IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

February 2, 2009

Complaint #20980-C

Ms. Karen McCoy, Director
Jersey Ridge Place Assisted Living
5605 Jersey Ridge Rd.
Davenport, IA 52907-3132

RE: Complaint Investigation & 2nd Recertification Revisit Report, Jersey Ridge Place Assisted Living, Davenport, IA

Dear Ms. McCoy:

Enclosed is the **Complaint Investigation & 2nd Recertification Revisit Report** completed by the Department of Inspections and Appeals (DIA) in accordance with Iowa Code section 231C.7 (2007) and Iowa Administrative Code, chapters 321—25, pertaining to assisted living programs and 321—26, pertaining to monitoring, civil penalties and complaints regarding assisted living programs. **No Regulatory Insufficiencies were identified.**

If you have questions, 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 Complaint and 2nd Recertification Revisit Report

Assisted Living Program:

Ms. Karen McCoy, Director
Jersey Ridge Place Assisted Living
5605 Jersey Ridge Rd.
Davenport, IA 52907-3132

Complaint Intake #: 20980-C

Date of Monitoring Visit:

January 14, 2009

Monitor(s):

Hal L. Chase, RN BSN MPH

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 complaint investigation and second revisit monitoring evaluation was conducted at Jersey ridge Place Assisted Living on January 14, 2009. In preparing this report, the following information was considered:

Current Program Census:

General Population Program (GPP)* – Not Applicable.

Dementia Specific Program (DSP)* – A program that is dementia specific and provides specialized care in a dedicated setting.

Current number of tenants in a DSP that serves 5 or more tenants with dementia or cognitive disorder staged between 4 and 7 on the Global Deterioration Scale (GDS):	11
Current number of tenants without cognitive disorder:	27
Total Census of ALP:	38

***These are the census numbers represented by the program to be applicable at the time of the on-site.**

Program History – There were substantiated Regulatory Insufficiencies this certification period in the areas of: Evaluation of Tenants, Criteria for Exclusion of Tenants, Service Plans, Nurse Review and Other (lack of follow through with the plan of correction).

The Recertification Monitoring Visit conducted on April 15, 2008, resulted in Regulatory Insufficiencies in the areas of: Evaluation of Tenants, Criteria for Exclusion of Tenants, Service Plans, Nurse Review and Other (not assuring the grounds and building were well-maintained, clean, safe and sanitary) and a civil penalty obligation in the amount of $500.00.

The Complaint Investigation and Recertification Revisit conducted on August 13, 2008, resulted in Regulatory Insufficiencies in the areas of: Evaluation of Tenants, Service Plans, Nurse Review and Other (not implementing the plan of correction) and a civil penalty obligation in the amount of $2,500.00.

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)]

During the course of the revisit of 8-13-08, the program received a regulatory insufficiency related to not consistently evaluating Tenants #2, #3, #4 and #6's functional, cognitive and health status as needed, to determine the tenant's continued eligibility for the program and to determine any modifications to services needed.

Monitoring Observation: Tenants #2, #3, #4 and #6's functional, cognitive and health evaluations were completed, as needed, to determine continued eligibility and to determine modifications to services needed.

- Regulatory Insufficiency: None noted.

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

During the course of the revisit of 8-13-08, the program received a regulatory insufficiency related to not consistently developing Tenants #2, #3, #4 and #6's service plans based on evaluations, designed to meet the specific needs of the tenant's and for not consistently individualizing the service plan to indicate the service provider if other than the program.

Monitoring Observation: Tenants #2, #3, #4 and #6's service plans were based upon evaluations, were designed to meet the specific needs of the tenant and were individualized to indicate the service provider if other than the program.

- Regulatory Insufficiency: None noted.

C. 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]

Complaint Allegation #20980-C: It is alleged staff are passing medications later than ordered and not administering pain and blood pressure medications appropriately.

Monitoring Observation: A review of November and December 2008 MARs indicated medications were administered at the prescribed times. Tenants #13 and #14 stated they were administered medications appropriately and at the prescribed time. Two of three staff stated medications were administered correctly and at the prescribed time.

Medication Administration Records (MARs) for November and December 2008 were reviewed for all tenants receiving pain medications and blood pressure medications. The review indicated medications were administered appropriately.

- Regulatory Insufficiency: None noted.

D. 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]

During the course of the revisit of 8-13-08, the program received a regulatory insufficiency related to not consistently assessing and documenting Tenants #4, #6 and #7's health status, making recommendations and referrals, as appropriate, and monitoring the progress of previous recommendations, when there are changes in health status.

Monitoring Observation: Tenants #4, #6 and #7's files indicated the program consistently assessed and documented the tenant's health status, made recommendations and referrals as appropriate and monitored the progress of previous recommendations when a change in health status occurred.

- Regulatory Insufficiency: None noted.

E. Staffing - The provisions of this section address the program's staffing and training practices and associated documentation in responding to the identified needs of the tenant. [321 IAC 25.33]

Complaint Allegation #20980-C: It is alleged call lights are often on for 25 minutes to an hour before staff answer.

Monitoring Observation: A monitor reviewed computerized records of pendent activation and staff response from 11-25-08 through 12-31-08. Records indicate staff respond within 15 minutes of tenant activation. Tenants #13 and #14 state staff respond quickly, within 10 to 15 minutes, when their pendent is activated. Staff #4 states staff respond "timely" when activated but the system has malfunctioned on a few of the pendants. Staff #6 and #7 state staff respond to tenant's calls within 15 minutes.

- Regulatory Insufficiency: None noted.

Dated this 30th day of January 2009.