IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

July 10, 2008

Teresa Krueger, Administrator
Linden Place Assisted Living
1802 5th Ave NW
Waverly, IA 50677-1942

RE: Recertification Monitoring Evaluation Report, Linden Place Assisted Living, Waverly, IA

Dear Ms. Krueger

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 Insufficiency, DIA accepts your POC.

Enclosed you will find the Assisted Living Program Certificate with effective dates of **July 7, 2008 through July 6, 2010**. 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:

Teresa Krueger, Administrator
Linden Place Assisted Living
1802 5th Ave NW
Waverly, IA 50677-1942

Date of Monitoring Visit:

May 30, 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 Linden Place Assisted Living on May 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:	28
Current number of tenants with cognitive disorder:	1
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 with 12 tenants and one private tenant interview were held. Tenants stated the program is kept clean. Staff are very helpful and like one of the family Food is excellent and wonderful with many choices available. One tenant wished the Administrator would make the dining room warmer. There are plenty of various activities. Tenants all feel safe at the program. Tenants believe they are getting the services they are paying for. All tenants have a personal emergency call pendant. Tenants commented on the two staff that worked the weekend of the local tornados. Tenants were thankful for their calmness, personnel attention and ability to get all the tenants to a safe zone. All tenants would recommend this program to others as a place to live and call home. In the private tenant interview, the tenant truly enjoyed living in the program and is thankful for all the good care received from the Administrator and staff.

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. 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 indicates medication errors or errors in documentation.

Tenant #1	Lipitor 20mg once a day 4:00p.m	5-11-08 not given or not signed
Tenant #1	Namenda 10mg twice daily 7·00a.m & 4·00pm	5-11-08 4·00p.m not given or not signed
Tenant #1	Amlodipine Besylate 10mg twice daily 7·00a.m & 4:00p.m	5-11-08 4·00p.m not given or not signed
Tenant #1	Metoprolol 100mg twice daily 7:00a.m & 4·00p.m	5-11-08 4:00p.m not given or not signed
Tenant #1	Metformin HCL 500mg twice daily 7·00a., & 4·00p.m	5-11-08 not given or not signed
Tenant #2	Metoprolol 100mg twice daily 8·00a.m & 8:00p,m, Hold if pulse <60	5-1,2, 7, &22-08 do not have pulse documented
Tenant #2	Knee high compression stockings assistance on at 6:00a.m off @ 6·00p.m	5-3,11, 13-08 6:00p.m, not documented as completed
Tenant #2	Nasal spray mist 2-3 sprays each side twice a day 8·00a.m & 8:oop.m until spring, step one.	5-12, 20, 21, &22-08, 8:ooa.m not documented as completed. 5-17, 19 & 26-08, 8·00p.m, not documented as completed
Tenant #2	Nasal spray mist, remind and observe application. Step two	5-12, 20, 21, 22 & 29-08, 8·00a.m not documented as completed. 5-17, 19, 25 & 26-08 8:00p.m not documented as completed
Tenant #3	Zocor 10mg one a day 8:00p.m	5-4, 10, &26-08, not given or not signed
Tenant #3	Advair 500/50 one puff by mouth twice a day 9·00a.m & 8:00p.m	5-26-08, 8:00p.m, not given or not signed
Tenant #3	Calcium 600 + D200 one tab twice a day 9·00a.m & 8:00p.m	5-26-08, 8·00p.m, not given or not signed
Tenant #3	Neurontin 300mg twice a day 9·00a.m & 8:00p.m	5-26-08, 8:00p.m, not given or not signed
Tenant #3	Vasotec 2.5 mg tab once daily 9:00 a.m Hold if pulse <60	5-2, 7, 9 &21-08, do not have pulse documented
Tenant #4	Lasix 40mg once daily 12:00p.m	5-4-08, not given or not signed

Tenant #5	Ibuprofen 200mg two tabs four times a day 7:00a.m, 12:00p.m, 4:00p.m & 8:00p.m	5-12-08, 8:00p.m not given or not signed
Tenant #5	Fluorometholone 0.1% one drop into right eye three times daily 7:00a.m 2:00p.m & 8:00p.m	5-1,2 &22-08, 2:00p.m 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 10th day of July, 2008.