IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

June 25, 2008

Leslie Nussle, Director
The Meadows Assisted Living
200 McCarren Drive
Manchester, IA 52057-1874

RE: Recertification Monitoring Evaluation Report, The Meadows Assisted Living, Manchester, IA

Dear Ms. Nussle:

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.

The review of the recertification documents you submitted has been completed and the documents are accepted. In addition, the State Fire Marshal's (SFM) inspection report has been received as well as the Facility Engineer's approval of the Evacuation Plans for your program.

Enclosed you will find the Assisted Living Program Certificate with effective dates of **March 8, 2008 through March 7, 2010**. If you have any questions regarding this certification, please contact me at 515/281-4116.

Sincerely,

Chris Nothaft
Certification Coordinator – Eastern Iowa
Adult Services Bureau

Enclosure

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

Assisted Living Program:

Leslie Nussle, Director
The Meadows Assisted Living
200 McCarren Drive
Manchester, IA 52057-1874

Date of Monitoring Visit:

April 7, 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 The Meadows Assisted Living on April 7, 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:	32
Current number of tenants with cognitive disorder:	0
Total Population:	32

Dementia Specific Program (DSP)* – Not applicable.

***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 six tenants and two tenant interviews were held. Tenants stated they received light housekeeping on a weekly basis and deep cleaning twice a year. They offered no complaints regarding housekeeping, laundry or maintenance. Tenants described staff as courteous, nice and great and stated their needs were met. They indicated staff answered their requests for assistance in a prompt manner. Tenants stated there were three meals a day, choices were offered at every meal and they had a salad bar. They were pleased with the amount of fresh fruit and vegetables that were offered and indicated the temperature, quality and quantity of the food was sufficient. Tenants stated on one occasion the potato soup was curdled but they indicated no improvements were needed. Tenants stated there were plenty of activities including: Bingo, Nintendo Wii, shuffleboard and exercises. They received a calendar for activities and indicated there was something for everyone to participate in. Tenants felt safe at the program, there were routine fire drills and they made all of their own decisions. Tenants were satisfied with the program and would recommend it to others.

Program History – There were no substantiated Regulatory Insufficiencies 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: Four tenant files were reviewed.

Tenant #1, a 90 year old, was admitted on 5-7-07 and diagnoses include: End Stage Renal Failure, Congestive Heart Failure (CHF) and Diabetes Mellitus Type II. The tenant had an order for Hospice dated 12-20-07 and according to a Hospice nursing assessment dated 1-25-08 the tenant had rapidly declined. The tenant's service plan was updated on 12-28-07, 1-11-08, 1-25-08 and 2-4-08; however, evaluations were not completed at those intervals. Evaluations were not completed, as needed.

Tenant #2, an 82 year old, was admitted on 1-24-07 and diagnoses include: Chemical Gastritis with Mild Chronic Inflammation, Cerebrovascular Accident (CVA), Hypertension (HTN), Anemia, Atrial Fibrillation and Dementia. A managed risk document indicated the tenant had three falls in the past month and a new managed risk document (for falls)was initiated on 4-7-08. Evaluations were not completed, as needed.

- Regulatory Insufficiency: The program did not consistently evaluate each tenants' functional, cognitive and health status as needed, to determine the tenants' continued eligibility for the program and to determine any modifications to the services needed. The evaluations shall be conducted by a health or human service professional. (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: Four tenant files were reviewed.

Tenant #1 had an order for Hospice dated 12-20-07. According to a Hospice nursing assessment, dated 1-25-08, the tenant had rapidly declined. The service plan was not updated, as needed. The tenant's service plan was updated on 12-28-07, 1-11-08, 1-25-08 and 2-4-08; however, evaluations were not completed at those intervals. The service plan updates were not based on evaluations.

Tenant #2's managed risk document indicated the tenant had three falls in the past month and a new managed risk document (for falls) was initiated on 4-7-08. The tenant's service plan was not updated, as needed, and did not reflect the current needs of the tenant.

Tenant #3, an 89 year old, was admitted on 10-30-07 and diagnoses include: Chronic Anxiety, Hypothyroid, HTN, Chronic Obstructive Pulmonary Disease (COPD), Edema, Transient Ischemic Attack (TIA), Gastroesophageal Reflux Disease (GERD), Depression and Corneal Dystrophy. The tenant was hospitalized from 1-3-08 to 1-10-08 for an exacerbation of COPD, according to resident notes. The tenant's service plan was

updated on 1-10-08. The service plan was not signed by the nurse, two staff and the tenant when the update occurred.

- Regulatory Insufficiency: The program did not consistently update a tenant's service plan when a tenant needs personal or health related care and, as needed, by a multidisciplinary team that consists of no fewer than three individuals, including a health professional and other staff appropriate to meet the needs of the tenant, in consultation 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))

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

- Regulatory Insufficiency: The program did not consistently develop service plans for each tenant based on the evaluations conducted in accordance with 25.23(1) and 25.23(2), and designed to meet the specific service needs of the individual tenant. (25.28(1))

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: Four tenant files were reviewed.

Tenant #1 and Tenant #2 did not have a nurse review completed, as needed.

- 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 as least every 90 days or if there are change in health status. (25.30 (3))

D. 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: Five employee files were reviewed. The program employed Certified Nurses Aides (CNAs), Certified Medication Aides (CMAs) and Universal Workers (UW). According to interviews with Staff #1 and Staff #2, one tenant received assistance with catheter care. Training on this task was not documented. Review of staff Orientation Checklists, indicated peer to peer teaching was utilized in regard to Activities of Daily Living (ADLs).

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

Dated this 25th day of June, 2008.