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

Assisted Living Program:

Sarah Hanson, Administrator
Arlington Place of Pocohontas
101 NE 5th Street
Pocohontas, IA 50574

Date of Monitoring Visit:

January 17, 2008

Monitor(s):

Michael Streepy 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 Arlington Place of Pocohontas on January 17, 2008. 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:	31
Current number of tenants with cognitive disorder:	1
Total Population:	32

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 with 7 tenants. Tenants are satisfied with the program environment stating it is well maintained. The food is good with some substitutions offered and plenty of food provided. They could not think of anything administration or staff could do to make the program better with the exception of having one more staff person available at serving time for meals. Tenants stated activities are fine with something going on daily including Bingo, social hour and various crafts. They feel very safe in the program and fire drills are held every couple months or so. Services are provided in accordance with their contracts and they are aware of the limitations. They make their own decisions and are free to do as they please. Tenants stated medical assistance and physician notification is available as needed. Tenants stated general satisfaction with the program. They would and have recommended the program to friends.

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 #3, an 88 year old, admitted 10-08-07 with diagnoses including: Hypertension and Vertigo. Tenant #3 had initial functional, health and cognitive evaluations dated 10-09-07. The 30 day evaluations for functional, health and cognitive status were not completed until 11-23-07.

Tenant #1, a 92 year old, was admitted 10-13-07 with diagnoses including: Left Hip Fracture, Asthma, Pulmonary Fibrosis, Anxiety and Osteoporosis. The tenant had no 30 day evaluations completed for health and cognition.

- Regulatory Insufficiency: The program did not consistently perform evaluations of each tenant's functional, health and cognitive status prior to admission, within 30 days of admission. (25.23(1), 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 #3's initial service plan was not completed until 10-09-07. The tenant's 30 day service plan was not completed until 11-23-07, which indicated the need for possible assistance with activities of daily living and medication administration.

Tenant #1 requires assistance with personal cares and medications. The tenant did not have the service plan updated within 30 days of admission.

- Regulatory Insufficiency: The program did not consistently develop Service Plans prior to admission and updated within 30 days of admission for tenants who need personal care or health related care. (25.28(2), 25.28(3)).

C. 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 had no documentation of 90 day nurse review including medication review.

Tenant #2, a 91 year old, admitted 02-27-06 with diagnoses including: Dementia, Hypertension and Atrial Fibrillation. The tenant, who receives program administered medications, had no documentation of 90 day nurse review including medication review.

Tenant #3 had no documentation of 90 nurse review or medication review since medication administration was initiated.

- Regulatory Insufficiency: The program did not consistently ensure that tenants receiving program administered medications or health related care would be monitored every 90 days for adverse reactions, make appropriate interventions and referrals, and ensure the health care orders for tenants receiving health care from the program are current. (25.30(1), 25.30(2)).

Dated this 29th day of January 2008.

January 30, 2008

Department of Inspections and Appeals
Tamara Halvorson
Lead Certification Coordinator – Western
Adult Service Bureau

Dear Ms. Halvorson:

Please find enclosed our Plan of Correction for the re-certification survey on January 17, 2008.

A. **Regulatory Insufficiency:** The program did not consistently perform evaluations of each tenant's functional, health and cognitive status prior to admission, within 30 days of admission.

POC: Tenant #1 will have an evaluation for functional, health and cognitive status completed by February 14, 2008. Tenant #3 had a 30 day evaluation completed November 23, 2007 however this was late per facility policy. Effective immediately Tenant #3 will receive assessments in a timely matter.

The program will continue to complete preliminary functional, cognitive and health status evaluation of each tenant prior to admission. Each new resident will be re-evaluated within 30 days after occupancy, annually and when there is change in the tenant's condition. The RN will be responsible to ensure the re-evaluations are completed on a timely basis. This process will start effective immediately with any new tenants, as each tenant's annual assessment comes due and when there is a change in condition. The RN and Housing Manager will complete monthly audits to ensure the evaluations are timely and include all required information.

(Documents: Nursing assessment and MMSE)

B. **Regulatory Insufficiency:** The program did not consistently develop Service Plans prior to admission and updated within 30 days of admission for tenants who need personal care or health related care.

POC: Tenant #1 will have an updated Service Plan/Agreement completed by February 14, 2008. Tenant #3's initial Service Plan/Agreement was completed on November 23, 2007, however this was late per facility policy. Effectively immediately Tenant #3 will have timely completion of Service Plan/Agreement updates.

A Service Plan/Agreement will be developed prior to occupancy for each new tenant and will be updated at the time of the health status evaluation at 30 days of admission, as each tenant's annual assessment comes due and when there is a

change in condition. The tenant and their responsible parties, the RN and facility staff will be included in the development of the plan. The service agreement/plan will include identified health and personal care related needs. Modifications to this plan will be completed when necessary. The service agreement/plan will specify the care approach and specific service needs for the tenant so that staff can implement the individualized care plans. The RN will develop a tracking system to ensure timely evaluations and service agreement/plan modifications. Monthly quality assurance audits will be done by the housing manager and RN to ensure that service agreement/plan is being completed and modified as necessary. This process will start effective immediately with any new tenants.

(Documents: Service Agreement/plan and Policy # 04-005.01)

C. **Regulatory Insufficiency:** The program did not consistently ensure that tenants receiving program administered medications or health related care would be monitored every 90 days for adverse reactions, make appropriate interventions and referrals, and ensure the health care orders for tenants receiving health care from the program are current.

POC: Tenant #1 will receive a 90 day medication and RN review by February 15, 2008. Tenant #2 will receive a 90 day medication and RN review by February 6, 2008. Tenant #3 will continue to receive 90 day medication and RN reviews.

The Nurse review will be completed quarterly or when there is a change in condition for all tenants for whom the program administers prescription medication. The documentation will be dated, timed and signed by the nurse conducting the review. The nurse review will audit medication orders to ensure they are current, are being administered as ordered and staff are informed of potential adverse reactions to medications. An assessment of each tenant's personal and health related cares and response to previous health related recommendations will be addressed. The nurse review documentation will begin effective February 1, 2008 as the tenant's quarterly or annual reviews come due. The Housing Manager and RN will complete monthly audits for 6 months to ensure compliance.

(Document: Policy # 03-006.01)