IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

July 31, 2008

Karen J. McCoy
Jersey Ridge Place Assisted Living
5605 Jersey Ridge Road
Davenport, IA 52807-3132

RE: I. Final Recertification Monitoring Report, Jersey Ridge Place Assisted Living, Davenport, IA
II. Civil Penalty
III. Hearings/Appeals
V. Conclusion

Dear Ms. McCoy:

I. Final Recertification Monitoring Report, Jersey Ridge Place Assisted Living, Davenport, IA

Enclosed is the **Final Recertification Monitoring 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, Criteria for Exclusion of Tenant, Service Plan, Nurse Review and Other.

DIA is accepting the Plan of Correction (POC). DIA is denying the programs Request for Reconsideration as the tenant exceeded criteria for retention and other placement was not pursued in a timely manner.

II. Civil Penalty

If no appeal is requested within 30 days of receipt of this Final Recertification Monitoring 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. If the program appeals, the civil penalty will be suspended, pending appeal. If the program does not appeal, the fine is due within 30 days of notice.

V. Conclusion

The Plan of Correction submitted is accepted. The Request for Reconsideration is denied. 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:

Karen J. Mc Coy, Administrator
Jersey Ridge Place Assisted Living
5605 Jersey Ridge Rd
Davenport, IA 52807-3132

Date of Monitoring Visit:

April 15, 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 Jersey Ridge Place Assisted Living on April 15, 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:	23
Current number of tenants with cognitive disorder:	3

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):	8
Current number of tenants without cognitive disorder:	1
Total Population:	**35**

***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 24 tenants was held. Tenants stated the program was "A OK." Staff is helpful and does a good job. The food is excellent, hot food is served hot and cold food served cold. There are good activities. Safety is not a concern and all tenants have emergency call pendants to use if there is an emergency. Tenants are getting the services for which they are paying for. Tenants felt they continue to make their own daily decisions and would recommend the program to friends and family.

Program History – There were substantiated Regulatory Insufficiencies this certification period in the areas of Service Plans and Managed Risk.

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: Tenant #1, an 82 year old, was admitted on 7-2-07 and had diagnoses of: Dementia, Anxiety and Dysthymia. A cognitive evaluation was completed on 12-05-07, staging the tenant at a five on the Global Deterioration Scale (GDS), indicating moderately severe cognitive decline. The tenant moved to the dementia unit on 12-05-07. A cognitive evaluation was completed within 30 days; however, functional and health evaluations were not completed within 30 days after his/her move to the dementia unit. Incident reports from 1-3-08 to 3-30-08 indicate the tenant had fallen at least 11 times. Nurse's notes from 3-14-08 to 3-20-08 indicated the tenant had increased weakness, shuffling, and an unsteady gait, was a two person transfer at times and had changes in behavior. Nurse's notes of 2-5-08, indicated the tenant was receiving Physical Therapy (PT) and Speech Therapy (ST). The program did not complete a functional, cognitive and health evaluations to determine any modifications to needed services.

Tenant #2, an 86 year old, was admitted on 6-15-06 and had diagnoses of: Parkinson's Disease and Schizoaffective Disorder. On 4-10-08, the program completed an annual functional and health evaluation, but did not include a cognitive evaluation until 4-12-08.

Tenant #3, an 85 year old, was admitted on 2-4-02 and had diagnoses of: Diabetes Mellitus, Type II, Coronary Artery Disease (CAD), Coronary Artery Bypass Graf and Chronic Obstructive Pulmonary Disease (COPD). The tenant returned from being hospitalized for pneumonia on 4-4-08. The program completed functional and health evaluations on 4-4-08 and 4-9-08, but did not complete a cognitive evaluation.

Tenant #4, a 96 year old, was admitted on 3-4-08 and had diagnoses of: Hypertension (HTN) and Dementia. Thirty day health and functional evaluations were completed on 4-4-08; however, a cognitive evaluation was not. Nurse's notes dated 4-7-08 indicated the tenant fell on "4-5-07" at 1205 a.m. and was taken to the emergency room (ER) for evaluation of wrist pain. The tenant returned to the program on 4-5-08 with a plaster cast and care instructions. The program did not complete functional, cognitive and health evaluations to determine any modifications to needed services.

