IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

May 7, 2008

Courtney Rochette, Administrator
Parkview Assisted Living
114 Forest Street
P.O Box 486
Fairbank, IA 50629-7713

**RE: Recertification Monitoring Evaluation Report, Parkview Assisted Living, Fairbank, IA**

Dear Ms. Rochette:

The Department of Inspections and Appeals (DIA) has completed the review of your Plan of Correction (POC) in response to the **Recertification Monitoring Evaluation Report**. Based upon a complete review of the Report and your actions to correct the identified Regulatory Insufficiencies, DIA accepts your POC. DIA denies your Request for Reconsideration as the program must have menus planned to provide the following percentage of the daily recommended dietary allowances as established by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences based on the number of meals provided by the program:
a. A minimum of 33 1/3 percent if the program provides one meal per day;
b. A minimum of 66 2/3 percent if the program provides two meals per day; and
c. One hundred percent if the program provides three meals per day.
You must have some way to ensure that the meals meet the above requirements and therefore, you will need a registered dietician who can sign off on your menus **or** some other way to prove that your menus meet the above requirements.

Enclosed you will find the Assisted Living Program Certificate with effective dates of **May 7, 2008 through May 6, 2010**. If you have any questions in regard to this certification, please contact me at 515/281-4116.

Sincerely,

Chris Nothaft
Certification Coordinator – Eastern Iowa
Adult Services Bureau

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

**Assisted Living Program:**

Courtney Rochette, Administrator
Parkview Assisted Living
114 Forest Street
P.O Box 486
Fairbank, IA 50629-7713

**Date of Monitoring Visit:**

March 26, 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 Parkview Assisted Living on March 26, 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: | 17 |
| Current number of tenants with cognitive disorder: | 0 |
| Total Population: | 17 |

***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 stated the program did a nice job of keeping things up and staff were helpful and "people minded." The food was good and there are choices. Tenants felt there were enough activities offered and there were no safety issues. They are getting what they are paying for and make their own decisions. If there were an emergency all stated they would use their emergency call pendants. Tenants would recommend the program to family and friends. In a private tenant interview, the tenant stated he/she wished he/she had moved in sooner, as the staff are wonderful and treat tenants like family.

**Program History** – There were no substantiated Regulatory Insufficiencies 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 89 year old, was admitted on 7-1-05 and had diagnoses of: Hypertension (HTN), Non-insulin Dependent Diabetes Mellitus (NIDDM) Depression, Hyperlipidemia, Congestive Heart Failure (CHF), Hiatal Hernia, Diverticulosis and Prostrate Cancer. An annual evaluation was completed on 7-3-07 and included functional and cognitive evaluations, but did not include a health evaluation.

Tenant #2, a 68 year old, was admitted on 12-15-07 and had diagnoses of: Cerebrovascular Accident (CVA), Depression, Diabetes and Arthritis. A 30 day evaluation was completed on 1-15-08 and included functional and cognitive evaluations, but did not include a health evaluation.

Tenant #3, a 95 year old, was admitted on 12-1-06 and had diagnoses of: HTN, CVA and Angina. An annual evaluation was completed on 11-27-07 and included functional and cognitive evaluations, but did not include a health evaluation.

- Regulatory Insufficiency: : The program did not evaluate each tenant's functional, cognitive and health status within 30 days of occupancy and as needed, but not less than annually, to determine the tenant's continued eligibility for the program and to determine any modifications to needed services. The evaluation shall be conducted by a health care professional or a human service professional. (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 service plan was updated on 7-3-07. The service plan was signed by a health care professional and two staff, but was not updated in consultation with the tenant, nor signed by the tenant.

Tenant #2's service plan was updated within 30 days of occupancy and was signed by a health care professional and two staff; however, it was not updated in consultation with the tenant, nor signed by the tenant.

Tenant #3's service plan was updated on 11-27-07 and was signed by a health care professional and two staff; however, was not updated in consultation with the tenant, nor signed by the tenant.

