IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

May 14, 2008

Brian Burnside, Administrator
Murphy Place Assisted Living
620 E Monroe St
Corydon, IA 50060-1620

**RE: Recertification Monitoring Evaluation Report, Murphy Place Assisted Living, Corydon, IA**

Dear Mr. Burnside:

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.

Enclosed you will find the Assisted Living Program Certificate with effective dates of **May 21, 2008 through May 20, 2010**. If you have any questions regarding this certification, please contact me at 515-281-5003

Sincerely,

Connie Schaffer

Connie Schaffer
Certification Coordinator – Central Iowa
Health Facilities Division
Adult Services Bureau
Connie.Schaffer@dia.iowa.gov

Enclosure

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

**Assisted Living Program:**

Brian Burnside, Administrator
Murphy Place Assisted Living
620 E Monroe St
Corydon, IA 50060-1620

**Date of Monitoring Visit:**

April 9, 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 Murphy Place Assisted Living on April 9, 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 | 8 |
| Current number of tenants with cognitive disorder | 0 |
| Total Population: | 8 |

***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 four tenants. Tenants stated the living environment was wonderful with no concerns. Tenants stated the staff could not be better, are friendly and helpful and respond to requests for assistance with two to three minutes. Tenants stated the food is good, there is plenty offered and substitutes are available. Tenants stated activities are good with a variety of things to do. Tenants feel safe in the program and were observed to take part in the state wide tornado drill. They participate in fire drills and evacuation practice with evacuation taking four to five minutes. Tenants stated services are provided as expected in the occupancy agreements. Tenants stated they make their own decisions, come and go as they please and are not restricted in any way. Tenants stated satisfaction with medical services when needed with the program nurses responding and the hospital next door Tenants stated general satisfaction with the program and would recommend it to friends and relatives.

**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. 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, a 93 year old admitted 01-18-06 without diagnoses and a score of 7 on the Mental Status Questionnaire, indicating moderately advanced impairment. Review of the tenant record reveals no documentation of health, cognitive or functional evaluations since the 30 day evaluations dated 02-15-06.

Tenant #2, an 86 year old was admitted 07-06-04 with a diagnoses of: Right Hemi Paresis second to a Cerebro-Vascular Accident. Review of the tenant record reveals no documentation of health, cognitive or functional evaluations since 06-02-05

- Regulatory Insufficiency: The program did not consistently evaluate each tenant's functional, cognitive and health status, as needed, but not less than annually, to determine the tenant's continued eligibility for the program and to determine any modifications to services needed. (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 file, had no documentation of service plan update since 02-15-06.

Tenant #2's file, had no documentation of service plan update since 06-02-05.

- Regulatory Insufficiency: The program did not consistently update the service plan 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 consultations 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. 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: Record review for Tenant #1, reveals no documentation of 90 day nurse review of tenant is health status and program administered medications.

Record review for Tenant #2 reveals no documentation of 90 day nurse review of tenant's health status and program administered medications.

- Regulatory Insufficiency: The program did not consistently monitor, at least every 90 days, or after a change in condition, each tenant receiving program administered prescription medications for adverse reactions to program administered medications and make appropriate interventions and referral, and ensure that prescription medication orders are current and that the prescription medications are administered consistent with such orders. (25.30(1)).

- Regulatory Insufficiency: The program did not consistently assess and document the health status of each tenant, make recommendations and referrals as appropriate, and monitor progress on previous recommendations at least every 90 days or if there are changes in health status. (25.30(3))

**D. 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: Review of personnel files of Staff #1 and #2 reveals no documentation of food safety and sanitation training since 03-13-06.

- Regulatory Insufficiency: The program did not consistently ensure personnel who are employed by or contracting with the program and who are responsible for preparing or serving food, or both preparing or serving food will have an orientation on sanitation and safe food handling prior to handling food and will have an annual in-service training on food protection. (25.32(5)).

Dated this 14th day of May, 2008.

# MURPHY PLACE ASSISTED LIVING

Written Plan of Correction

**Assisted Living Program:**

Murphy Place Assisted Living
620 East Monroe
Corydon, Iowa 50060
Brian Burnside CEO
Jeralee McCarty Director/RN
Patricia Vredenburg Assistant Director/LPN

**Date of site visit:**

April 9 2008

**Monitor:**

Michael Streepy RN

**On-Site Monitor Findings:**

**A. Evaluation of Tenant**

- **Regulatory Insufficiency:** The program did not consistently evaluate each tenant's functional, cognitive and health status, as needed, but not less than annually, to determine the tenant's continued eligibility for the program and to determine any modifications to services needed.

- **Written Plan of Correction:** An initial assessment will be completed consistently on every tenant prior to occupancy A multi-discipline assessment will be completed within thirty days and repeated not less than annually

    1. Reviewed the **Evaluation of a Tenant** Policy and Procedure.
    2. Sally Stanley, Chief Quality Officer/QI/ARNP, Jeralee McCarty, Director/RN and Patricia Vredenburg, Assistant Director/LPN will be actively involved in the development of a process to monitor consistency in the progress of this issue.
    3 The Director/RN will be solely responsible for the monitored observation of both tenant #1 and #2.
    4 Either the Director or Assistant Director will submit a report to QA determining stability in timely assessments.
    5 A designated calendar will be completed for the **Evaluation of a Tenant**. (see attached)

**B. Service Plan**

- **Regulatory Insufficiency:** The program did not consistently update the service plan 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 consultations 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.