- Regulatory Insufficiency: The program did not consistently evaluate each tenant's functional, cognitive and health evaluation within 30-days and, as needed, to determine the tenant's continued eligibility for the program and to determine any modifications to services needed. (25.23(2))

B. Criteria for exclusion of tenants - Program does not admit or retain tenants that require a higher level of care, unless a written exception has been applied for and approved. [321 IAC 25.23(3); 25.24]

Monitoring Observation: Tenant#1's nurse's notes dated 3-14-08 indicated the tenant was a two person assist with transfers at times. The program's Certification and

Recertification Monitoring Entrance Form indicated the tenant was as a two person transfer. The Administrator stated that the tenant was a routine two person transfer. Staff #1, #2, and #3 indicated the tenant was a routine transfer with two staff. Incident reports from 1-3-08 through 3-30-08 indicate the tenant had fallen at least 11 times. Nurse's notes from 3-14-08 to 3-20-08 indicated the tenant had increased weakness, shuffling, and an unsteady gait, was a two person transfer at times and had changes in behavior. The tenant's physician was contacted and he indicated he last saw the tenant on 3-14-08, the tenant was a two person assist with mobility and transfers, he recommended nursing home placement. The monitor observed two staff assist the tenant with a transfer and use of a gait belt.

- Regulatory Insufficiency: The program did not exclude a tenant who requires routine assistance with standing, transfer or evacuation. (25.23(3)b)

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

Monitoring Observation: Tenant #1 had a service plan update completed on 4-14-08 with a change in condition. The service plan was not developed in conjunction with functional, cognitive and health evaluations and the service plan did not address planned and spontaneous activities for those unable to plan their own. Nurse's notes of 2-5-08, indicated the tenant was receiving PT and ST, the service plan was not updated to indicate the services of PT and ST.

Tenant #2, had annual health and functional evaluations completed on 4-10-08; however, the program did not update the tenant's service plan until 4-25-08.

Tenant #3, had functional and health evaluations completed on 4-4-08 and 4-9-08. The functional assessment of 4-9-08 indicated the tenant was to have PT and Occupational Therapy (OT). The service plan did not indicate the services of either PT or OT.

Tenant #4 was seen in the hospital on 4-5-08 for wrist pain with a subsequent diagnosis of a wrist fracture. The tenant returned to the program with discharge instructions from the hospital that included care for the cast, elevation, care of the extremity and neurovascular checks. Nurse's notes of 3-20-08 indicate the tenant was to receive PT. The service plan of 4-7-08 did not indicate the services of PT or the cares to be performed as it related to cast care. The program did not update the tenant's service plan with a change in condition in order to meet the current needs of tenant.

- Regulatory Insufficiency: The program did not consistently develop service plans based on evaluations conducted in accordance with 25.23(1) and 25.23(2) and designed to meet the specific service needs of the individual tenant. (25.28(1))

- Regulatory Insufficiency: The program did not consistently individualize service plans and indicate for tenants who are unable to plan their own activities, including tenants with dementia, planned and spontaneous activities based on the tenant's abilities and personal interests. (25.28(4)d)

- Regulatory Insufficiency: The program did not consistently individualize the service plan and indicate, at a minimum, the service provider(s) if other than the program. (25.28(4)(c))

- Regulatory Insufficiency: The program did not consistently update the service plan as needed, but not less than annually. (25.28(3))

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: Tenant #1's Nurse's notes from 3-14-08 to 3-20-08 indicate the tenant had increased weakness, shuffling, and an unsteady gait, was a two person transfer at times and showed changes in behaviors. The program did not assess and document the health status of the tenant when there was a change in the tenant's condition.

Tenant #4's Nurse's notes dated 4-7-08 indicate the tenant fell on "4-5-07" at 12:05 a.m. and was taken to the ER for evaluation of wrist pain. The tenant returned to the program with a plaster cast in place and care instructions. The program did not assess and document the health status of the tenant when there was a change in the tenant's condition.

- Regulatory Insufficiency: The program did not consistently assess and document the health status of each tenant, make recommendations and referrals as appropriate, and monitor the progress on previous recommendations when there are changes in health status. (25.30(3))

E. Other – The provisions of this section address the program's noncompliance with other applicable statutory and administrative rule requirements.

Monitoring Observation: During the tour of the Dementia Unit, the monitor noticed a full gallon of vinegar in the unlocked cabinet under the kitchen sink along with hand lotion. In another unlocked cabinet a bottle of hydrogen peroxide and a bottle of non-acetone nail polish was observed, as well as, multiple containers of nail polish and craft paint bottles.

- Regulatory Insufficiency: The program did not consistently assure the buildings and grounds are well-maintained, clean, safe and sanitary. (25.40(1)b)

Dated this 31st day of July, 2008.