IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

August 15, 2008

Kent Walton, Administrator
Promise House
1320 Litchfield Drive
Hiawatha, IA 52233-2343

RE: Recertification Monitoring Evaluation Report, Promise House, Hiawatha, IA

Dear Mr. Walton:

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 Evaluation of Tenants, Service Plans and Nurse Review. The denial is based on the fact that there were significant changes in care needs that required evaluation, service plan and nurse review updates. 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.

We thank you and your staff for your cooperation during your recertification evaluation. If you have any questions regarding this certification, please contact Chris Nothaft, your Certification Coordinator, at 515-281-4116.

Sincerely,

Rose Borrella 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:

Kent Walton, Administrator
Promise House
1320 Litchfield Drive
Hiawatha, IA 52233-2343

Date of Monitoring Visit:

May 27, 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 Promise House on May 27, 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 holds itself out as providing specialized care in a dedicated setting:	17
Current number of tenants without cognitive disorder:	0
Total Population:	17

***These are the census numbers represented by the program to be applicable at the time of the on-site.**

Tenant/Family Satisfaction Results – Two family interviews were held. Family stated they were impressed by the program and liked the small size of the program. Family reported the food was good and breakfast was less structured in regard to the time of the meal. Family indicated the cleaning of the tables between meals could be improved. As visitors, the family members indicated they felt comfortable and were called by name. Family indicated they received a calendar of activities. One family member wanted increased movement in activities. One family member indicated it would a good idea to have someone who can assist with financial questions. One family member had concerns with staffing as far as if something happened elsewhere in the building and staff was unable to assist their family member; however, the other family member indicated there was ample staff. Family stated the tenants were safe and they were generally satisfied with the program. Family reported they would recommend the program to others.

Program History – There were Regulatory Insufficiencies this certification period in the areas of Evaluation of Tenant and Service Plan.

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: Three tenant files were reviewed.

Tenant #1, a 77 year old, was admitted on 2-25-08 with a diagnosis of Dementia. The tenant was staged at a six on the Global Deterioration Scale (GDS), which indicated severe cognitive impairment. According to nurse's notes, communication to the physician and incident reports since 3-25-08, the tenant had loose stools, an unresponsive episode and was found on the floor or fell, four times. Evaluations were not completed, as needed.

Tenant #2, an 83 year old, was admitted on 1-4-08 and diagnoses include: Alzheimer's Dementia, Diabetes Type II, Gastroesophageal Reflux Disease (GERD), Hypokalemia, Chronic Obstructive Pulmonary Disease (COPD), Benign Prostate Hypertrophy (BPH), Hypertension (HTN), Depression and Hypercholesterimia. The tenant was staged at a five on the GDS, which indicated moderately severe cognitive impairment. According to nurse's notes, physician orders, physician progress notes and communication to the physician, the tenant had increased anger and violent behaviors since 3-25-08. According to a fax to the physician the tenant talked about murder, killing and grabbed staff by the arm and yelled at other tenants threatening to stab with a fork. The physician ordered increased medications. The tenant also had a treatment to the tenant's right foot. Evaluations were not completed, as needed.

Tenant #3, an 88 year old, was admitted on 5-21-07 with a diagnosis of Dementia. The tenant was staged at a five to six on the GDS, which indicated moderately severe to severe cognitive impairment. According to nurse's notes, incident reports and communication to the physician since at least 4-3-08, the tenant had decreased Activities of Daily Living (ADLs), was found on the floor or fell twice and had a wound on the right heel. 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 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: Three tenant files were reviewed.

Tenant #1's nurse's notes and communication to the physician and incident reports since 3-25-08, indicated the tenant had loose stools, an unresponsive episode and was found on the floor or fell, four times. The service plan was not updated, as needed.

Tenant #2's nurse's notes, physician orders, physician progress notes and communication to the physician, indicated the tenant had increased anger and violent behaviors since 3-

25-08. According to a fax to the physician, the tenant talked about murder, grabbed staff by the arm and yelled at the other tenants, threatening to stab them with a fork. The physician ordered increased medication. The tenant also had a treatment to the tenant's right foot. The service plan was not updated, as needed, and did not reflect the current and identified needs of the tenant.

Tenant #3's nurse's notes, incident reports and communication to the physician indicated, the tenant had decreased ADLs, was found on the floor or fell two times and had a wound on the right heel. The service plan was not updated, as needed, and did not reflect the current and 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: Three tenant files were reviewed.

Tenant #1's nurse's notes and communication to the physician and incident reports indicated the tenant had loose stools, an unresponsive episode and was found on the floor or fell four times. Nurse review was not completed, as needed.

Tenant #2's nurse's notes, physician orders, physician progress notes and communication to the physician, indicated the tenant had increased anger and violent behaviors. According to a fax to the physician the tenant talked about murder, grabbed staff by the arm and yelled at other tenants threatening to stab them with a fork. The physician ordered increased medications. The tenant also had a treatment to the tenant's right foot. Nurse review was not completed, as needed.

Tenant #3's nurse's notes, incident reports and communication to the physician indicated, the tenant had decreased ADLs, was found on the floor or fell twice and had a wound on the right heel. 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 and referrals as appropriate, and monitor progress on previous recommendations, at least every 90 days or if there were 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: Six staff files were reviewed. The program employed universal workers and certified staff. Staff #1 and Staff #2 had medication administration training documented; however, training oversight by the current nurse was not documented. Staff #1, #2, #3, #4 and #5 did not have documented training on ADLs, blood sugars or wound care. The nurse indicated all staff involved with treatments and monitoring blood sugars were taught and monitored by the nurse. This training was not documented. The nurse indicated she provided training in regard to Tenant #3's wound care to the right heel; however, the training was not documented. She also indicated she watched all staff that administered medications do all aspects of a medication pass but this training was not documented.

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

E. 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: A tour of the building indicated there were two bottles of glass cleaner in an unlocked cabinet in the kitchen in the 200's side of the building. Staff removed the cleaner and put it in the housekeeping closet immediately after the chemicals were discovered.

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

Dated this 15th day of August, 2008.