IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

November 19, 2008

Rachel Benda, Executive Director
The Kensington
2210 Avenue H
Fort Madison, IA 52627-4003

**RE: Recertification, The Kensington, Fort Madison, IA**

Dear Ms. Benda:

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 Insufficiencies, 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 **August 15, 2008 through August 14, 2010**. 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:**

Rachel Benda, Executive Director
The Kensington
2210 Avenue H
Fort Madison, IA 52627-4003

**Date of Monitoring Visit:**

September 8 & 9, 2008

**Monitor(s):**

Hal Chase, RN BSN MPH
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 The Kensington on September 8 & 9, 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.

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|---|---|
| Current number of tenants without cognitive disorder: | 60 |
| Current number of tenants with cognitive disorder: | 9 |
| Total Population: | 69 |

***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: | 10 |
| Current number of tenants without cognitive disorder: | 4 |
| Total Population: | 14 |

***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 25 tenants, two family interviews and two tenant interviews were held. The tenants did not have concerns with the cleanliness of the building, maintenance or laundry. They state their apartments are cleaned one time per week to their satisfaction. A couple of the tenants indicate the building is chilly at times. Family report they are pleased with the cleaning and the response to maintenance issues. Tenants describe staff as nice and excellent and state they are treated with respect. They report staff seem well trained and respond quickly when called. Family state the staff care about the tenants and they know immediately about everybody. Tenants state the food is generally good. They state, at times, the beef patties are overcooked and the temperature could be improved. Family state the food is good and the tenants receive a tray if requested. Family indicated if a tenant did not come out for a meal staff checked on the tenant. The evening meal needs improvement including more variety, as indicated by the tenants. They report there are sufficient activities including: Bingo, rides, exercises and crafts. The tenants can refuse activities and they receive an activity calendar. Family indicates they receive a note regarding certain activities to encourage attendance. The tenants have sufficient fire drills and feel safe. Family indicates the tenants are getting what was promised to them in the occupancy agreement, they make their own decisions and they do not have any problems reaching the nurse. Family reports the nurse knows exactly what is going on with each tenant. The tenants are very satisfied and would recommend the program to others. Family states they are satisfied with the program and indicate there is piece of mind and a lack of stress for families.

**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. 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: Eight tenant files were reviewed.

Tenant #4, an 85 year old, was admitted on 12-12-04 and has diagnoses of: Parkinson's Disease, Hypertension (HTN) and Dependent Pedal Edema. A cognitive evaluation was completed on 7-17-08, staging the tenant at a four on the Global Deterioration Scale (GDS), indicating moderate cognitive decline. A physician order dated 8-22-08 indicated the program was to wrap both the tenant's legs in the morning and to remove the wrap in the evening and apply Lamisil AT between the tenant's toes, twice a day, for two weeks. The program did not complete a functional, cognitive and health evaluation with a change in health status.

Tenant #8, an 89 year old, was admitted on 7-2-08 and diagnoses include: Aortic Stenosis, Breast Cancer with Breast Mastectomy, Left Ventricular Hypertrophy, Hernia Repair, Right Hip Replacement, Hysterectomy, Transient Ischemic Attack (TIA), Osteoporosis and Hypothyroidism. According to nurses notes dated 8-29-08, the tenant was discharged from home health care from which the tenant received bathing assistance and Physical Therapy (PT). The program did not complete a functional, cognitive and health evaluation when a change in health status occurred that included assistance with bathing and PT services, nor with the discontinuation of PT services.

- 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: Eight tenant files were reviewed.

Tenant #1, a 93 year old, was admitted on 10-23-04 and has diagnoses of HTN, Hypothyroid, Gastroesophageal Reflux Disease (GERD), Osteoporosis, Macular Degeneration, Restless Leg Syndrome, Dependent Edema, Arteriosclerotic Heart Disease (ASHD) and History of a Pacemaker. The program updated the service plan on 9-2-08 to reflect assistance with showers and meals when, previously, the tenant was independent in these areas. The service plan did not include the signatures of the tenant and/or the tenant's legal representative, a health care professional and two additional staff.

Tenant #4's service plan of 7-21-08 was not updated to reflect a physician's order, dated 8-22-08, indicating the tenant was to have both legs wrapped and Lamisil cream was to be applied between the tenant's toes. The program did not update the service plan to reflect needed services.

Tenant #7, an 84 year old, was admitted on 3-17-08 and diagnoses include: Aortic Stenosis, Peripheral Vascular Disease (PVD), Chronic Myelogenous Leukemia, Degenerative Joint Disease (DJD), Diverticulitis, Gastritis, Hypercholesterolemia, HTN, Prone to Urinary Tract Infections with Sepsis and Pneumonia. The tenant was hospitalized from 6-11-08 to 6-16-08 with chronic constipation for several days. Evaluations were updated and reflected changes and increased needs with staff assistance for bowel management; however, the service plan was not updated, as needed.

Tenant #8 was discharged from Home Health on 8-29-08, according to nurses' notes. The tenant received bathing assistance three times per week and PT. The tenant's service plan was updated on 8-29-08 to reflect the change in bathing services; however, the service plan was not signed by the nurse, two staff and the tenant or the tenant's legal representative, did not reflect initiation and discharge from PT and was not based on evaluations.

- Regulatory Insufficiency: The program did not, when the tenant needs personal care or health-related care, update the service plan, as needed, 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, in consultation with the tenant and, at the tenant's request, with other individuals identified by the tenant, and, if applicable, with the tenant's legal representative. (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: Eight tenant files were reviewed.

Tenant #1's nurse's notes of 8-11-08 indicated the tenant was sent to the emergency room (ER) on 8-8-08 related to a fall and complaint of head pain and left hip pain. The program did not complete a nurse review to determine if there was a change in health status. Hospital discharge orders were not signed, dated and timed appropriately.

Tenant #6, an 81 year old, was admitted on 6-14-08 and diagnoses include: Dementia, Cerebrovascular Disease, TIAs, Osteoporosis, Tubular Adenomatous Clonic Polyp, Hemorrhoids, Hyperlipidemia, Depressive Disorder and Iron Deficiency Anemia. The tenant is staged at a five on the GDS, which indicates moderately severe cognitive impairment, and resides in the dementia unit. According to nurse's notes dated 7-28-08, the tenant complained of dizziness, had a skin tear on the left forearm, was very weak and it appeared the tenant had difficulty keeping his/her eyes open. The tenant was taken to the Emergency Room (ER). The tenant has a diagnosis of Iron Deficiency Anemia. Nurse review was not completed, as needed.

Tenant #4, #6, #7 and #8's physician orders were not consistently signed, dated and timed.

- Regulatory Insufficiency: The program did not consistently assess and document the health status of each tenant and make recommendations at least every 90 days or if there are changes in health status. (25.30(3))

- Regulatory Insufficiency: The program did not consistently provide written documentation of the activities, as set forth in 25.30(1) through 25.30(3), showing the time, date and signature.

Dated this 19th day of November, 2008.