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

Assisted Living Program:

Janet Simpson, Administrator
Wesley Acres Central Assisted Living
3520 Grand Ave
DesMoines, IA 50312

Date of Monitoring Visit:

March 10, 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 Wesley Acres Central Assisted Living on March 10, 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:	48
Current number of tenants with cognitive disorder:	3
Total Population:	51

***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 31 tenants attending. Tenants stated the building is kept up nicely and is a good place to live. Staff are wonderful and do a good job. There are multiple activities, tenants feel safe, make their own decisions and feel they are getting what they pay for. Tenants stated they would like the Administrator to adjust the front door so access was not as easy for people to after hours. If there were a medical emergency, tenants stated they would use their call pendants. Tenants would recommend the program to family and friends.

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 72 year old, was admitted on 4-14-02, and had diagnoses of: Anxiety, Depression and Hypothyroidism. Nurse's notes of 2-21-08, indicated the tenant was having dysuria and a urinalysis was obtained. The program did not complete functional, cognitive and health evaluations to determine if modifications to services were needed.

Tenant #2, an 82 year old, was admitted on 6-24-06 and had diagnoses of: Dementia and Depression. A cognitive evaluation was completed on 11-9-07, staging the tenant at a four on the Global Deterioration Scale (GDS), indicating moderate cognitive decline. Nurse's notes of 2-21-08, indicated the tenant was having more frequent bowel movement accidents. The program did not complete functional, cognitive and health evaluations to determine if modifications to services were needed.

Tenant #3, a 90 year old, was admitted on 6-4-04 and had diagnoses of: Dementia and Coronary Artery Disease. A cognitive evaluation was completed on 6-7-07, staging the tenant at a four on the Global Deterioration Scale (GDS), indicating moderate cognitive decline. Nurse's notes of 1-9-08, indicated the tenant was having increased anxiety over the last several weeks per staff and more difficulty redirecting the tenant. Nurse's notes dated 1-21-08, indicated the family was requesting companion care on a regular basis. The program did not complete functional, cognitive and health evaluations to determine any modifications to services needed.

Tenant #5, a 90 year old, was admitted on 7-30-07 and had diagnoses of: Confusion of Unknown Etiology, Anemia and Urinary Frequency. Nurse's notes of 10-25-07, indicated the tenant had been transferred to the Health Center (HC). Nurse's notes of 10-26-07, indicated the tenant returned to the program due to the tenant being very anxious. Nurse's notes of 2-7-08, indicated the staff reported the tenant was having incontinent bowel movements on a regular basis. The program did not complete functional, cognitive and health evaluations to determine if modifications to services were needed.

- Regulatory Insufficiency: The program did not complete a functional, cognitive and health evaluation as needed, to determine the tenant's continued eligibility for the program and to determine any modifications to needed services. (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 #2's service plan of 11-9-07, did not address planned and spontaneous activities for those unable to plan their own.

Tenant #3's service plan of 6-7-07, did not address planned and spontaneous activities for those unable to plan their own.

Tenant #4, an 85 year old, was admitted on 2-20-08 and had diagnoses of: Arthritis and Dementia. A cognitive evaluation was completed on 2-12-08, staging the tenant at a four on the Global Deterioration Scale (GDS), indicating moderate cognitive decline. The service plan of 2-12-08 did not address planned and spontaneous activities for those unable to plan their own.

- Regulatory Insufficiency: The program did not consistently individualize service plans for tenants who are unable to plan their own activities, including tenants with dementia and indicate planned and spontaneous activities based on the tenant's abilities and personal interests. (25.28(4)d)

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: A review of Tenants' #2, #3 and #5's medication administration records indicated medication errors had occurred. Based on the Medication Record Supervision sheet, medications were either not given or were not signed as given.

Tenant #2	Senna-S one tab twice daily 8:00a.m & 8:00p.m	12-4-07 8:00a.m, 12-13-07 8:00p.m 12-31-07 8:00a.m, 1-31-08 8:00p.m 2-20-08 8:00p.m & 3-2-08 8:00a.m
	Levothyroid 75mcg daily 8:00a.m	12-4-07, 12-31-07 & 3-2-08
	Aspirin 81 mg daily 8:00a.m	12-4-07, 12-31-07 & 3-2-08
	Theravite once daily	12-4-07 & 12-31-07
	Flomax 0.4mg two tabs daily 8:00p.m	12-13-07, 1-31-08 & 2-20-08
	Aricept 5mg daily 8:00p.m	12-13-07, 1-31-08 & 2-20-08
	Avodart 0.5mg at bedtime	12-13-07, 1-31-08 & 2-20-08
	Detrol LA 4mg 8:00p.m	12-13-07, 1-31-08 & 2-20-08
Tenant #3	Calcium 600mg one tab twice daily	12-23-07,1-1-08 & 1-30-08
	ASA 81mg daily	12-23-07,1-1-08 & 1-30-08
	Isosorbide 30mg daily	12-23-07, 1-1-08 & 1-30-08
	Aricept 10mg at bedtime	12-23-07 & 1-30-08
	Namenda 10mg twice daily	12-23-07, 1-1-08 & 1-30-08
	Zocor 40mg daily	12-23-07, 1-1-08 & 1-30-08
	Synthroid 100mcg daily	12-23-07, 1-1-08 &1-30-08
	Tobradex eye drop both eyes till gone twice daily	12-23-07, 1-1-08 & 1-30-08
	Hydrocortisone cream 1% to right nare daily for two weeks	12-23-07 & 1-1-08
	Astelin nasal spray two puffs twice daily	12-23-07, 1-1-08 & 1-30-08
	Colace 100mg twice daily	12-23-07, 1-1-08 & 1-30-08

