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

Assisted Living Program:

Stacey Strubble, Administrator
Prairie Hills Assisted Living At Independence
505 Enterprise Drive SW
Independence, IA 50644-9603

Date of Monitoring Visit:

January 29 & 30, 2008

Monitor(s):

Stephanie Cummins, SW MA

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 Prairie Hills Assisted Living at Independence on January 29 & 30, 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:	37
Current number of tenants with cognitive disorder:	1

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:	9
Current number of tenants without cognitive disorder:	9
Total Population:	56

***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 13 tenants, four tenant interviews and one family interview were held. The tenants indicated the program was kept clean and nice and there had been an improvement with the addition of a full time maintenance staff. One tenant indicated the windows were drafty at times. In regard to staffing, a tenant indicated waiting 10 minutes after using the call pendant one time and another indicated there seemed to be less staff on the weekends; however, he/she was getting his/her care needs met. Another tenant indicated staffing on the weekends seemed weak. Tenants reported the staff were wonderful, great and they were getting their needs met. There were three meals a day and at times the evening meal was served a little cool. The tenants stated they waited longer to be served in the evening. Tenants reported the quality of the food was good and at times they were served too much. Tenants wanted to know who the responsible person was on the weekends by having it posted or by being notified. Tenants were happy with activities and enjoyed, Bingo, card games and puzzles. One tenant reported there could be more activities in the dementia unit. The activity director did a great job. Tenants felt safe and stated there were routine fire drills. Tenants made all of their decisions, were satisfied with the program and would recommend it to others. Family stated staff encouraged activities and the tenant attended church and musical activities; however, the program was short staffed on the weekends and the tenant was not always up for church on Sundays. Family indicated there was a turnover of staff and staff appeared to not always be familiar with the tenant's file. There had been several times when the tenant had not gotten a bath and was asked to wait a day. Family indicated it had been several weeks without the tenant's bed linens getting laundered. Family was notified of any illness or falls and, overall, was pleased.

Program History – There were Regulatory Insufficiencies this certification period in the areas of: Evaluation of Tenants, Service Plans, Medications, Nurse Review, Staffing, Dementia – Specific Education and Exit Door Alarm Systems.

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: Six tenant files were reviewed.

Tenant #1, an 85 year old, was admitted on 9-2-06 and diagnoses include: Alzheimer's, Diabetes and Ulcers. The tenant was staged at a four on the Global Deterioration Scale (GDS), which indicated moderate cognitive decline. The tenant resided in the dementia unit. According to nurse's notes dated 1-22-08, the service plan was updated and a toileting behavior flow sheet was started due to the tenant's resistance to toileting. Evaluations were not completed as needed.

Tenant #2, a 78 year old, was admitted on 1-13-08 and diagnoses include: Coronary Artery Bypass Graft (CABG) in 1995, History of Bladder Cancer, Renal Failure, Hypertension (HTN) and Chronic Back Pain. According to nurse's notes dated 1-18-08, the tenant received an order for an Occupational Therapy (OT) evaluation and treatment. The tenant's service plan was updated on 1-22-08 and indicated to apply a cold pack to the tenant's neck. Evaluations were not completed, as needed.

Tenant #3, a 60 year old, was admitted on 1-7-08 with a diagnosis of Alzheimer's. The tenant was staged at a four on the GDS, which indicated moderate cognitive decline. The tenant resided in the dementia unit. A managed risk agreement was developed on 1-9-08, which indicated the call pendant caused agitation and the tenant desired to leave it off. Evaluations were not completed, as needed.

Tenant #4, an 86 year old, was admitted on 2-17-06 and diagnoses include: HTN, History of Urinary Tract Infection (UTI), Cervical Fusion and Colon Cancer. The tenant's service plan indicated the tenant had a wound vacuum with continuous suction and a home health agency would visit, three times weekly, to assess the wound and change the dressing. The tenant's service plan was updated on 1-28-08, which indicated the tenant's wound vacuum was removed by a doctor. Evaluations were not completed as needed.

