IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

July 28, 2008

Cathy Morel, Director
Amber Ridge Assisted Living
107 E 2nd Street
De Witt, IA 52742-2140

RE: I. Final Recertification Report
II. Standard Certification
III. Civil Penalty
IV. Hearings and Appeals
V. Conclusion

Dear Ms. Morel:

I. Final Recertification Report – Amber Ridge Assisted Living, De Witt, IA

Enclosed is the **Final Recertification Report** completed by the Department of Inspections and Appeals (DIA) in accordance with Iowa Code section 231C.7 (2007) and Iowa Administrative Code, chapters 321—25, pertaining to assisted living programs and 321—26, pertaining to monitoring, civil penalties and complaints regarding assisted living programs. The Final Report notes the **Regulatory Insufficiencies,** as defined in the areas of: Evaluation of Tenant, Service Plan, Nurse Review, Staffing and Record Checks.

DIA is accepting the Plan of Correction (POC).

II. Standard Certification

Enclosed you will find the Assisted Living Program Certificate with effective dates of **July 10, 2008 through July 9, 2010**.

III. Civil Penalty

If no appeal is requested within 30 days of receipt of this Final Recertification Report the civil penalty obligation, in the amount of five hundred ($500.00) dollars, is required.

IV. Hearings/Appeals

The Program may appeal the DIA decision in accordance to 321 IAC 26.4, within 30 days of notice, by submitting a request for appeal to the DIA. Hearings will be held pursuant to 481 IAC Chapter 10.

V. Conclusion

Amber Ridge's Plan of Correction is accepted. A civil penalty of $500.00 is assessed.

DIA may revisit the program to confirm compliance in fulfilling the POC's corrective measures. If the program wishes to appeal or request a hearing on the final findings, the program may do so within 30 days of this letter.

If you have any questions in regard to these matters, please contact me at (515) 281-5077.

Sincerely,

Ann Martin

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:

Cathy Morel, Director
Amber Ridge Assisted Living
107 E 2nd Street
De Witt, IA 52742-2140

Date of Monitoring Visit:

June 9, 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 Amber Ridge Assisted Living on June 9, 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:	18
Current number of tenants with cognitive disorder:	0
Total Population:	18

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 15 tenants and 3 tenant interviews were held. Tenants did not have any concerns with housekeeping, laundry or maintenance. They described staff as friendly, caring and helpful. They described administrative staff as friendly and stated that staff meet their needs. Tenants stated staff generally responded to the emergency pull cords in minutes. The tenant said staff was busy with something else and it was a rare occurrence to wait. The tenants had three meals a day and did not have any concerns with food temperature, quality or quantity. There was a good variety of food offered and one tenant indicated there were diabetic options offered. One tenant indicated the dietary manger even came in early to prepare breakfast for him/her prior to an appointment. Tenants state there were sufficient activities and they received a calendar of events. They enjoyed Bingo, going out to eat and musical activities. One tenant indicated while off duty, a staff member brought a large dog into the program at meal time and this bothered the tenant. According to a memo dated 6-5-08, pets are not allowed to visit during the meal time and if tenants wanted to visit with staffs' pets they could do so on the front porch. Tenants felt safe and had fire and or tornado drills. They made all of their own decisions and indicated the nurse was available. Tenants were satisfied with the program and would recommend it to others.

Program History – There were no substantiated Regulatory Insufficiencies this past 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, an 88 year old, was admitted on 3-17-08 and diagnoses include: Hypertension (HTN), Hypothyroidism, High Cholesterol, Myocardial Infarction (MI), Macular Degeneration and Dry Eyes. According to a 90 Day Assessment, on 3-24-08 the tenant had headaches and it was noted as a change in condition. On 6-3-08 the tenant had a diagnosis of probable Pneumonia. Evaluations were not completed, as needed.

Tenant #2, an 87 year old, was admitted on 2-2-08 and diagnoses include: Diabetes, HTN, High Cholesterol, Macular Degeneration, Sleep Apnea, Depression and Prostate Cancer. On 5-25-08 the tenant had an abscess and had a dressing change. On 6-4-08 the tenant's dressing change was discontinued, according to a 90 Day Assessment form. Evaluations were not completed as needed.

