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

Assisted Living Program: **Complaint Intake: #17831**

Betty Oren, Administrator
The Meadows Assisted Living
528 N. Cherry St.
Shell Rock, IA 50670

Date of Monitoring Visit:

May 21, 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 The Meadows Assisted Living on May 21, 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:	29
Current number of tenants with cognitive disorder:	0
Total Population:	29

***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 with12 tenants and one tenant interview were held. Tenants stated the building is kept up well and it is a good place to live. Staff are attentive and take good care of tenants. The food is good and served at appropriate temperatures. There are enough various activities for all. Tenants believe they are getting what they are paying for and feel safe at the program. If there were an emergency, tenants would use their personal emergency call pendants. Tenants would recommend the program to others.

Program History – There were no substantiated regulatory insufficiencies during this certification period.

On-Site Monitoring Evaluation – The monitor(s) made the observations detailed in the following areas.

A. 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]

Complaint Allegation: The program on 5-21-08 self reported a tenant had fallen on 5-20-08, sustained a facial laceration, swollen right eye and was transported to a local Emergency Room for evaluation.

Monitoring Observation: Tenant #1, a 91 year old, was admitted on 4-25-07 and had diagnoses of: Hypertension, Hypogonadism, Memory Loss, Vitamin B 12 Deficiency, Anxiety and Urinary Frequency. Care notes of 4-22-08, indicated the registered nurse (RN) did the annual assessment and the tenant was staged at a four on the GDS, which indicates moderately cognitive decline, the RN advised the tenant's daughter, and a doctor's appointment was made. Care notes of 4-22-08, indicated the tenant returned from a doctor's appointment with a new physician's order to start Namenda and to repeat a memory test in one month. Care notes of 5-13-08, indicated the tenant's daughters felt the tenant was more confused and agitated since being placed on Namenda and requested it be discontinued. Care notes of 5-13-08, indicated a physicians order to discontinue Namenda. Care notes of 5-20-08, at 6:30a.m indicated the tenant fell in his/her room and hit his/her head. The tenant summoned staff for help at 6:15a.m by use of his/her Code Alert System. The tenant was found by staff lying on his/her bed with a laceration over the right eye, and a bump on the forehead. Tenant stated he/she tripped over a cord. The charge nurse from the nursing home was called to evaluate the tenant. Vital signs were taken and found to be acceptable. Ice was offered; however, the tenant refused and a cool compress was applied. The tenant did not wish to go to the hospital and family was notified. Care notes of 5-20-08, at 7:15a.m, indicated the program's housing manager arrived and noticing the tenant's right eye was swollen shut. The tenant was awake, alert, talking and answering questions appropriately. Tenant agreed to have Emergency Medical Services called and was transported to a local hospital where the tenant is currently hospitalized.

Staff #1 and #2, indicated that prior to 5-20-08 there had been changes in the tenant's behavior and confusion. Staff stated they had not noticed if the tenant was any better after being placed on Namenda. They thought there might have been more confusion while on the medication. Staff #1, stated one week prior to the fall, the tenant required more cueing and was more confused with time of day and seemed more bent over while walking. Staff #2, stated after Namenda was stopped, the tenant would not use his/her walker correctly, was slower and bent over while walking. There was no noted change in confusion, but the tenant seemed happier.

- Regulatory Insufficiency: None Noted.

Dated this 13th day of June, 2008.