

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

Assisted Living Program:

Cindi Martin, Administrator
Timberland Village Assisted Living
725 Timberland Dr.
Story City, IA 50248-8772

Date of Monitoring Visit:

October 7, 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 Timberland Village Assisted Living on October 7, 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: 22

Current number of tenants with cognitive disorder: 3

Total Population: 25

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 two tenants was held and one private tenant interview. Tenants stated the building is kept up nice, staff are wonderful and the quality of food is good. Tenants stated they appreciated the Administrator; she is willing to help and did not feel there was anything she needed to change. One tenant stated activities are good “I can’t keep up with them.” There were no safety concerns, tenants feel they were getting what they are paying for. In the event of emergency, tenants have personal emergency call pendants. All tenants stated they would recommend this program to friends and family as a place to live.

Program History – There have been no substantiated regulatory insufficiencies during this certification period.

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

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

Monitoring Observation: Tenant #1, an 84 year old, was admitted on 8-25-08, with diagnoses of: Diabetes, Congestive Heart Failure (CHF) and Chronic Obstructive Pulmonary Disease (COPD). The program completed 30 day evaluations on 9-25-08; however, did not update the service plan and acquire the needed signatures.

Tenant #2, a 91 year old, was admitted on 5-28-08 with diagnoses of: Hypertension (HTN) Depression and Osteoarthritis. The program completed 30 day evaluations on 6-20-08, however, did not up date the service plan and acquire the needed signatures.

- Regulatory Insufficiency: When the tenant needs personal care or health-related care, the service plan shall be updated within 30 days of occupancy and as needed, but not less than annually. (25.28(3))

B. 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: During the noon medication pass with Staff #1, a Medication Administration Record (MAR) was noted to not have been initialed to indicate Tylenol 650mg had been administered to the tenant on October 1, 2008 at 8:00p.m. Staff #1 was asked to copy the MAR. When Staff #1 presented the copy, initials for October 1, 2008 Tylenol 650mg had been filled in with another staff members initials. Staff # 1 was asked if she had placed the other staff member's initials in the previously non initialed date, Staff #1 stated yes. Staff #1 wrote a statement to indicate she had done this "because that person had worked that night."

- 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).
- Regulatory Insufficiency: The program prevented or interfered with or attempting to impede in any way any duly authorized representative of the Department of Inspections and Appeals in the lawful enforcement of this chapter or of the rules adopted pursuant to this chapter. As used in this subsection, "lawful enforcement" includes but is not limited to: Examining any relevant records of an assisted living program and preserving evidence of any violation of this chapter or of the rules adopted pursuant to this chapter.(231C.14(3)(b and c))

Dated this 4th day of November, 2008.