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

Assisted Living Program:

Linda Strubbe, Administrator
Fieldcrest Assisted Living
2501 East 6th Street
Sheldon, Iowa 51201

Date of Monitoring Visit:

January 22, 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 Fieldcrest Assisted Living on January 22, 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:	58
Current number of tenants with cognitive disorder:	2
Total Population:	60

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 6 tenants. Tenants stated the environment was fine and always clean. Staff are friendly and very helpful; however, tenants miss the old nurse and stated the Administrator and nurse don't mingle with them enough. Tenants stated a concern with the number of staff on weekends, since call light response times are sometimes between an hour and one half to two hours at times. The tenants stated there were no negative outcomes, but it remains a concern. The only other concern was with staff slamming doors. The quality of the food is not that good and the meats are "pretty tough." Tenants stated staff and Administration could make the program better if they were more involved with the tenants. Tenants stated activities were very good. Tenants did not feel that safe in the program, especially at night, with only one staff person available. Tenants are receiving services they had contracted for and are aware of limitations to remain in the program. Tenants have no concerns with their autonomy and make all decisions for themselves. Tenants stated medical services were good and a nurse and 911 services are available. Tenants were generally satisfied with the program and would recommend it to others, with some reservation related to staffing.

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

Monitoring Observation: Tenant #1, an 85 year old, admitted 08-18-04 with diagnoses including: a Fracture of the Pelvis, Hypertension and Dementia. The service plan of 08-18-07 was not based on the cognitive evaluation, which was dated 08-29-07.

Tenant #2, a 90 year old, admitted 08-20-07 with diagnoses including Left hip fracture, Hypertension, Congestive Heart failure, Depression, Insomnia, Arthritis, Anemia, and history of Corneal Transplant. The service plan dated 09-12-07 not based on evaluations as the Health and Functional evaluations were dated 09-18-07 and the cognitive evaluation was dated 09-17-07, after the date of the service plan.

Tenant #3, an 82 year old, admitted 11-15-07 with diagnoses including: Breast Cancer, Melanoma, Back Pain, Hypothyroid and Dementia. There was documentation of a service plan dated 11-16-07; however, there was no documentation of a service plan prior to occupancy.

- Regulatory Insufficiency: The program did not consistently ensure service plans would be based on evaluations conducted in accordance with 25.23(1) and 25.23(2), and designed to meet the specific service needs of the individual tenant. (25.28(1)

- Regulatory Insufficiency: The program did not consistently ensure service plans would be developed prior to the tenants taking occupancy. (25.28(2))

B. 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 #2 had no documentation of a medication review every 90 days as part of the nurse review.

Tenant #4, an 83 year old, admitted 05-26-06 with diagnoses including: Hypothyroidism, Brain Aneurysms, Congestive Heart Failure, Aortic Stenosis and Hyperlipemia. Tenant #4 had no documentation of a medication review every 90 days as part of the nurse review.

- Regulatory Insufficiency: The program did not consistently conduct nurse reviews including a medication review at least every 90 days for tenants receiving medication administration or health care professional directed or related care. (25.30(1))

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: Staff person #5, a dietary assistant, with hire date of 08-16-07, had no documentation of training in food safety and sanitation. Staff person #3, with a hire date of 12/7/05 had no documentation of training in food safety and sanitation.

- Regulatory Insufficiency: The program did not consistently ensure staff responsible for preparing or serving food, or both preparing and serving food, had orientation on sanitation and safe food handling prior to handling food. (25.32(5))

D. 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: Review of personnel records for staff reveals RN delegation of tasks to be documented as verbal only with no documentation of return demonstration to determine competency for Staff #2, #3 and #4.

- Regulatory Insufficiency: The program management did not consistently ensure all personnel employed by the program received training appropriate to assigned tasks and the target population. (25.33(5))

E. Record Checks – The program conducts applicable employee record checks. [Iowa Code section 135C.33(5)]

Monitoring Observation: Review of personnel records for Staff #7, the program nurse, with a hire date of 09-10-07, reveals no documentation of criminal background or dependent adult abuse checks until 09-13-07.

