IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

September 22, 2008

Donna Henn, Administrator
Melrose Meadows Retirement Community
350 Dublin Drive
Iowa City, IA 52246-6013

RE: Recertification Monitoring Evaluation Report, Melrose Meadows, Iowa City, IA

Dear Ms. Henn:

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 Insufficiency, DIA accepts your POC.

The recertification process entails other requirements that are not yet completed. I am waiting on the final approval from the State Fire Marshall's office. Upon receipt of this information the certificate will be issued.

If you have any questions regarding this certification, please contact me at 515-281-4116.

Sincerely,

Chris Nothaft
Certification Coordinator – Eastern Iowa
Adult Services Bureau

Enclosure

Iowa Department of Inspections and Appeals
Assisted Living Program

Final Recertification Monitoring Evaluation Report

Assisted Living Program:

Donna Henn, Administrator
Melrose Meadows Retirement Community
350 Dublin Drive
Iowa City, IA 52246-6013

Date of Monitoring Visit:

August 21, 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 Melrose Meadows Retirement Community on August 21, 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 eight tenants and one tenant interview were held. Tenants stated the housekeeping services were great and laundry was returned in approximately two hours. They indicated maintenance responded quickly to any concerns. Tenants described staff as nice and great and stated staff were trained appropriately. They reported staff knew the tenants' names and this was appreciated by the tenants. There were sufficient staff and they responded very quickly when called. Tenants receive three meals per day and indicate the food was good. The temperature, quantity and quality of the food were appropriate. Some felt that at times the beef was a little tough. They stated in the past the tenants had brought up dietary concerns and they felt their concerns were listened to by the dietary staff. Tenants also reported the dining room had a nice atmosphere. Tenants state there were sufficient activities offered including: music and concerts, swimming, wellness center activities and stretching exercises. They received a monthly calendar and indicated they had a right to refuse any activity. They felt safe at the program and did not have any personal belongings missing. Tenants reported there are routine fire drills and indicated the alarms were loud. They made all of their own decisions and stated the nurse was available at all times in person or by phone. The tenants were generally satisfied with the program and would recommend it to others. They indicated visitors comment on the program's cleanliness and appearance.

Program History – There were no substantiated Regulatory Insufficiencies this certification period.

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: Tenant #1, a 71 year old, was admitted 8-10-07 and diagnoses include: Multiple Sclerosis (MS), Diabetes Mellitus (DM) and Urinary Incontinence. Tenant #1's MARs for July 2008 indicated Humulin Insulin, 5 units, three times daily, was not consistently documented. On 7-9-08, 7-13-08, 7-23-08, 7-29-08 and 7-31-08 administration of the tenant's insulin was not initialed on the MAR, one time each day. Tenant #1 indicated in an interview, he/she received insulin at the prescribed times. The nurse indicated the missing initials on the tenant's MAR were documentation errors because medication box checks were initiated. For example, with Tenant #1 all insulin syringes were counted every shift and if an insulin syringe had not been given it would have shown up in the count. The nurse indicated the tenant would be able to inform staff if he/she had not received the insulin. A medication pass was observed and appropriate medication protocol was followed.

- 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).

Dated this 22nd day of September, 2008.