Iowa Department of Inspections and Appeals
Assisted Living Program
Final Initial Certification Monitoring Report

Assisted Living Program:

Marsha Blum
Summit Pointe Senior Living
C/O Walker Eldercare Services
3737 Bryant Ave S
Minneapolis, MN 55409-1019

Date of Monitoring Visit:

October 22, 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 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 Summit Pointe Senior Living on October 22 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:	58
Current number of tenants with cognitive disorder:	0
Total Population:	58

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:	2
Total Population:	6

***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 47 tenants and two tenant interviews were held. Tenants stated it was a nice place to live. Staff was friendly and caring. The program was developing a picture directory of their staff. Tenants stated the food was good and when friends joined them for meals, they also thought it was good. Tenants would like more choices when it comes to salads and wished the cakes and brownies were not so hard. Tenants would like wider parking spots. Tenants stated there are plenty of activities, wonderful outings to see fall colors and the pumpkin patch. Tenants stated they would like to have a larger bus so that more tenants could go on the outings. Tenants felt safe in the program; however they would like to have someone at the front desk past 1730 hours. One tenant wished there was a system in place to sign in or out of the building and felt this would make them feel more secure. Tenants stated they made their own decisions. Tenants voiced a concern with the "pull cord" system for letting staff know if they needed assistance. They felt if they fell by their front door it would be hard to get to the "pull cord" and they would like a different system. Tenants stated they would recommend 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. 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 #3, an 85 year old, was admitted on 12-26-06 and has diagnoses of: Congestive Heart Failure (CHF), Aortic Stenosis, Anemia and Lupus. The tenant was staged at a two on the Global Deterioration Scale (GDS), which indicated very mild cognitive decline. The tenant currently resides in the dementia unit. The tenant was admitted to the general population area of the program on 12-26-06 and signed an occupancy agreement at that time. On 3-16-07 the tenant was moved to the dementia unit. The program did not update the tenant's occupancy agreement to reflect the change in needed services and for the fee adjustment with the tenant's move to the dementia unit.

- Regulatory Insufficiency: The program did not review and update the occupancy agreement, as necessary, to reflect a change in the services and financial arrangement. (25.22(5)).

B. 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: Five tenant files were reviewed.

Tenant #1, a 61 year old, was admitted on 7-20-07, with diagnoses of: Dementia, Hypertension (HTN) and Depression. A pre-admission assessment was completed on 7-18-07 that included an assessment of functional and health status. No cognitive assessment was completed prior to occupancy and no 30 day assessments were completed.

Tenant #2, an 85 year old, was admitted on 6-21-07, with diagnoses of HTN, Congestive Heart Failure (CHF), Cerebral Vascular Disease and Pernicious Anemia. A pre-admission assessment was completed on 6-20-07 that evaluated functional and health status. No 30 day assessments were completed.

Tenant #3 had a cognitive evaluation completed on 1-24-07. The tenant was moved to the dementia unit on 3-16-07 but did not have a functional, cognitive and health evaluation completed, as needed. Service notes from 7-19-07 through 10-10-07 indicated the tenant had verbally inappropriate behavior towards staff and another tenant. The program did not consistently complete a functional, cognitive and health evaluation when a change in condition occurred.

Tenant #4, an 84 year old, was admitted on 3-15-07 with a diagnosis of Alzheimer's Disease. The tenant was staged at a five on the Global Deterioration Scale (GDS), which indicated moderately severe cognitive decline. The tenant currently resides in the dementia unit. A pre-admission assessment was completed prior to taking occupancy, which addressed health status and functional abilities. No 30 day assessments were completed. The tenant's service plan was updated on 5-18-07, which indicated physical

therapy (PT) was completed and staff assisted with exercises for the tenant. Evaluations were not completed, as needed. According to service notes dated 10-7-07, the tenant had been urinating frequently and complained of pain while urinating. On 9-27-07, 10-13-07, 10-15-07 and 10-18-07 the service notes indicated the tenant was incontinent. Evaluations were not completed, as needed. According to service notes on 10-13-07, the tenant required two staff to transfer. On 10-17-07 when staff assisted the tenant to the bathroom the tenant refused to stand and staff had to "lift" the tenant in order to transfer. Evaluations were not completed, as needed.

Tenant #5, an 85 year old, was admitted on 9-13-07 and diagnoses include: Cerebrovascular Accident (CVA) with Aphasia and HTN. A cognitive evaluation was not completed prior to taking occupancy. A pre-admission health assessment was completed prior to taking occupancy, which addressed both the tenant's health status and functional abilities. No 30 day assessments were completed.

- Regulatory Insufficiency: The program did not consistently evaluate the tenants' functional and cognitive abilities and health status prior to taking occupancy, within 30 days of taking occupancy and as needed. (25.23(1 and 2))

C. Tenant Documents – Program maintains a complete file for each tenant containing all appropriate documentation. [321 IAC 25.27]

Monitoring Observation: Five tenant files were reviewed.

Tenant #4 was staged at a five on the GDS, which indicated moderately severe cognitive decline. The program had a copy of Power of Attorney (POA) for Property paperwork; however, did not have a copy of Durable Power of Attorney (DPOA) paperwork in the tenant's file. The POA and the tenant signed healthcare documents including: the occupancy agreement and service plan agreement and fee schedule. The tenant signed the service plan on 2-16-07, 4-13-07, 5-18-07 and 10-11-07.

