IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT GOVERNOR

DEAN A. LERNER, DIRECTOR

May 27, 2008

Susan Eichmeier, Administrator
Ashbrook Assisted Living
1121 N Fremont St
Iowa Falls, IA 50126-1389

**RE: Recertification Monitoring Evaluation Report, Ashbrook Assisted Living, Iowa Falls, IA**

Dear Ms. Eichmeier:

The Department of Inspections and Appeals (DIA) has completed the review of your **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.

The recertification process entails other requirements that are not yet completed. The request for the revision of the policy and procedures have not yet been received from the program. The document review process is still ongoing and upon completion the certificate will be issued.

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

Enclosure

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

**Assisted Living Program:**

Susan Eichmeier, Administrator
Ashbrook Assisted Living
1121 N Fremont St
Iowa Falls, IA 50126-1389

**Date of Monitoring Visit:**

April 22, 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 Ashbrook Assisted Living on April 22, 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 | 40 |
| Current number of tenants with cognitive disorder | 3 |
| Total Population: | 43 |

***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 22 tenants was held. Tenants stated the program is a wonderful place. Staff are kind and listen. The food is good, but some tenants wished there were more sugar free desserts. There are plenty of activities. Tenants staed they are getting the services they are paying for and they make their own daily decisions. Tenants feel safe in the program, if there were an emergency they would use their personal call pendants. The tenants said they would recommend this program to their family and friends.

**Program History** – The program had substantiated complaints in the areas of Program Initiated Involuntary Transfer and Service Plans 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, an 83 year old, was admitted on 4-20-08 and had diagnoses of: Presenile Dementia with Depressive Features. A cognitive evaluation was completed by the program on 3-7-08 six weeks prior to the tenant moving into the program. A health evaluation was not completed prior to the tenant taking occupancy and the program only partially completed a functional evaluation on 4-20-08 at 2:00 p.m. Nurses notes dated 4-20-08, indicated the tenant moved into the program at 5:00 p.m. On the same date at 8:00 p.m notes indicated the tenant was walking up and down the halls requesting that "someone needs to be called to pick me up". At 9:00 p.m. tenant's family was called, family will be coming in to stay the night with the tenant. At 10:45 p.m the tenant was unable to be calmed down. Nurse's notes of 4-21-08 at 8:30 a.m indicated the tenant was taken to the emergency room for a psychiatric evaluation. Nurse's notes of the same date indicated at 11:00 a.m the tenant was admitted to the hospital's psychiatric unit. The tenant remains hospitalized. The program did not complete functional, cognitive and health evaluations prior to admission to the program.

Tenant #3, a 66 year old, was admitted on 3-18-08 and had diagnoses of: Anxiety, Hypertension and Klipple-Fiel Deformity The program completed a 30 day functional evaluation on 4-9-08; however, did not complete 30 day cognitive and health evaluations.

Tenant #4, an 89 year old, was admitted on 6-19-02 and had diagnoses of: Hyperlipidema, Dementia and Depression. Nurse's notes of 1-2-08 indicated the tenant had been started on Detrol. Nurse's notes of 3-26-08, indicated the tenant had been incontinent of urine and again on 3-28-08, 3-31-08 and 4-1-08. The program did not complete functional, cognitive and health evaluations to determine any modifications to needed services.

- Regulatory Insufficiency: The program did not evaluate each proposed the tenant's functional, cognitive and health status prior to the tenant's signing the occupancy agreement and taking occupancy in order to determine the tenant's eligibility for the program, including, whether services needed can be provided. (25.23(1))

- Regulatory Insufficiency: The program did not revaluate each tenants' functional, cognitive and health status within 30 days of occupancy and as needed, to determine the tenant's continued eligibility for the program and to determine any modifications to needed services. (25.23(2))

**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 documents medications that were either not dispensed to the tenant or not signed as given on the tenants' Medication Administration Record.

| | | |
|---|---|---|
| Tenant #2 | Metoprolol Tartrate 25mg twice daily 8:00 a.m & 4:00 p.m | 1-3 & 1-20-08 4:00 p.m dose not given or not signed. |
| Tenant #2 | Micro-K 10mEq one tab twice a daily 8:00 a.m & 4:00 p.m | 1-3-08 4:00 p.m dose not given or not signed. |
| Tenant #2 | Calcium Carbonate & Vitamin D 500mg/200IU one tab twice daily 8:00 a.m & 4:00.pm | 1-3-08 4:00 p.m dose not given or not signed. |
| Tenant #2 | Dyazide cap twice daily 8:00 a.m & 4:00 p.m | 1-3-08 4:00 p.m dose not given or not signed. |
| Tenant #4 | Fish oil daily at 6:00 p.m | 1-4-08 6:00 p.m dose not given or not signed. |

- 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 (25.29(2)a.

Dated this 27th day of May, 2008.