IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

July 24, 2008

Ms. Mary Jo Pipkin, Administrator
Keystone Cedars
6325 Rockwell Drive NE
Cedar Rapids, IA 52402

RE: Recertification Monitoring Evaluation Report, Keystone Cedars, Cedar Rapids, IA

Dear Ms. Pipkin:

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. A copy of the Final report is enclosed for your information.

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 19, 2008 through July 18, 2010**. If you have any questions regarding this certification, please contact me at 515/281-4116.

Sincerely,

Tamara Valverson
for

Chris Nothaft
Certification Coordinator – EasternIowa
Adult Services Bureau

Enclosure

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

Assisted Living Program:

Mary Jo Pipkin, Director
Keystone Cedars Assisted Living
6325 Rockwell Dr NE
Cedar Rapids, IA 52402-7203

Date of Monitoring Visit:

May 28, 2008

Monitor(s):

Stephanie Cummins, SW MA
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 Keystone Cedars Assisted Living on May 28, 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:	67
Current number of tenants with cognitive disorder:	1
Total Population:	68

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:	13
Current number of tenants without cognitive disorder:	2
Total Population:	15

***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 eight tenants, one family interview and one tenant interview were held. A tenant felt this was a superior program that was kept clean and neat. Staff were respectful, helpful and caring to all. Food was wonderful and visitors were treated like family. There were plenty of activities with an average of two musical groups a month. The tenant felt safe, believed he/she was getting the services he/she was paying for and felt he/she made his/her own decisions. The tenants at the community meeting indicated their apartments were cleaned weekly and the staff were very accommodating. One tenant indicated his/her carpet was repaired or replaced and staff moved all of his/her belongings. There were no issues reported with maintenance or laundry. Tenants described staff as accommodating, compassionate and super. The staffing was sufficient to meet their needs and they indicated if the pendants were used, staff responded in less than five minutes. They indicated staff worked as a team and would fill in for each other, as needed, especially with bad weather. One tenant stated staff took his/her spouse to appointments when the driving conditions were not favorable. A family member indicated the staff was great and the nurse had good response to issues. The tenants indicated the quantity of food was appropriate and tenants could ask for half portions or extra servings. They reported no concerns with food temperature. One tenant indicated the quality of the food, especially the meats and desserts could be improved. One tenant felt his/her table was, at times, forgotten and indicated he/she waited a long period of time. Tenants stated they liked having a choice of entrees at meals. There sufficient activities and also a good variety including: outings, entertainment, card games, bus rides and games. Tenants received an activity calendar. Tenants felt safe and reported they or their families made decisions. Tenants reported they appreciated the memorial services held at the program to honor tenants who have passed away. The tenants were generally satisfied with the program and have

recommended it to others. A family member indicated she would recommend the program to others and was satisfied with the program.

Program History – There were no 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: Eight tenant files were reviewed.

Tenant #1, an 88 year old, was admitted on 11-19-04 and diagnoses include: Atrial Fibrillation, Hypertension (HTN), Alzheimer's Disease, Osteoporosis and Hyperlipidemia. The tenant was staged at a five to six on the Global Deterioration Scale (GDS), which indicated moderately severe to severe cognitive impairment. The tenant resided in the dementia unit. Tenant #1 received Hospice services. According to nurse's notes, the tenant had Cellulitis in the lower left extremity and was ordered Keflex on 5-15-08. According to notes dated 5-27-08, the tenant had 3+-4+ edema following the completion of the Keflex on 5-24-08. Evaluations were not completed, as needed.

Tenant #2, an 89 year old, was admitted on 8-28-04 and diagnoses include: Alzheimer's Dementia, History of Breast Cancer, HTN, History of Syncopy and Pre-Ventricular Contractions (PVC). The tenant was staged at a five on the GDS, which indicated moderately severe cognitive impairment. The tenant resided in the dementia unit and received Hospice services. The tenant received an order for Hospice to treat and evaluate on 4-22-08. According to nurse's notes and the Monthly Assessment and Sign Off Sheet, the tenant had difficulty with mobility, was not eating well and a had small open area on the hip. Evaluations were completed at the time the changes were noted; however, the evaluations did not include the changes in the tenant's status.

Tenant #5, an 83 year old, was admitted on 4-2-08 and had diagnoses of: Alzheimer's Dementia, Congestive Heart Failure (CHF), Gastroesophageal Reflux Disease (GERD), Osteoporosis and Hyperlipidemia. The tenant had functional, cognitive and health evaluations completed prior to admittance to the program. The Monthly Assessment and Sign Off Sheet for 4-5-08, indicated the tenant was upset, running and screaming down a hallway and trying to get into other tenants' rooms. The Monthly Assessment and Sign Off Sheet for 4-7-08 indicated the tenants garbage can had urine in it. The Monthly Assessment and Sign Off Sheet of 4-12-08 indicated the tenant was extremely agitated. The tenant was moved to the Dementia unit on 4-25-08 and evaluations were not completed as needed.