	Citrucel one Tablespoon daily	12-23-07, 1-1-08 & 1-30-08
	Lexapro 10mg daily	12-23-07, 1-1-08 & 1-30-08
	Seraquel 12.5mg twice daily	12-23-07, 1-1-08 & 1-30-08
	Diltiazem 120mg daily	12-23-07, 1-1-08 & 1-30-08
	Metoprolol 25mg daily	12-23-07, 1-1-08 & 1-30-08
Tenant #5	HCTZ 12.5mg every other day once daily	1-1-08, 1-3-08, 1-5-08, 2-20-08 &3-2-08
	Mirtazapine 15mg at bedtime	1-1-08, 1-2-08, 1-3-081-5-082-17-08, 2-20-08 & 2-29-08
	Temazepam 15mg at bedtime	1-1-08, 1-2-08, 1-3-08, 1-5-082-17-08, 2-20-08 & 2-29-08
	Nifedipine ER 60mg daily 8:00a.m	1-1-08, 1-2-08,1-3-08, 2-20-08 &3-2-08
	Atenolol 50mg twice daily 8:00a.m & 8:oop.m	1-1-08, 1-2-08, 1-3-08 a.m & p.m doses,1-5-08 8:00p.m, 2-17-08 8:00p.m, 2-20-08 8:00p.m & 2-29-08 8:00p.m 3-1-08 8:00a.m 3-2-08 8:00a.m
	Lipitor 20mg at bedtime	1-1-08, 1-2-08, 1-3-08, 1-5-08, 2-17-08, 2-20-08 & 2-29-08
	Namenda 10mg two tabs twice daily 8:00a.m & 8:00p.m	1-1-08, 1-2-08, 1-3-08 a.m & p.m doses 1-5-08 8:00p.m, 2-17-08 8:00p.m ,2-20-08 8:00p.m, 2-29-08 8:00p.m & 3-2-08 8:00a.m
	Aricept 10mg daily 8:00a.m	1-1-08, 1-2-08, 1-3-08, 2-20-08 & 3-2-08
	Ginkgdd (sic Ginkgo)60mg twice a day 8:00a.m & 8:00p.m	1-1-08,1-2-08,1-3-08 8:00a.m & 8:00p.m1-5-08 8:00p.m 2-17-08 8:00p.m,2-20-08 8:00p.m, 2-29-08 8:00p.m & 3-2-08 8:00a.m
	Vit E 400 IU daily	1-1-08, 1-2-08,1-3-08, 2-20-08 & 3-2-08
	Vit C 500mg daily	1-1-08, 1-2-08, 1-3-08, 2-20-08 & 3-2-08
	Lorazepam 0.5mg daily at 8:00a.m	1-1-08, 1-2-08, 1-3-08, 2-20-08 &3-2-08
	Oxycodone 5mg daily 8:00a.m	1-1-08, 1-2-08, 1-3-08, 2-20-08 & 3-2-08

- Regulatory Insufficiency: The administration of medications shall be 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---subrule 6.3(1) and Iowa Code chapter 155A and in executing the medical regimen as prescribed by the physician, the registered nurse shall exercise professional judgment

in accordance with minimum standards of nursing practice as defined in these rules, (25.29(2)a), (655-6.2(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's nurse's notes of 2-21-08, indicated the tenant was having dysuria and a urinalysis was obtained. The program did not complete a nurse review, with a change in health status.

Tenant #2, nurse's notes of 2-21-08, indicated the tenant was having more frequent bowel movement accidents. The program did not complete a nurse review, with a change in health status.

Tenant #3's nurse's notes of 1-9-08, indicated the tenant was having increased anxiety over the last several weeks per staff and more difficulty redirecting the tenant. Nurse's notes dated 1-21-08, indicated the family was requesting companion care on a regular basis. The program did not complete a nurse review, with a change in health status.

Tenant #5's nurse's notes of 10-25-07, indicated the tenant had been transferred to the HC. Nurse's notes of 10-26-07, indicated the tenant returned to the program due to the tenant being very anxious. Nurse's notes of 2-7-08, indicated the staff reported the tenant was having incontinent bowel movements on a regular basis. The program did not complete a nurse review, with a change in health status.

In interview with the program's registered nurse (RN), she stated there were no formal 90 day medication reviews being done.

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

E. 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: In interview with the RN, she stated she had received only half a day of training for her current position and that there were no formal medication review being done.

- Regulatory Insufficiency: The program did not ensure that all personnel employ by or contracting with the program received training appropriate to assigned tasks and target population. (25.33 (5))

Dated this 14th day of April, 2008.