- Regulatory Insufficiency: The program did not consistently maintain a complete file for each tenant including a copy of the tenant's legal representative. (25.27(1)l)

D. 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 #3's service plan was initially developed on 12-26-06 and had updates on 1-24-07, 2-19-07, 3-16-07 and 4-9-07. Nurse's notes from 7-19-07 through 10-10-07 indicated the tenant had verbally inappropriate behavior towards staff and another tenant; however, the service plan was not updated to reflect the tenant's behaviors.

Tenant #4's service notes dated 10-7-07 indicate the tenant had been urinating frequently and complained of pain while urinating. On 9-27-07, 10-13-07, 10-15-07 and 10-18-07 the service notes indicated the tenant was incontinent. The service plan was not updated as needed. The service plan stated (under Bladder and/or Bowel Management) staff were to toilet the tenant every two hours and as needed. It also stated the tenant wore protective undergarments for occasional incontinence. According to service notes on 10-

13-07 the tenant required two staff to transfer and on 10-17-07 when staff assisted the tenant to the bathroom the tenant refused to stand and staff had to "lift" the tenant in order to transfer. The service plan was not updated, as needed. The service plan stated (under Ambulation) the tenant used a wheelchair for mobility most of the time. The service plan did not address transfer status of the tenant.

- Regulatory Insufficiency: The program did not consistently update the service plan as needed. (25.28(3))

- Regulatory Insufficiency: The program did not consistently develop service plans that reflected the current and identified needs of the tenants. (25.28(4)a)

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 #3's nurse's and service notes from 7-19-07 through 10-10-07 indicated the tenant had been verbally inappropriate towards staff and another tenant. Nurse review was not completed, as needed.

Tenant #4's service notes dated 10-7-07, indicated the tenant had increased urination and complained of pain while urinating. Nurse review was not completed, as needed.

- Regulatory Insufficiency: The program did not consistently assess and document tenants' health related activities, with a change 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: Six staff files were reviewed.

Staff #1 and Staff #2 indicated direct care staff served food in the dementia unit. Review of staff files indicated direct care staff did not have training on food safety and sanitation.

- Regulatory Insufficiency: The program did not consistently provide staff that is responsible for preparing or serving food or both, an orientation on sanitation and safe food handling prior to handling food and an annual in-service training on food protection. (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: Six staff files were reviewed.

The nurse indicated in a written statement, Certified Nurses Aides (CNAs) orientation consisted of two days of training on all three shifts. A current CNA instructed the new CNA on: the schedule, activities of daily living (ADLs), medication sheets and administering medications, when medications were given, laundry and activities. The CNA mentor(s) signed off when orientation was completed. The scheduler (who was not a nurse) and the nurse, reviewed with the new CNA after the mentor signed off. The charting practices and Medication Administration Record (MAR) charting was reviewed by the scheduler.

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

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: Six staff files were reviewed.

Staff #3 had four hours of dementia training; however, did not have six hours of dementia training documented within 90 days of hire.

- Regulatory Insufficiency: The program did not consistently provide six hours of dementia-specific education and training prior to or within 90 days of employment. (25.34(1))

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 had a bus that was available that transported tenants for outings and appointments. The program's driver had a class C driver's license that was current. The driver did not have the required chauffeur's license (class D) with a three endorsement.

- Regulatory Insufficiency: The program did not provide a driver with a valid and appropriate Iowa driver's license or commercial driver's license as required by law for the vehicle being utilized for transportation. (25.38(6))

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

Monitoring Observation: Six staff files were reviewed.

Staff #3 was hired on 7-6-07. Criminal history and dependent adult abuse checks were completed on 7-9-07, three days after hire.

Staff #4 was hired on 7-9-07. The initial criminal history and dependent adult abuse checks were completed on 7-6-07. The checks revealed possible hits for both criminal history and dependent adult abuse. The Iowa Record Check Request indicated no record found on 7-12-07 and the Dependent Adult Abuse Request indicated no record found on 7-11-07; however both follow up requests were completed after hire.

- Regulatory Insufficiency: The program did not consistently complete background checks prior to employment. (135C.33(5))

J. Other – The provisions of this section address the program's noncompliance with other applicable statutory and administrative rule requirements.

Monitoring Observation: Five tenant files were reviewed.

Tenant #3, Tenant #4 and Tenant #5 had An Assessment for Need for Medication Reminders, Assistance, Administration or Central Storage document in their files. The "assessment" had tasks listed and indicated if the tenant needed assistance or was independent. The tasks listed included: can state name of medication, knows what each medication is for, can read bottle for name and dosage, knows when to take each medication, remembers to take each medication on time, able to report any symptoms, able to open containers, able to pour liquids, able to administers eye and ear drops and inhaled medications, can administer injections and can administer suppositories. The "assessment" also addressed problems areas including: swallowing, takes medications appropriately, vision loss, memory impairments/forgetfulness and other. The "assessment" indicated services needed based on the "assessment" including: medication reminders, medication set-up, assistance with self-administration of medications, administration of medications and central storage of medications.

- Regulatory Insufficiency: The program did not consistently promote a social model of service delivery by focusing on independence, individual needs and desires and consumer-driven quality of care. (231C.1(1)b)

Dated this 8th day of November, 2007.