Tenant #6, an 89 year old, was admitted on 9-7-04 and had diagnoses of Gout and Deep Vein Thrombosis (DVT). A Hospice nursing assessment dated 5-23-08 indicated the tenant was to move to the dementia unit on 5-24-08. Evaluations were not completed, as needed.

Tenant #8, a 92 year old, was re-admitted on 2-7-08 and had diagnoses of: Kidney Disease, HTN and Arthritis. Evaluations were not completed within 30 days of taking occupancy.

- Regulatory Insufficiency: The program did not consistently evaluate each tenants' functional, cognitive and health status within 30 days of taking occupancy and as

needed to determine the tenants' continued eligibility for the program and to determine any modifications to the 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: Eight tenant files were reviewed.

Tenant #1 had Cellulitis in the lower left extremity and was ordered Keflex on 5-15-08. According to notes dated 5-27-08, the tenant had 3+-4+ edema following the completion of the Keflex on 5-24-08. The service plan was not updated, as needed, and did not include activities, planned and spontaneous, for the tenant.

Tenant #2 received an order for Hospice to treat and evaluate on 4-22-08. According to nurse's notes and the Monthly Assessment and Sign Off Sheet, the tenant had difficulty with mobility, was not eating well and had a small open area on the hip. The service plan was updated at the time the changes occurred; however, did not reflect the changes. The tenant had a pressure mattress, which was not identified on the service plan. The tenant's service plan did not reflect the current and identified needs of the tenant and did not reflect activities, planned and spontaneous, for the tenant.

Tenant #5's service plan was not updated when the tenant was transferred to the dementia unit on 4-25-08 and did not reflect activities, planned and spontaneous, for the tenant.

Tenant #6 had a service plan up-date completed on 2-10-08. The tenant was moved to the dementia unit on 5-24-08; however, the tenant's service plan was not updated, as needed, with a change in condition and did not reflect activities, planned and spontaneous, for the tenant.

Tenant #8's initial service plan was dated 2-7-08; however, the program did not update the service plan within 30 days of occupancy.

- Regulatory Insufficiency: A service plan was not developed when a tenant needed personal care or health–related care, and was not updated within 30 days of occupancy and, as needed, but not less than annually. (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)

- Regulatory Insufficiency: The program did not consistently develop service plans that addressed planned and spontaneous activities. (25.28(4)d)

C. 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: Medication Administration Sheets (MARs) were reviewed. Staff #1 indicated if there was a refusal for a medication staff is to place an "R" on the sheet, circle it and document on the back why the medication was refused. The programs

Registered Nurse (RN) indicated she had trained staff to place an "R" on the sheet, circle it and document on the back why the medication was refused. In the following tables are medications that were either not given to the tenant, not documented as being given or did not have documentation as it pertains to refusals.

Tenant #9	Miralax Powder, 8.5 gms, once daily.	Medication was refused on May 2-5, 2008, May 7, 2008, May 9-20, 2008 and May 22-27, 2008. There was no documentation as to why the medication was refused.
Tenant #10	Calcarb 600 w/ Vitamin D, one tab three times daily at 9:00 a.m 1200 p.m and 8:00p.m.	5-8-08 at 12:00 p.m. dose was not given or not signed.
Tenant #10	Tylenol Extra Strength, two tabs four times a day at 9:00 a.m. 12:00 p.m. 4:00 p.m. & 8:00 p.m.	5-8-08 at 12:00 p.m. dose was not given or not signed.
Tenant #11	Lasix, 40mg twice daily at 8:00 a.m. & 12:00 p.m.	5-21-08 dose was not given or not signed.
Tenant #12	Ditropan XL, 10mg tab once daily at 8:00 p.m.	5-18-08 dose was refused and there was no documentation as to why the medication was refused.
Tenant #12	Atenolol, 50mg tab twice a day at 9:00 a.m. & 8:00 p.m.	5-18-08 dose was refused and there was no documentation as to why the medication was refused.
Tenant #13	Ibuprofen, 200mg two tabs three times a day at 4:00 a.m., 12:00 p.m. & 8:00 p.m.	5-20-08 12:00 p.m. dose was not given or not signed.