- Regulatory Insufficiency: When a tenant needs personal care or health–related care, the service plan shall be updated within 30 days of occupancy and as needed, but not less than annually, by a multidisciplinary team that consists of no fewer than three individuals, including a health care professional and other staff appropriate to meet the needs of the tenant, in consultation with the tenant and, at the tenant's request, with other individuals identified by the tenant, and, if applicable, with the tenant's legal representative. (25.28(3))

**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: The following table indicates medication errors.

| | | |
|---|---|---|
| Tenant #1 | Metformin, 100mg, twice daily at 8:00 a.m. & 8:00 p.m. | 2-17-08 at 8:00 p.m. the MAR was not signed. |
| Tenant #1 | Glyburide, 10mg, twice daily 8:00 a.m. & 8:00 p.m. | 2-17-08 at 8:00 p.m. the MAR was not signed. |
| Tenant #2 | Enalapril, 2.5mg, twice daily at 7:00 a.m. & 8:00 p.m. | 1-14-08 at 7:00 a.m. the MAR was not signed. |
| Tenant #2 | Calcium +D, 500/200mg, twice daily at 7:00 a.m. & 8:00 p.m. | 1-6-08, 1-27-08, 2-14-08 & 2-18-08 at 8:00 p.m. the MAR was not signed. |
| Tenant #3 | Detrol LA, 4mg daily at bedtime. | 2-1-08 shows an error with no documentation as to the explanation. |

- Regulatory Insufficiency: The program did not administer medications provided by an Iowa-licensed registered nurse or advanced registered nurse practitioner registered in Iowa or the authorized agent in accordance with 655-subrule 6.2(5) and 655 –sub rule 6.3(1) and Iowa Code chapter 155A and in executing the medical regimen as prescribed by the physician, the registered nurse did not exercise professional judgment in accordance with minimum standards of nursing practice as defined in these rules. (25.29(2)a), (IAC655-6.2(5)e(152))

**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 had physician orders dated 1-18-08, 1-24-08, 2-1-08 and 2-5-08 which were signed and dated, but not timed by the registered nurse (RN).

Tenant #2, had a physician order dated 12-20-07 which was signed and dated, but not timed by the RN.

Tenant #3, had a physician order dated 1-28-08 which was signed and dated, but not timed by the RN.

- Regulatory Insufficiency: The program did not consistently have written documentation of the activities, as set forth in 25. 30(1) through 25.30(3), showing signature, date and time of physician orders. (25.30(4))

**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: The Administrator indicated the program obtains lunch meals from a local restaurant and breakfast and supper are prepared by the program. Menus are not prepared by a registered dietician.

- Regulatory Insufficiency: The program does not have menus planned to provide the following percentage of the daily recommended dietary allowances as established by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences based on the number of meals provided by the program:
  a. A minimum of 33 1/3 percent if the program provides one meal per day;
  b. A minimum of 66 2/3 percent if the program provides two meals per day; and
  c. One hundred percent if the program provides three meals per day. (25.32(3))

**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: Staff #1's employee file indicated staff had an in-service related to preparation, cooking and serving of food since 7-14-06. There is no documentation as to an annual food safety and sanitation training being provided to any staff.

- Regulatory Insufficiency: The program did not provide personnel who are employed by the program and who are responsible for preparing or serving food, or both preparing and serving food, with an orientation on sanitation and safe food handling prior to handling food and an annual in-service training on food protection. At a minimum, one person directly responsible for food preparation shall have successfully completed a state-approved food protection program. (25.32(5))

Dated this 6th day of May, 2008.

Iowa Dept. of Inspections & Appeals
Lucas State Office Building
321 East 12th St.
Des Moines, IA 50319-0083

HEALTH FACILITIES
MAY 01 2008

Dear Chris:

Enclosed please find our revised Plan of Correction in answer to your Recertification Monitoring Evaluation Report sent to us by Chris Nothaft.

**Evaluation of Tenant:**

Regulatory Insufficiency: The program did not evaluate each tenant's functional, cognitive and health status within 30 days of occupancy and as needed, but not less than annually.

Plan of Correction: The staff R.N. has begun to do a health assessment on all new prospective tenants in addition to the comprehensive physician's physical which we require within 30 days of taking occupancy. The staff R.N. or L.P.N. (in cases of no changes in health and will be reviewed by the staff R.N.) will also do a health assessment on all resident yearly or with a change in condition. For tenants #1, #2, and #3, a health assessment is scheduled to be done by May 31st to be in compliance for annual reviews in 2007. Annual assessments will be done again when they are due: #1- July 1, #2- Dec. 15, #3- Dec. 1. Resident files will be audited annually, at a minimum, to ensure that this is being completed.

