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

Assisted Living Program:

Complaint Intake #: 16163

La Donna Gunderson, Administrator
Faith Home Assisted Living
912 Davidson Drive
Osage, IA 50461-1482

Date of Monitoring Visit:

March 4, 2008

Monitor(s):

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 Faith Home Assisted Living on March 4, 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:	13
Current number of tenants with cognitive disorder:	1
Total Population:	14

***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 with nine tenants and one private interview were held. Tenants said they felt spoiled, staff are good and respectful. The food is good and there are choices available and the building is clean and well kept. Tenants voiced satisfaction with the program and the Administrator didn't need to make any changes. There are enough activities. Tenants feel safe and if there were an emergency all tenants have personal emergency call buttons. Tenants stated they are getting what they are paying for and make their own daily decisions. One tenant mentioned the program is the next best place to home. Tenants would recommend the program to friends and family

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. 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]

Complaint Allegation: It is alleged by the program, a staff member did not check on a Tenant #1 who did not come out for breakfast, per company policy

Monitoring Observation: Tenant #1, an 88 year old, was admitted on 9-11-07, and had diagnoses of: Cerebrovascular Accident, Hypertension, Urinary Incontinence and Chronic Pain. The program completed a Mini-Mental State Evaluation on 10-10-07, the tenant scored 26 out of 30, indicating mild or no impairment. It is unknown if the tenant came out for breakfast as it was served continental style. The tenant did not attend the noon meal and staff did not go to check on the tenant, until a family member called at 2:30pm requesting staff to check on the tenant. The tenant was found lying on the floor with the tenant's walker tipped over. The tenant had an order for no resuscitation and the cause of death was Coronary Artery Disease. Staff did not comply with company policy and procedures as it relates to staff checking on tenants who do not appear for a scheduled meal.

- Regulatory Insufficiency: The program did not have sufficient trained staff available at all times to fully meet tenants' identified needs. (25.33 (1))

Dated this 14th day of April, 2008.

POC was put into effect on 2/11/2008.

1. Tenant #1 is deceased.

2. RN will provide ongoing education/training from the Policy and Procedure Manual. Staff has been trained to set out the exact number of plates according to resident census. After residents have been served, a staff member will check on any residents who have not come out for the meal, per facility policy.

3. Ongoing education and training by the RN will be made available at monthly staff meetings and/or in-services re: the importance of following the policy and procedures. Extra staff will be made available during periods of increased occupancy or during periods where resident's needs are such that increased staff would benefit the well being of the residents.

4. RN will provide follow up reviews to monitor the meal time routine and serving. RN will also follow up with the residents at monthly council meeting to assure the mealtime policy is being followed.