Tenant #13	Sinemet - 25/100, one and a half tabs three times a day at 7:00 a.m., 12:00 p.m. & 4:00 p.m.	5-20-08 12:00 p.m. dose was not given or not signed.
Tenant #13	Tylenol, 325 mg one tab four times a day at 7:00 a.m., 11:00a.m., 4:00 p.m. & 8:00 p.m.	5-20-08, 12:00 p.m. dose was not given or not signed.
Tenant #14	Miralax, 17gms once daily at 12:00 p.m.	5-4-08 dose was not given or not signed
Tenant #15	Blood Glucose Monitoring, four times a day at 7:00 a.m., 11:00 a.m., 4:00 p.m. & 8:00 p.m.	5-16-08 at 4:00 p.m. and 8:00 p.m. monitoring was not completed or not signed & on 5-22-08 at 8:00 p.m. the monitoring was not completed or not signed
Tenanrt #16	Teargen drops, three times a day at 8:00 a.m., 12:00 p.m. & 4:00 p.m.	5-20-08, 12:00 p.m. dose was not given or not signed.
Tenant #16	Brimonidine, 0.2% one drop three times daily at 7:00 a.m., 12:00 p.m. & 4:00 p.m.	5-20-08, 12:00 p.m. dose was not given or not signed.
Tenant #16	Sinemet - 25/100, one and a half tabs four times a day at 7:00 a.m., 11:00 a.m., 3:00 p.m. & 7:00 p.m.	5-20-08, 11:00 a.m., dose was not given or not signed.
Tenant #16	Comtan, 200 mg one tab four times a day at 7:00 a.m., 11:00 a.m., 3:00 p.m. & 7:00 p.m.	5-20-08, 11:00 a.m. dose was not given or not signed.
Tenant #16	Sinemet - 25/250, one tab four times a day at 7:00 a.m., 11:00 a.m., 3:00 p.m. & 7:00 p.m.	5-20-08, 11:00 a.m. dose was 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 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))

D. 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: Eight tenant files were reviewed.

Tenant #1 had Cellulitis in the lower left extremity and was ordered Keflex on 5-15-08. According to notes dated 5-27-08, the tenant had 3+-4+ edema after the Keflex was completed on 5-24-08. Nurse review was not completed, as needed.

Tenant #2 received an order for Hospice to treat and evaluate. According to nurse's notes and the Monthly Assessment and Sign Off Sheet, the tenant had difficulty with mobility, was not eating well and had a small open area on the hip. Nurse review was not completed, as needed.

Tenant #5, was moved to the Dementia unit on 4-25-08. The Monthly Assessment and Sign Off Sheet for 4-5-08, indicated the tenant was upset, running and screaming down a hallway and was trying to get into other tenants' rooms. The Monthly Assessment and Sign Off Sheet for 4-7-08 indicated the tenant's garbage can had urine in it. The Monthly Assessment and Sign Off Sheet for 4-12-08 indicated the tenant was extremely agitated. Nurse review was not completed, as needed.

Tenant #6, was moved to the dementia unit on 5-24-08. Nurse review was not completed, as needed.

Tenant #8's nurse's notes of 3-12-08, indicated the tenant had signs and symptoms of depression. Nurse's notes of 4-4-08, indicated the tenant was confused and had fallen. Nurse's notes of 4-10-08, indicated the tenant had fallen. Nurse's notes of 4-13-08, indicated the tenant had fallen and was confused about what happened. Nurse review was not completed, as needed.

- Regulatory Insufficiency: The program did not consistently assess and document the health status of each tenant and make recommendations, at least every 90 days, or if there were changes in health status. (25.30(3))

E. 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: Five staff files were reviewed.

Staff #1 did not have an orientation on sanitation and safe food handling annually. Staff #4 and #5 did not have an orientation on sanitation and safe food handling prior to handling food.

- Regulatory Insufficiency: The program did not consistently provide an orientation on sanitation and safe food handling prior to handling food and at least an annual in-service training on food protection. (25.32(5))

F. 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 staff files were reviewed.

Staff #1, #2, #4 and #5 did not have documented medication training, including practicum. An in-service was held in October 2007, titled "Medication Manager Review." According to the document and addendums, the topics included: transcribing orders and taking blood sugars. Staff #1 and Staff #2 signed the in-service document dated 10-25-07. The nurse indicated in a statement, training regarding ADLs, catheter care, oxygen care and blood sugar monitoring (if a medication manager) was completed during the first two weeks of training, written evaluations and performance were reviewed demonstrated, completed and signed with the 90 day evaluation of the probationary period.

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

H. 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: Five tenant files were reviewed. Staff #2 and Staff #3 did not have six hours of dementia training annually.

- Regulatory Insufficiency: The program did not consistently provide a minimum of six hours of dementia specific continuing education, annually, for direct contact personnel employed by or contracting with a dementia-specific program. (25.34(3))

I. Structural requirements – The structure of the program shall be designed and operated to meet the needs of the tenants. The buildings and grounds shall be well-maintained, clean, safe and sanitary.

Monitoring Observation: During a tour of the program's secured dementia unit, it was observed that there were numerous chemicals stored in an unlocked cabinet under the kitchen sink. The Administrator was advised of this and, prior to the conclusion of the recertification process, a lock had been applied to the cabinet.

- Regulatory Insufficiency: The program did not consistently provide a building and grounds that were well maintained, clean, safe and sanitary. (25.40(1)d)

Dated this 24th day of July, 2008.