IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

July 24, 2008

Ms. Deborah Rahe, Manager
RiverBend Retirement Community
813 Tyler Street NE
Cascade, IA 52033-7501

RE: Recertification Monitoring Evaluation Report, RiverBend Retirement Community, Cascade, IA

Dear Ms. Rahe:

The Department of Inspections and Appeals (DIA) has reviewed your Request for Reconsideration in response to the **Recertification Monitoring Evaluation Report** and denies the Request for Reconsideration as it relates to Medications. Minimum standards of nursing practice requires medications to be documented as given after the medication has been consumed by the tenant if the tenant has delegated medication administration to the program. The Department also denies the Request for Reconsideration as it relates to Managed Risk. Even though the family and tenant chose to remain independent with medication administration after the Emergency Room incident, the tenant continued to be at risk for taking medications incorrectly. The Plan of Correction (POC) is accepted.

The program displayed prompt action to correct the identified Regulatory Insufficiencies. The Department's findings must be based on the current situation, including but not limited to: staff interviews, documentation, monitor observation and tenant interviews.

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 **July 25, 2008 through July 24, 2010**. If you have any questions regarding this certification, please contact me at 515/281-4116.

Sincerely,

Tamara K Halvorson
for

Ann Martin, Bureau Chief
Adult Services Bureau

Enclosure

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

Assisted Living Program:

Deborah L. Rahe, Manager
RiverBend Retirement Community
813 Tyler St NE
Cascade, IA 52033-7501

Date of Monitoring Visit:

June 17, 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 RiverBend Retirement Community on June 17, 2008. In preparing this report, the following information was considered:

Current Program Census:

General Population Program (GPP)* – Not applicable.

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 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:	23
Total Population:	28

***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 15 tenants and four tenant interviews were held. The tenants did not have concerns related to housekeeping or laundry. They reported the program did not have maintenance staff for the past three weeks to a month but a maintenance person traveled to the program periodically. Requests for maintenance work were completed; however, day-to-day maintenance issues were not completed. Tenants stated their needs were getting met and there were sufficient staff; however, they did not feel new staff were trained appropriately. A tenant indicated a couple of weeks ago he/she felt dizzy, was perspiring and checked his/her blood sugar which registered a 63. The tenant called for staff and staff did not know what to do and stated she was not used to working with diabetics. According to the tenant, the staff asked the tenant what to do. The tenant indicated he/she was able to communicate to staff what was needed; however, he/she was concerned he/she or other tenants with diabetes may not always be able to effectively communicate needs to staff in that situation. Another tenant indicated, a couple of days ago, a new staff asked a tenant how to set the number on another tenant's "machine" (glucometer). The tenant responded he did not know how and staff then asked if she could use the tenant's glucometer for the other tenant. The tenant did not allow staff to use his/her glucometer. A third tenant stated months ago on the overnight shift, he/she was vomiting and called staff, who did not know what to do. The tenants indicated the nurse should work more hours; however, did not provide examples of why more hours were needed. There was concern with not knowing who was in charge on the weekends and evenings. Tenants reported they would like more of a variety of foods. Different menu cycles were offered; however, it was still the same food. One tenant indicated a more hearty meal was needed in the evening and tenants requested menus that they could circle their choices for a meal. They also indicate the meat, especially the roast, was tough. One tenant stated the food was a lot better than it had been and with more variety since a new cook was hired. One tenant indicated the evening staff seemed to rush to clean up after the meal. Tenants indicated there were sufficient activities and they enjoyed Bingo, outings and Happy Hour. One tenant wanted more frequent outings. Tenants received monthly and daily calendars of activities. Tenants indicated there were routine fire drills and they were loud enough to hear. They felt safe and a tenant council was held approximately every one to two months and the tenants felt their

concerns were listened to and staff tried to accommodate their requests. Tenants indicated they were generally satisfied with the program and would recommend it to others.

Program History – There have been no Regulatory Insufficiencies since the initial visit of October 9, 2006.

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: A medication pass was observed. Staff #1 did not consistently document medications after administering medications. For example, Staff #1 signed off Tenant #2's insulin on the medication record prior to Tenant #2 self-injecting the insulin.

- 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 and in executing the medical regimen as prescribed by the physician, the registered nurse shall exercise professional judgment in accordance with minimum standards of nursing practice as defined in these rules. (25.29(2)a), (655-6.2(5)e(152))

B. 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: According to tenant interviews and the community meeting, the tenants had concerns with training for new staff. A tenant indicated a couple of weeks ago he/she felt dizzy and was perspiring. The tenant checked his/her blood sugar and it was 63. The tenant called for staff and staff did not know what to do and stated she was not accustomed to working with diabetics. According to the tenant, the staff asked the tenant what to do. The tenant indicated he/she was able to communicate to staff what was needed; however, he/she was concerned that he/she or other tenants with diabetes may not always be able to effectively communicate their needs to staff. Another tenant indicated a new staff asked the tenant how to set the number on another tenant's "machine" (glucometer). The tenant responded "no" and staff then asked if she could use the tenant's glucometer. The tenant did not allow staff to use his/her glucometer. A third tenant stated months ago he/she was vomiting. The tenant called staff and staff did not know what to do. Staff were not appropriately trained in the above-mentioned incidents. According to a memo on 6-20-08 at 2:30 p.m. there was a Mandatory Staff Meeting scheduled in regard to Diabetes, glucometers, blood sugar readings, insulin, hypoglycemia and hyperglycemia.

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

C. Managed Risk Statement – Program has a managed risk statement which includes the tenant's or legal representative's signed acknowledgement of the shared responsibility for identifying and meeting needs and the process for managing risk and upholding tenant autonomy when tenant decision making may result in poor outcomes for the tenant or others. [321 IAC 25.36]

Monitoring Observation: Tenant #1, an 88 year old, was admitted on 10-12-07 and diagnoses include: Congestive Heart Failure (CHF), Urinary Tract Infection (UTI), Anemia and Osteoarthritis.

According to Nurse's/Care Notes dated 4-18-08 at 0830, the tenant was taken to the Emergency Room (ER) for an evaluation as the tenant was unsure about what medications he/she took in the morning. A staff found four morning boxes empty in the weekly medication planner, which was set up by family the previous evening. The tenant returned from the ER on 4-18-08 at 1400. Nurse's/Care Notes indicated the family would continue to set up medications in the planner and would talk to other family members about increasing services to the tenant by adding medication management. The medications were locked for tenant safety and staff would cue the tenant to take the medications from the appropriate box and time until a service decision was made. According to Nurse's/Care Notes dated 4-23-08, the tenant and family chose to remain independent. A managed risk agreement was not initiated.

- Regulatory Insufficiency: The program did not consistently initiate a managed risk agreement identifying and meeting the needs of the tenant and the process for managing risk and upholding tenant autonomy when tenant decision making may result in poor outcomes for the tenant or others. (25.36)

D. Transportation – When the program provides transportation services directly or under contract with the program, the services shall be provided as required. [321 IAC 25.38]

Monitoring Observation: The program provided transportation and had two vehicles. One of the two vehicles did not have a fire extinguisher. (A fire extinguisher was put in the vehicle on the day of the onsite.)

- Regulatory Insufficiency: The program did not consistently provide a fire extinguisher when transportation services are provided directly or under contract with the program. (25.38(7))

Dated this 24th day of July, 2008.