Tenant #5, an 80 year old, was admitted on 3-2-06 and diagnoses include: Osteoarthritis, Anxiety, Dementia and HTN. The tenant was staged at four on the GDS, which indicated moderate cognitive decline. There was a fax to the physician, dated 1-10-08, which indicated the tenant had been having a harder time with ambulation and the tenant's legs felt weaker. An order for Physical Therapy (PT)/OT was received. The tenant's service plan was updated on 1-14-08, which indicated the tenant began PT services and the tenant would be receiving a wheeled walker. Evaluations were not completed as needed.

Tenant #6, an 88 year old, was admitted on 9-5-06 and diagnoses include: Alzheimer's and Anxiety. The tenant was staged at a three on the GDS, which indicated mild cognitive impairment. The tenant resided in the dementia unit. According to the service plan on 12-27-07, the tenant was discharged from PT. Evaluations were not completed as needed.

- Regulatory Insufficiency: The program did not consistently evaluate the tenants' functional and cognitive abilities and health status as 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: Six tenant files were reviewed.

Tenant #1's nurse's notes dated 1-22-08, indicated the service plan was updated and a toileting behavior flow sheet was started due to the tenant being resistive to toileting. The service plan was initialed by the Administrator (nurse) when the change occurred. The service plan was not signed by a nurse, two staff and the tenant or, at the tenant's request, the tenant's legal representative.

Tenant #2's nurse's notes dated 1-18-08 indicated the tenant received an order for OT evaluation and treatment. The tenant's service plan was not updated, as needed, and did not reflect the order for OT. The tenant's service plan was updated on 1-22-08 and it indicated to apply a cold pack to the tenant's neck, staff assistance at times and to remind the tenant to use the ice pack, as needed. The service plan was signed by the Administrator (nurse). The service plan was not signed by a nurse, two staff and the tenant or, at the tenant's request, the tenant's legal representative.

Tenant #3 had a managed risk agreement developed on 1-9-08, which indicated the call pendant caused agitation and the tenant desired to leave it off. The managed risk was not included on the service plan. The service plan was not updated, as needed, and did not reflect the needs of the tenant.

Tenant #4's service plan indicated the tenant had a wound vacuum with continuous suction and a home health agency was to visit, three times weekly, to assess the tenant and change the dressing. The tenant's service plan was updated on 1-28-08, which indicated the tenant's wound vacuum was removed by the doctor. The service plan was initialed by the Administrator (nurse) when the changed occurred, but was not signed by a nurse, two staff and the tenant.

Tenant #5's service plan was updated on 1-14-08, which indicated the tenant began PT services and the tenant would be receiving a wheeled walker. The service plan was signed by the Administrator (nurse) and two staff; however, was not signed by the tenant.

Tenant #6's service plan was updated on 1-4-08, and was updated again on 1-14-08. The service plan was signed by the Administrator (nurse) and two staff at each interval; however, the tenant did not sign at either interval. The tenant had two managed risk documents, one related to concerns with the spouse assisting the tenant to the bathroom during the night and requesting the chair alarm not be used when the spouse is in the apartment. The other was related to wanting to perform exercises at bedtime with the spouse assisting. Neither managed risk agreement was on the service plan. According to the service plan on 12-27-07, the tenant was discharged from PT. On 12-27-07, when PT was discontinued, only the Licensed Practical Nurse (LPN) signed the service plan. The service plan was not signed by a nurse, two staff and the tenant or, at the tenant's request, the tenant's legal representative.

- Regulatory Insufficiency: The program did not consistently update tenants' service plans, as needed. (25.28(3))

- Regulatory Insufficiency: The program did not consistently develop service plans signed by a health professional, two staff and the tenant or, at the tenant's request, the tenant's legal representative. (25.28(3))

- Regulatory Insufficiency: The program did not consistently develop service plans that identified tenants' needs and the tenants' requests for assistance. (25.28(4)a))

