of condition. Results will be provided to the Quality Assurance committee monthly for one quarter and quarterly thereafter for one year.

B. Service Plan - Monitoring
Individual Resident:
Tenant #1 and #2 were re-evaluated for functional and cognitive condition and the evaluations were used to update service plans on 12/7/07.

Tenant #1 monitoring observation on the re-evaluation was signed by the appropriate staff personnel on 12/5/-7 & 12/7/07 with 60 day assessment.

Tenants in similar situations:
Tenants who have cognitive or functional changes will be monitored and evaluated using the state approved tool in accordance with 25.23(1); 25.23(2) and 25.28(1)

Tenants who have a cognitive or functional evaluation will have the evaluation signed by the appropriate personnel.

Systems fix:
Service plans will be updated based on monitoring and use of state approved evaluation tools and signed off by required staff.

Monitoring:
The clinical manager or their designee will do audits to assure that the state approved tool is being used for cognitive and functional evaluations and that all appropriate signatures are thereto attached. A copy of the audit will be provided to the Quality Assurance committee on a quarterly basis for a period of 1 year.

C. Medications

Individual Tenant
Tenant #1 medication error was corrected on 11/19/07.
Medication administration and training of med managers with respect to the appropriate administration and supervision of insulin will be completed by 1/22/08.

Resident's in similar situations
Staff will contact the clinical manager or the pharmacy as directed to assure that the medication is available for tenants.

All med managers will undergo additional training by 1/22/08 with the administration and supervisory requirements regarding the distribution of insulin.

Systems fix:
Appropriate staff will be reeducated on procedures related to medication distribution.

Copies of training records will be included with the personnel files.

Monitoring:
Clinical Manager or designee will conduct an observation audit of medication distribution with each med manager during the fist quarter of 2008 and a paper audit once per quarter for the remaining 3 quarters of 2008. Copies of audits will be submitted to the Quality Assurance committee.

D. Nurse Review
Individual Resident:
Tenant #1is being monitored for breathing difficulty and the nurse is updated as needed for changes in condition to support appropriate assessment and documentation in the tenant's records.

Tenant #2 was provided a new wheelchair and therapy for positioning along with education relative to position for comfort and pain relief to the heel area. Nurse review and documentation made to tenant's record.

Residents in similar situations:
Residents who undergo a change in condition related to breathing difficulties or pain will be assessed by the clinical nurse and appropriate documentation of finding made to the tenants record.

System fix:
The clinical manager will assure that resident assessments are done as needed and that the tenant's records are updated.

Monitoring:
The clinical manager will create a log that will be used to document assessments done and provide the log to the Quality Assurance committee each quarter for two quarters.

E. Food
Individual Resident:
Tenants will be provided food by staff educated on proper sanitary and safe food procedures.

Residents in similar situations:
Those tenants not included as part of the observation will also be provided food by staff educated on proper sanitary and safe food handling.

System fix:
All assisted living personnel will be in serviced on proper food sanitation and safe food handling by 1/22/08. Documentation will be entered into the staff records. All new staff hired will undergo this training as a part of their orientation with documentation being included in their personnel file.

Monitoring:
The clinical manager will assure that this training takes place and provide an audit list to the Quality Assurance committee of the training conducted to re-educate current staff. Any new personnel hired during the next quarter will have their training documented and verified to the QA committee with an audit report for two continuous quarters.

F. Staffing
Individual Resident:
Staff #2 & #3 were both re-educated on nurse delegation and training tasks of the targeted population. They will also participate in an in-service on 1/16/08 for all AL staff on this subject. Staff #2 & #3 will have their records updated to reflect training documentation as of in-service on 1/16/08.

Residents in similar situations:
All staff on new hire orientation will be educated on nurse delegation and training tasks appropriate to their work assignments with documentation of training maintained in their personnel files.

System Fix:
The clinical manager will implement a process of education relative to nurse delegation for all staff on hire will become a permanent part of their personnel file.

Monitoring:
The clinical manager will provide an audit summary of training to the Quality Assurance committee for two consecutive quarters reflecting training conducted.

G. Dementia-specific education for program personnel.

Individual Resident:
Staff #9 underwent 6 hours of dementia specific education on 12/14/07.

Residents in similar situations:
All staff will undergo as part of their orientation training the 6 hour dementia specific training program upon hire.

System Fix:
The Clinical Manager will incorporate an orientation check sheet that will include the 6 hour dementia specific training program for all new staff. A record of the training will be included in the staff persons personnel file.

Monitoring:
The Clinical Manager will provide a record of training of all staff to the Quality Assurance committee and continue with training verification to the committee for new staff hired during the next 6 month period on a quarterly reporting basis.

To Tammy Halverson:
RE: Nurse Review

We have an approved 90 day assessment tool that I use. In the assessment it asks if there has been any new medication yes/no. I will circle correct one, if there is new medication I will write them in the space provided. After this, I document in the nurses notes that the 90 day nurse review has been completed and highlight it per Ann Martin's suggestion following there visit here in December. If any ill effects resulted from a medication change or addition it is reported to the physician and documented in the nurses' notes. I also report all bloodsugars, blood pressures, and pulses monthly to physicians for review. This is also documented.

Sincerely,
Leslie Fries RN, clinical manager
Elm Crest Assisted Living