**Service Plan:**

Regulatory Insufficiency: The program does not have appropriately signed care plans.

Plan of Correction: The program now requires that all service plans will be signed by the tenant. Resident files will be audited annually, at a minimum, by Parkview's R.N., L.P.N., and administrator, to ensure that this is being completed. Tenants #1, #2, and #3 service plans have all been signed by tenant as of April 17th.

**Medications:**

Regulatory Insufficiency: The program did not have MAR's filled out appropriately, stating that medications were given as prescribed by the physician.

Plan of Correction: All residents, including tenants #1, #2, and #3, MAR's will be reviewed monthly by Parkview's L.P.N., as delegated by R.N, and staff that has not filled them out correctly will be given a verbal warning for first offense and be re-educated on signing the MAR immediately following the medication reminder. For a second offense

a written warning will be given, and the staff will be re-educated on signing the MAR immediately following the medication reminder. If a third offense occurs within 6 months time of the first offense the staff person will be terminated. All staff will be given an annual in-service reviewing the importance of signing all MAR's and reminding residents of medications as prescribed by their physician.

**Nurse Review:**

Regulatory Insufficiency: The program did not consistently have physician orders signed, dated, and timed.

Plan of Correction: The program's R.N. will sign, date, and time all physician orders. Resident files will be audited annually, at a minimum, by Parkview's R.N., L.P.N. and administrator to ensure that this is being completed. The current R.N. has been educated by the DIA inspector at the time of inspection and has been following through since that time.

**Staffing:**

Regulatory Insufficiency: The program did not provide personnel who are employed by the program and who are responsible for preparing and/or serving food with an orientation on sanitation and safe food handling, prior to food handling, and an annual in-service training on food protection.

Plan of Correction: The program now provides to all personnel with orientation on sanitation and/or safe food handling, prior to food handling, and an annual in-service training on food protection is given by our ServSafe trained staff person. All new employees will sign off on an orientation sheet, which states that they have been oriented on sanitation and/or safe food handling, prior to food handling. Documentation will also be kept to show that an annual in-service has been done for all staff, by our ServSafe trained staff person.

**Food Service:**

Regulatory Insufficiency: The program does not have menus planned to provide the following percentage of daily recommended dietary allowances as established by the Food and Nutrition Board of National Research Council of the National Academy of Sciences based on the number of meals provided by the program:

~ A minimum of 33 1/3 percent if the program provides one meal per day
~ A minimum of 66 2/3 percent if the program provides two meals per day
and ~ One hundred percent if the program provides three meals per day

Plan of Correction: In the event that Parkview's request for reconsideration is denied Parkview's Plan of Correction is to retain, on contract, a Registered Dietician to whom we will turn our menus into to be approved to ensure that all meal provide:

~ A minimum of 33 1/3 percent if the program provides one meal per day
~ A minimum of 66 2/3 percent if the program provides two meals per day
and ~ One hundred percent if the program provides three meals per day

Sincerely,

Courtney R. Rochette

Courtney Rochette, Administrator

# PARKVIEW ASSISTED LIVING

114 Forest Street – P.O. Box 486
Fairbank, IA 50629

Phone 319/635-2585
Fax 319/635-2177

E-Mail: parkviewassistedliving@hotmail.com


Iowa Dept. of Inspections& Appeals
Lucas State Office Building
321 East 12th St.
Des Moines, IA 50319-0083

Dear Chris:
I am contacting you for a Request for Reconsideration regarding a regulatory insufficiency, under **Food Service**. Please note in exhibit I, third paragraph (enclosed) that planned menus provide 2/3 of the daily recommended allowanced established by the food and Nutrition Board of the National Research Council of the National Academy of Sciences. For residents that are level 2 and 3 cares, menus are planned to provide 100% of the daily recommended allowances. Parkview does get the noon meal, Monday through Saturday, from the local deli, and it is supplemented, as needed, to meet the above stated requirements.

Parkview Assisted Living does not provide therapeutic diets, and therefore a registered dietician is not required. (25.32(4))

Please consider these things and let me know what you would like us to do.
Thank you for your time.

Sincerely,

Courtney R. Rochette

Courtney Rochette, Administrator

HEALTH FACILITIES
APR 21 2008