C. 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 employee files were reviewed.

According to Medication Error Reports dated 12-13-07, 12-14-07 & 12-15-07, there were two medication issues involving patches. On 12-13-07 a new Fentanyl Patch was applied a day earlier than scheduled. No ill effects were noted on 12-14-07, according to the medication error report. On 12-14-07and 12-15-07 a Lidoderm Patch that was supposed to be applied for 12 hours and then removed for 12 hours, was not taken off on 12-14-07 at 2100. Staff found the patch still on at 0800 on 12-15-07. On call nurse instructed staff to restart on 12-16-07, as ordered. The tenant denied any complaints of pain from not having a patch on 12-15-07 and no side effects noted at the site from having the patch left in place on12-14-07. According to the skills review list, staff had documented training on oral medications, topical ointments, otic drops, eye drops, insulin education, recording, as needed, medication and narcotics. Staff #1, Staff #2, Staff #3, Staff #4, Staff #6 and Staff #7 did not have documented training specifically on assisting with medicated patches.

A community meeting with 13 tenants, four tenant interviews and one family interview were held. One tenant indicated he/she waited 10 minutes one time last week, when he/she used the call pendant. Tenants indicated in the evenings they have waited longer to be served at meal times and one tenant indicated he/she waited 40 minutes last weekend to have food served.

A family interview indicated the weekends were short staffed and their family member was not always up for church on Sundays. The tenant's bathing had been put off for a day or two. The family indicated there was staff turnover and that staff came into the tenant's apartment and tried to lock the tenant's medication cabinet when the tenant was independent with medications and only received assistance with applying a medication patch. The family indicated staff was not familiar with the tenant. The tenant's sheets were not washed for several weeks and the tenant had not gotten a bath several times.

One tenant indicated his/her needs were getting met; however, it seemed like there was less staff on the weekends and there was a high turnover of staff. Another tenant indicated staffing seemed weaker on the weekends; however, he/she had not "suffered." Another tenant indicated staff was thin on the weekends; however, there were no issues with insufficient staffing.

One tenant indicated that a few times he/she had been asked to have a bath/shower on the next day. The tenant indicated he/she had an agreement with staff to launder the bed linens every two weeks unless it was needed more frequently. The tenant indicated he/she was comfortable with this agreement. The tenant was not aware if the bed linens had gone more than two weeks without being washed.

One tenant indicated his/her bed linens were laundered weekly. The tenant indicated the staff was thin on the weekends; however, did not indicate any issues related to insufficient staffing. The tenant indicated one time when there were staff who were sick and they were short staffed he/she was asked to wait for a shower for another day. The tenant indicated he/she did not mind waiting.

A managed risk agreement for Tenant #3 dated 1-9-08, indicated the call pendant caused agitation and the tenant desired to leave it off. The final agreement stated the tenant and family wanted the pendant left off and the tenant was able to make his/her needs known and would be checked, visually, periodically. According to the managed risk agreement on 1-10-08, staff reported they attempted to place the call light on the tenant with agitation noted. The managed risk agreement was copied for all staff to read in order to make the tenant's needs known.

Staff #1, Staff #2, Staff #3, Staff #4 and Staff #5 indicated in interviews staffing was sufficient.

According to the Administrator, Staff #8 was hired on 5-11-07 and left without notice on 1-13-08. The staff began as a bath aide towards the end of December per her request to work day hours. On 1-11-08 a tenant's family approached the Administrator who reported baths were not being completed and the staff told her on more than one occasion that the program did not have enough staff. The Administrator spoke with the staff who assured the Administrator she would complete all scheduled baths. On 1-13-08 the Administrator noticed the bath schedule was changed and several baths that had not been signed off previously were documented at that time. The staff was questioned about her documentation, left the program, gave her verbal two week notice and did not return.

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

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

Monitoring Observation: Six employee files were reviewed.

Staff #1 was hired on 6-25-07. Criminal background and dependent adult abuse checks were completed on 7-6-07, after hire.

Staff #2 was hired on 4-11-07. Criminal background and dependent adult abuse checks were completed on 4-10-07 and revealed further research was required. An Iowa Record Check Request was completed and indicated no record was found; however, it was completed on 4-12-07, after hire.

- Regulatory Insufficiency: The program did not complete a Department of Public Safety, criminal history check and a Department of Human Services, dependant adult abuse check of the potential employee, prior to hire. (135C.33(5))

Dated this 1st day of April, 2008.