Review of personnel records for Staff #1, a dietary assistant, with a hire date of 02-24-05, reveals a possible hit on the criminal background check with no documentation of Department of Human Services evaluation to determine eligibility for employment.

- Regulatory Insufficiency: The program did not consistently ensure that prior to employment, required criminal history and dependent adult abuse checks would be completed and that in the event of a hit the Department of Human Services evaluation would be completed prior to hire. (231C.3(10), 135C.33(1))

Dated this 6th day of February, 2008.

Fieldcrest Assisted Living Community
2501 East 6th Street
Sheldon, IA 51201

2/21/2008

To: Ann Martin, Bureau Chief
Iowa Department of Inspections & Appeals
Lucas State Office Building
321 East 12th Street
Des Moines, IA 50319-0083

RE: Plan of Correction for Fieldcrest Assisted Living Community

To Whom It May Concern:

Preparation and execution of this Plan of Correction does not constitute an admission or agreement by this provider of the truth of facts alleged or conclusions set forth in the Statement of Regulatory Insufficiencies. The Plan of Correction is prepared and/or executed solely because it is required by the provisions of federal and state law. Completion dates are provided for procedural processing purposes and correlation with the most recently contemplated or accomplished corrective action and do not necessarily correspond chronologically to the date the facility maintains it was in compliance with requirements of participation or that corrective action was necessary.

A. Service Plan 321 IAC 25.28

- We will base our Service Plans on the tenant's functional, cognitive, and health status to ensure that we are able to meet the tenant's needs. The Director of Health Services/RN will ensure that they are completed prior to the admission, within 30 days of occupancy, and as the tenants functional, cognitive, and health status needs change to determine if the tenant continues to meet eligibility criteria to live in our community and/or if any modifications are needed to meet the tenant's needs in consultation with the tenant and the tenants representative. The Director of Health Services/RN will also ensure that the Service Plan is updated at least annually and when a tenants needs change.

B. Nurse Review 321 IAC 25.30

- A Nurse Review of each client that is receiving program administered medications will be completed every 90 days using the nurse review form that was approved by the Department of Inspections and Appeals starting January 23rd, 2008. The Director of Health Services/RN will complete this nurse review and document it as per regulations.

C. Food Service 321 IAC 25.32

- All employees will complete training from the Serve Safe Certified Food Service Director in regards to food sanitation and safe food handling by March 30th, 2008, and then annually thereafter. All new hires will complete, as part of their training, an orientation from the Serve Safe Certified Food Service Director in regards to food sanitation and safe food handling upon hire and annually thereafter. The Director of Health Services/RN will ensure that this training is documented on the personnel record.

D. Staffing 321 IAC 25.33

- The Director of Health Services/RN will ensure that all current employees at Fieldcrest Assisted Living complete training and show understanding by means of verbal, written, and follow up demonstration as laid out in the personnel record by March 30th, 2008. The Director of Health Services/RN will document this training completed on the employee's personnel record. The Director of Health Services/RN will ensure that all new hires complete training and show understanding by means of verbal, written, and follow up demonstration as laid out in the personnel record prior to the new hire working alone with tenants. The Director of Health Services/RN will document this training completed on the employee's personnel record.

E. Record Checks Iowa Code Section 135C.33(5)

- All employees will have a criminal background or dependent adult abuse study completed prior to starting employment at Fieldcrest Assisted Living Community. If a possible hit were to be received, further clearance to work will be received from the Department of Human Services prior to the employee starting employment. Clearance to work was obtained on Staff #1, a dietary assistant with a hire date of 02/24/2005 from the Department of Human Services as of January 28th, 2008, and the employee. Prior to receiving that clearance to work from the Department of Human Services, staff #1 was put on leave.

Respectfully Submitted,

Linda Strubbe

Linda Strubbe
Director of Resident Services
Fieldcrest Assisted Living Community