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

Assisted Living Program:

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Northridge Assisted Living
1110 N 6th St
Chariton, IA 50049-1265

Date of Monitoring Visit:

April 7 and 8, 2008

Monitor(s):

Michael Streepy 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 Northridge Assisted Living on April 7 and 8, 2008. In preparing this report, the following information was considered:

Current Program Census:

Dementia Specific Program (DSP)* **–** A program that is a Dementia Specific Program by definition or holds itself out as providing specialized care in a dedicated setting but may have tenants without cognitive disorder.

Current number of tenants in a DSP that holds itself out as providing specialized care in a dedicated setting:	0
Current number of tenants in a DSP that serves 5 or more tenants with dementia or cognitive disorder staged between 4 and 7 on the Global Deterioration Scale (GDS):	5
Current number of tenants without cognitive disorder:	26
Total Population:	31

***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 16 tenants and 1 individual interview was conducted. Tenants stated the living environment was beautiful with no concerns. Tenants stated the staff are friendly and helpful and respond to requests for assistance within three minutes. Tenants stated the food is good with plenty offered and substitutes available. Tenants stated activities are good with a variety of things to do. Tenants stated they feel safe and fire drills are not held very often. Tenants stated services are provided as expected in the occupancy agreements. Not all tenants were aware of limitations to eligibility in the program. Tenants stated they make their own decisions, come and go as they please and are not restricted in any way. Tenants stated satisfaction with medical services when needed, with the aides and program nurses responding. Tenants stated general satisfaction with the program and would recommend it to friends and relatives.

Program History – There was a substantiated complaint in the area of Service Plan during this certification period.

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

A. Service Plan – Program has an individualized service plan developed and updated for each tenant as required. [321 IAC 25.28]

Monitoring Observation: Tenant #2, a 61 year old, was admitted to the program 06-06-06 with diagnoses including: Cerebral Palsy and Osteoporosis. Review of the tenant's record reveals no documentation of cognitive evaluation prior to the development of the service plan dated 11-09-07.

Tenant #3, a 92 year old, was admitted to the program 02-12-08 with diagnoses including: Atrial Fibrillation and Gastro Esophageal Reflux Disease(GERD). The tenant was staged at a four on the Global Deterioration Scale (GDS) indicating moderate cognitive decline. Review of the tenant's record reveals no documentation of health evaluation prior to the development of the service plan of 03-12-08.

- Regulatory Insufficiency: The program did not consistently ensure service plans would be developed for each tenant based on the evaluations conducted in accordance with 25.23(1) and 25.23(2). (25.28(1))

B. 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, a 91 year old was admitted to the program 10-28-06 with diagnoses including: Benign Prostatic Hypertrophy, Atrial Fibrillation and Anemia. Nurse reviews were not completed every 90 days. Record review also reveals the 90 day nurse reviews of the medication status are conducted by a program licensed practical nurse (LPN).

Review of the record for tenant #2 reveals 90 day nurse review of the tenants health status was documented as completed 03-01-07 and 11-09-07. Record review also reveals the 90 day nurse reviews of the medication status are conducted by a program licensed practical LPN.

Tenant #4, an 87 year old was admitted to the program 05-25-00 with diagnoses including: Status Post Cerebral Vascular Accident, GERD, Renal Failure and Anemia. The tenant was staged at a five on the GDS indicating moderately severe cognitive decline. Record review also reveals the 90 day nurse reviews of the medication status are conducted by a program licensed practical LPN.

- Regulatory Insufficiency: The program did not consistently ensure a registered nurse would be provided who would monitor at least every 90 days, or after a change in condition, each tenant receiving program – administered medications for adverse reactions to program administered medications and make appropriate interventions and referral, and ensure that the prescription medication orders are current and the prescription medications are administered consistent with such orders. (25.30(1))

- Regulatory Insufficiency: The program did not consistently ensure a registered nurse would assess and document the health status of each tenant, make recommendations and referrals as appropriate, and monitor progress on previous recommendations at least every 90 days or if there are changes in health status. (25.30(3))

C. Food Service – Program shall provide or coordinate with other community providers to provide hot or other appropriate meal(s) at least once a day or make arrangements for the availability of meals. Menus shall be appropriately planned. If applicable, therapeutic diets shall meet all requirements. Food preparation personnel shall meet all requirements. [321 IAC 25.32]

Monitoring Observation: Review of personnel files for Staff #1, a Certified Nurses Aide/Medication Manager, with a hire date of 09-06-06, reveals no documentation of food safety and sanitation training.

Review of personnel files for Staff #2, a Certified Medication Aide, with a hire date of 06-01-06, reveals no documentation of food safety and sanitation training.

Review of personnel files for Staff #3, a Certified Nurses Aide/Medication Manager/Dietary Aide, with a hire date of 05-01-06, reveals no documentation of food safety and sanitation training.

Review of personnel files for Staff #4, a Universal Worker, with a hire date of 08-05-07, reveals no documentation of food safety and sanitation training.

Review of personnel files for Staff #5, a Medication Manager, with a hire date of 10-26-07, reveals no documentation of food safety and sanitation training.

Interview with program staff reveals awareness of the lack of required training with the training scheduled for the next week or two.

- Regulatory Insufficiency: The program did not consistently ensure personnel who are responsible for preparing or serving food or both preparing and serving food, shall have orientation on sanitation and safe food handling prior to handling food and shall have an annual in-service training on food protection. (25.32(5))

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: Review of program Fire Drill records reveals no documented fire drills for the months of January through May of 2006. Further review reveals no documentation of fire drills from November 2006 through April 2007, none for June or July and none from September 2007 to the present.

- Regulatory Insufficiency: The program did not consistently conduct fire drill every other month on varying shifts, to ensure all personnel shall be able to implement the program's accident, fire safety and emergency procedures. (25.33(8))

E. Dementia-specific education for program personnel – A dementia-specific program shall employ or contract with personnel who have received appropriate dementia-specific education and training. [321 IAC 25.34]

Monitoring Observation: Review of demographic information reveals the program is, by definition, dementia specific with five tenants with Global Deterioration scale scores of 4 or greater. Review of personnel files reveals no documentation of dementia training for at least six staff that have direct contact with tenants.

- Regulatory Insufficiency: The program did not consistently ensure all personnel employed by or contracting with the dementia specific program have a minimum of 6 hours of dementia specific education and training prior to or within 90 days of employment or the beginning date of the contract. (25.34(1))

F. Record Checks – The program conducts applicable employee record checks. [Iowa Code section 135C.33(5)]

Monitoring Observation: Review of personnel files reveal Staff person #2, a Certified Nurses Aide, with a hire date of 06-01-06 had no Dependent Adult Abuse check completed until 08-4-06.

- Regulatory Insufficiency: The program did not consistently ensure that prior to employment the program would request from the Department of Human Services perform a dependent adult abuse record check. (135C.33(1))

Dated this 10th day of June, 2008.