IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

October 9, 2008

Ms. Jean Parrish, Administrator
Prime Living Apartments
725 Pearl Street
Sioux City, IA 51101

RE: Recertification Monitoring Evaluation Report, Prime Living Apartments, Sioux City, IA

Dear Ms. Parrish:

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 Final report is enclosed.

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 **October 27, 2008 through October 26, 2010**. 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

Enclosures

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

Assisted Living Program:

Jean Parrish, Administrator
Prime Living Apartments
725 Pearl Street
Sioux City, IA 51101

Date of Monitoring Visit:

September 2, 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 Prime Living Apartments on September 2, 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:	49
Current number of tenants with cognitive disorder:	1
Total Population:	50

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 was held with 22 tenants. The tenants stated the living environment is excellent but maintenance is poor with repairs to sinks and telephone service being slow. Tenants stated concern with the hot water not being available at night. Staff are very good with response to requests for assistance taking no more than 5 minutes. Tenants stated food is good and getting better with plenty offered. Tenants stated activities are good with a variety offered. They feel safe in the program and participate in fire drills and have knowledge of emergency exits. Tenants state they feel they are receiving services as expected in occupancy agreements and are aware of limitations. Tenants make their own decisions without restriction. Tenants stated satisfaction with medical services. Tenants stated general satisfaction with the program and would recommend it to friends or family members.

Program History – There were substantiated regulatory insufficiencies in the areas of: Service Plan, Medications, Nurse Review, Food Service, Staffing, and Activities during this certification period.

On-Site Monitoring Evaluation – The monitor(s) made the observations detailed in the following areas.

A. 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 had modification to the service plan of 05-15-08 indicating the tenant was to self administer medications. The tenant's record contained documentation the tenant had complained of a dry hacking cough. A physician's order dated 07-22-08 indicated the physician ordered Keflex 500 milligrams three times daily for 10 days. The tenant's record contained documentation of a Medical Visit Form indicating the tenant had Acute Frontal Sinusitis with the physician ordering Levaquin 500 milligrams daily for 7 days. There was no documentation of nurse review with the changes in health status.

Tenant #3 had modification to the service plan of 05-28-08 indicating the program was to assist with medications. Record review of nurse's notes dated 08-19-08 indicated the tenant had gone to the emergency room due to not feeling well. The tenant returned with physician's order for Diltazem CD 90 milligrams every 12 hours. There was no documentation of nurse review with the changes in health status.

Tenant #4, a 56 year old was admitted to the program 11-30-06 with a diagnosis of Multiple Sclerosis. Review of the tenant's record reveals the tenant had gone to the hospital with peripheral edema on 06-18-08. The tenant returned from the hospital with a physician's order for Lasix 20 milligrams daily for 5 days and then 10 milligrams daily and wear compression stockings. Review of the Service Notes from 05/24/08 through 07/25/08, the tenant refused to get out of bed on several different days. There was no documentation of nurse review with the changes in health status.

Tenant #5 had documentation of a fall on 7-28-08 with hospitalization from 07-28-08 through 07-30-08. Review of the tenant record reveals service notes dated 08-16-08 indicated the tenant was admitted to the hospital following an episode of illness. Review of the hospital dictation dated 08-17-08 reveals the tenant had a urinary tract infection with dehydration and confusion secondary to the infection. The tenant returned to the program 08-19-08 with a physician's order for Levaquin 500 milligrams daily for 5 days. Review of the service notes from 08-26-08 through 08-31-08, indicate the tenant had periods of confusion and complaints of not feeling well. There was no documentation of nurse review with the changes in health status.

- Regulatory Insufficiency: The program did not consistently ensure a registered nurse would 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))

Dated this 9th day of September, 2008.