IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

September 25, 2008

CERTIFIED

Ms. Susan Juilfs, Administrator
Scuyler Place Assisted Living
713 Scuyler
Pomeroy, IA 50575

RE: I. Final Recertification Monitoring Evaluation Report, Scuyler Place Assisted Living, Pomeroy, IA
II. Civil Penalty
III. Standard Certification
IV. Conclusion

Dear Ms. Juilfs:

I. Final Recertification Monitoring Evaluation Report, Scuyler Place Assisted Living, Pomeroy, IA

Enclosed is the **Final Recertification Monitoring Evaluation Report** completed by the Department of Inspections and Appeals (DIA) in accordance with the Code of Iowa, Chapter 231C, Iowa Administrative Code, chapter 25, pertaining to assisted living programs and, chapter 26, pertaining to monitoring, civil penalties and complaints regarding assisted living programs. The report notes the Regulatory Insufficiencies in the areas of: Evaluation of Tenant, Service Plan, Nurse Review and Life Safety. A copy of the Final Report is enclosed.

DIA is accepting the Plan of Correction (POC) following the program's submission of additional information.

II. Civil Penalty

If no appeal is requested within 30 days of receipt of this Final Recertification Monitoring Evaluation Report, the civil penalty obligation, in the amount of five hundred ($500) dollars, is required.

III. Standard Certification

Also enclosed you will find the Assisted Living Program Certification with effective dates of **October 29, 2008 through October 28, 2010.**

IV. Conclusion

The Plan of Correction that was submitted is accepted. 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 regarding this certification, please contact me at 515-281-5721.

Sincerely,

Tamara Halvorson

Tamara Halvorson
ASB Lead Certification Coordinator
Adult Services Bureau

Enclosure

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

Assisted Living Program:

Susan Juilfs, Administrator
Scuyler Place Assisted Living
713 Scuyler
Pomeroy, IA 50575

Date of Monitoring Visit:

August 25, 2008

Monitor(s):

Michael Streepy, 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 Scuyler Place Assisted Living on August 25, 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:	11
Current number of tenants with cognitive disorder:	0
Total Population:	11

***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 was held with 11 tenants. The tenants stated the living environment is good. Staff are excellent and helpful with response to requests for assistance responded to in five minutes at the most. Tenants stated the food is good with plenty offered and two choices at each meal with substitutes available. Tenants attend activities with the long term care residents as well as activities in the assisted living area. They feel safe in the program and participate in fire drills and are aware of the emergency exits but stated they do not have fire drills during night hours. They are receiving services as expected in the Occupancy Agreements and are aware of the limitations. They make their own decisions regarding their day to day activities and are not restricted in any way. They are satisfied with medical services with response from program staff and emergency medical services. Tenants are generally satisfied with the program and would recommend it to friends and family members.

Program History – There were no substantiated regulatory insufficiencies during this 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: Tenant #1, a 79 year old, was admitted to the program 11-30-07 with a diagnosis of Congestive Heart Failure. Review of the tenant record reveals no documentation of functional, health and cognitive status evaluations within 30 days of occupancy.

  Tenant #2, an 86 year old was admitted to the program 05-27-06 with diagnoses including: Osteoarthritis and Hypertension. Review of the tenant's record reveals the last functional and health evaluations were dated 11-02-06 and the last cognitive evaluation is dated 05-26-06.

- Regulatory Insufficiency: The program did not consistently ensure each tenant's functional, health and cognitive status would be evaluated within 30 days of occupancy and as needed, but not less than annually, to determine the tenant's continued eligibility for the program and to determine any modifications to 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: Review of Tenant #1's file revealed no documentation of an updated service plan within 30 days of occupancy and as needed to state the tenant's current needs. The service plan dated 11-14-07 does not indicate needs of the tenant related to medication administration, oxygen therapy management or increased care needs.

  Review of Tenant #2's file revealed a service plan dated 11-02-07, with no documentation of current evaluations. Review of the tenant's record reveals the last functional and health evaluations were dated 11-02-06 and the last cognitive evaluation is dated 05-26-06.

- Regulatory Insufficiency: The program did not consistently ensure a service plan would be developed for each tenant based on evaluations conducted in accordance with 25.23(1) and 25.23(2), and shall be designed to meet the specific service needs of the individual tenant. (25.28(1))

- Regulatory Insufficiency: The program did not consistently ensure that when a tenant needs personal care or health related care, the service plan would be updated within 30 days of occupancy and as needed, but not less than annually, by a multidisciplinary team that consists of no fewer than three individuals, including a health care professional and other staff appropriate to meet the needs of the tenant. (25.28(3))

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: Review of Tenant #1's file revealed no documentation of 90 nurse review of health status. Review of the tenant's record reveals nurse's notes from 05-25-08 through 07-31-08 indicating increased episodes of diarrhea and incontinence without documentation of nurse review.

  Review of Tenant #2's file revealed no documentation of 90 day nurse review of health status.

- Regulatory Insufficiency: The program did not consistently ensure a registered nurse would be provided to 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 are changes in health status. (25.30(3))

D. Life safety – The program shall follow written emergency policies and procedures and structural safety requirements. [321 IAC 25.37]

- Monitoring Observation: Review of program documentation as well as interviews with tenants and administrator revealed the program did not conduct fire drills on all shifts.

- Regulatory Insufficiency: The program did not consistently conduct emergency egress and relocation drills not less than six times per year on a bimonthly basis, with not less than two drills conducted at night when tenants could reasonably be expected to be sleeping. (IAC 231C.4) (25.40(1)3))

Dated this 18th day of September 2008.