Tenant #3, a 78 year old, was admitted on 12-26-07 and diagnoses include: Anemia, Abdominal Aortic Aneurysm (AAA) repair, Alzheimer's, Skin Cancer, Lung Cancer, Cerebrovascular Accident (CVA), Transient Ischemic Attacks (TIAs), HTN, MI and Meniere's Disease. According to a 90 Day Assessment form, on 3-13-08, 4-2-08, 4-4-08 there had been changes in the tenant's condition including: rashes and fever. Evaluations were not completed at those intervals. According to a fax to the physician, the tenant had a 12 pound weight loss in the past month and evaluations were not completed, as needed.

Tenant #4, an 85 year old, was admitted on 9-2-04 and diagnoses include: HTN, Polyps, Emphysema, Chronic Asthmatic Bronchitis, Valvular Heart Disease, Peripheral Vascular Disease (PVD), Rheumatoid Arthritis, Anemia and Restless Leg Syndrome. The tenant had dark bloody stools on 2-14-08 and was hospitalized from 2-14-08 to 2-16-08 for a blood transfusion and GI bleed, according to 90 Day Assessment form and nurse's notes. According to faxes to the physician and tenant medical follow up forms, from 4-21-08 to 6-5-08 the tenant had a rash, resolution of the rash, a three pound weight gain one morning, black stools and a nosebleed. Evaluations were completed once, as needed, on 5-5-08. 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 he services needed. (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 a diagnosis of probable Pneumonia on 6-3-08. The service plan was not updated, as needed.

Tenant #2, had an abscess and a dressing change on 5-25-08. On 6-4-08 the tenant's dressing change was discontinued, according to a 90 Day Assessment form. The service plan was not updated, as needed, and did not reflect the identified needs of the tenant.

Tenant #3, had changes in condition on 3-13-08, 4-2-08, 4-4-08, including: rashes and fever, according to a 90 Day Assessment form. The tenant's service plan was not updated at those intervals. According to a fax to the physician the tenant had a 12 pound weight loss in the past month and the service plan was not updated, as needed.

Tenant #4, had dark bloody stools on 2-14-08 and was hospitalized from 2-14-08 to 2-16-08 for a blood transfusion and GI bleed, according to 90 Day Assessment forms and nurse's notes. According to faxes to the physician and tenant medical follow up forms, from 4-21-08 to 6-5-08 the tenant had a rash, resolution of the rash, a three pound weight gain one morning, black stools and a nosebleed. The tenant's service plan was not updated, as needed, and did not reflect the identified needs of the tenant.

- Regulatory Insufficiency: The program did not consistently develop service plans for tenants, as needed, when a tenant needs personal care or health-related care. (25.28(3))

- Regulatory Insufficiency: The program did not consistently develop service plans that were individualized and indicated, at a minimum, the tenants' identified needs and the tenants' requests for assistance. (25.28(4)a)

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 #2, had an abscess and a dressing change on 5-25-08. On 6-4-08 the tenant's dressing change was discontinued, according to a 90 Day Assessment form. Nurse review was not completed, as needed.

Tenant #3, had changes in condition on 3-13-08, 4-2-08, 4-4-08, including: rashes and a fever, according to a 90 Day Assessment record. According to a fax to the physician, the tenant had a 12 pound weight loss in the past month and nurse review was not completed, as needed.

Tenant #4, had dark bloody stools on 2-14-08 and was hospitalized from 2-14-08 to 2-16-08 for a blood transfusion and GI bleed, according to 90 Day Assessment forms and nurse's notes. According to faxes to the physician and tenant medical follow up forms, from 4-21-08 to 6-5-08 the tenant had a rash, resolution of the rash, a three pound weight gain one morning, black stools and a nosebleed. Nurse review was not completed, as needed.

- Regulatory Insufficiency: The program did not consistently assess and document the health status of each tenant, make recommendations at least every 90 days or if there are changes 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: Four staff files were reviewed.

Staff #1, #2, #3 and #4 did not have documented nurse delegated training on Activities of Daily Living (ADLs) and breathing treatments. The program employed certified and uncertified staff.

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

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

Monitoring Observation: Four staff files were reviewed.

Staff #3 was hired on 3-3-08. A criminal history check, dated 2-22-08, revealed a criminal conviction. An evaluation was not completed and a letter from the Department of Human Services (DHS) was not obtained until 6-9-08, indicating the staff could work at the program.

- Regulatory Insufficiency: The program did not consistently obtain clearance from DHS when a "hit" was revealed on the criminal history check of all potential employees, prior to hire. (135C.33)

Dated this 23rd day of July, 2008.