- **Written Plan of Correction:** An initial Service Plan will be developed and updated within thirty days and not less than annually for each tenant consistently

    1. Reviewed the **Service Plan** Policy and Procedure.
    2. Review the **Service Plan** Policy and Procedure at the next Team Meeting on May 28, 2008.
    3 Sally Stanley, Chief Quality Officer/QI/ARNP, Jeralee McCarty, Director/RN and Patricia Vredenburg, Assistant Director/LPN will be actively involved in the development of a process to monitor consistency in the progress of this issue.
    4 The Director/RN will be solely responsible for the monitored observation of both tenant #1 and #2.
    5 Either the Director or Assistant Director will submit a report to QA determining stability in timely service plan assessments.
    6. A designated calendar will be created for the **Service Plan** update of every tenant on an annual basis consistently and as needed. (see attached)

**C. Nurse Review**

- **Regulatory Insufficiency:** The program did not consistently monitor, at least every 90 days, or after a change in condition, each tenant receiving program administered prescription medications for adverse reactions to program administered medications and make appropriate interventions and referral, and ensure that prescription medication orders are current and that the prescription medications are administered consistent with such orders.

- **Written Plan of Correction:** The RN/LPN will monitor every ninety days, at minimum, or after a change in condition, each tenant receiving program administered medications for adverse reactions to such medications, and make the appropriate interventions or referral as indicated. RN/LPN will ensure that the prescription medication orders

are current and being administered consistently, as ordered. The RN/LPN will document the health status of each tenant, making recommendations and referrals, when indicated, and monitor progress on previous recommendations at least every ninety days or if indeed there are changes in health status.

**D. Food Service**

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

- **Written Plan of Correction:** The staff at Murphy Place, who are responsible for preparing and serving food, or both preparing and serving food will have an orientation on sanitation and safe food handling prior to handling food and will have an annual in-service training on food protection.

    1 A mandatory food safety review was presented by Joan Wanzek, RD, with all current employees of Murphy Place in attendance, on April 28th, 2008.
    2. The Director/Assistant Director will host mandatory annual food safety review meeting(s) presented by a certified dietary staff member.

| Designated Calendar for Evaluation of a Tenant and Service Plan | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| **Tenant 1** | | | **Tenant 2** | | | **Tenant 3** | | | **Tenant 4** | |
| **2008** | | | **2008** | | | **2008** | | | **2008** | |
| **90 day** | 5/19/2008 | | **90 day** | 6/25/2008 | | **90 day** | 5/27/2008 | | **90 day** | 7/1/2008 |
| **90 day** | 8/13/2008 | | **90 day** | 9/17/2008 | | **90 day** | 8/25/2008 | | **90 day** | 9/25/2008 |
| **90 day** | 11/6/2008 | | **90 day** | 12/11/2008 | | **90 day** | 11/18/2008 | | **Annual** | 10/20/2008 |
| **Annual** | 12/4/2008 | | | | | | | | | |
| **2009** | | | **2009** | | | **2009** | | | **2009** | |
| **90 day** | 2/27/2009 | | **Annual** | 1/14/2009 | | **Annual** | 2/11/2009 | | **90 day** | 1/12/2009 |
| | | | **90 day** | 4/8/2009 | | **90 day** | 5/7/2009 | | **90 day** | 4/7/2009 |

| Tenant 5 | | Tenant 6 | | Apt. 7 (Vacant) | Apt. 8 (Vacant) |
|---|---|---|---|---|---|
| 2008 | | 2008 | | 2008 | 2008 |
| Annual | 5/21/2008 | Annual | 7/3/2008 | 90 day | 90 day |
| 90 day | 8/14/2008 | 90 day | 9/25/2008 | 90 day | 90 day |
| 90 day | 11/7/2008 | 90 day | 12/19/2008 | 90 day | 90 day |
| | | | | | |
| 2009 | | 2009 | | 2009 | 2009 |
| 90 day | 2/2/2009 | 90 day | 3/13/2009 | Annual | Annual |
| 90 day | 4/28/2009 | 90 day | 6/5/2009 | 90 day | 90 day |

| | | | | | |
|---|---|---|---|---|---|
| | **Tenant 9** | | | **Tenant 10** | |
| | **2008** | | | **2008** | |
| | **90 day** | 7/25/2008 | | **90 day** | 6/13/2008 |
| | **90 day** | 10/17/2008 | | **90 day** | 9/5/2008 |
| | | | | **90 day** | 11/28/2008 |
| | **2009** | | | **2009** | |
| | **90 day** | 1/9/2009 | | **Annual** | 2/20/2009 |
| | **Annual** | 4/3/2009 | | **90 day** | 5/15/2009 |
| | **90 day** | 6/26/2009 | | | |

## Mandatory Food Safety Review

**Monday April 28th @ 10:00 am**
**Presented by Joan Wanzek from Mercy Medical Center** Joan Wanzek RD, LD, MPA

**This meeting should only last approximately 30 minutes. Please be in attendance. Thank you very much for your attention to this matter.**

**Jeralee**

Jeralee
Doris Moore
Lolita Green
Terry Thrasher
Dona Kent
Pfredenburg
Jeralee M'Carty
Shawn Hasley
Mindy Fluntz