IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

February 25, 2009

Janet Sandell, Administrator
Arlington Place of Grundy Center
95 D Avenue
Grundy Center, IA 50638-1957

RE: Recertification Monitoring Evaluation Report, Arlington Place Assisted Living, Grundy Center, IA

Dear Ms. Sandell:

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.

Enclosed you will find the Assisted Living Program Certificate with effective dates of **April 13, 2009 through April 12, 2011**. If you have any questions regarding this certification, please contact me at 515-281-5003.

Sincerely,

Connie Schaffer

Connie Schaffer
Certification Coordinator – Central Iowa
Health Facilities Division
Adult Services Bureau

Enclosure

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

Assisted Living Program:

Janet Sandell, Administrator
Arlington Place of Grundy Center
95 D Avenue
Grundy Center, IA 50638-1957

Date of Monitoring Visit:

January 27, 2009

Monitor(s):

Hal L. Chase, RN BSN MPH
Vickie Clingan, 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 Arlington Place of Grundy Center on January 27, 2009. 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:	23
Current number of tenants with cognitive disorder:	2
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 was held with 23 tenants in attendance. Tenants stated the program was a nice place to live, was warm and friendly and stated there were no improvements needed. Tenants stated staff are courteous and responded quickly when called and are trained to provide the services needed. Tenants stated there is a good variety of food, temperatures were appropriate and no complaints were expressed. Tenants stated there were enough activities offered and couldn't think of any additional activities they would like to have. Tenants feel safe at the program and receive the services they expected. Tenants stated they make their decisions and would recommend the program to friends and family.

Program History – There have been no substantiated Regulatory Insufficiencies during this recertification 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 90 year old, was admitted on 9-1-03 and has diagnoses of: Emphysema, Hypertension (HTN), Depression, Possible Vasovagal Syncope, Vasculitis, History of Myocardial Infarction (MI) and Chronic Obstructive Pulmonary Disease (COPD). Nurse's documentation of 12-1-08 indicated the tenant was being evaluated for hospice care and was admitted to hospice on 12-8-08. The program completed a functional and health evaluation on 12-1-08 but did not complete a cognitive evaluation with a change in health status.

Tenant #3, an 88 year old, was admitted on 5-5-05 and has diagnoses of: Intermittent Atrial Fibrillation, HTN, Anticoagulation, Mild Trace Edema, Generalized Osteoarthritis and Gait abnormality due to Osteoarthritis. Nurse's documentation of 10-5-08 through 12-2-08 indicated significant changes in health status, including a new diagnosis of Cellulitis, red, warm and swollen legs, staff assist with elevation of legs when sitting, staff assistance with standing, IV antibiotic therapy, wound care from an outside provider in addition to program staff and staff assistance with showers. During this period, the program completed functional and health evaluations on 10-11-08, 10-31-08 and 12-2-08 but did not complete a cognitive evaluation each time. Nurse's documentation of 11-7-08 through 12-26-08 indicated intermittent staff assist with putting on stockings but changed to continual assist due to the tenant's arthritis. The program did not complete functional, cognitive and health evaluations at that time.

- Regulatory Insufficiency: The program did not consistently complete functional and cognitive evaluations within 30-days as required and with a change in health status as needed, 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: Tenant #2, an 86 year old, was admitted on 12-16-08 and has diagnoses of: Diabetes Mellitus Type II, Parkinson's disease, Neuropathy, Enlarged Prostrate and Coronary Artery Disease (CAD). Service plans were completed prior to admission and within 30-days of admission, but the program did not obtain signatures of the tenant and three staff.

Tenant #3's nurse's documentation of 10-5-08 through 12-2-08 indicated significant changes in health status, including a new diagnosis of Cellulitis, red, warm and swollen legs, staff assist with elevation of legs when sitting, staff assistance with standing, IV antibiotic therapy, wound care from an outside provider in addition to program staff and staff assistance with showers. During this period, the program completed evaluations on 10-11-08, 10-31-08 and 12-26-08 as there was a change in health status and need for staff assistance with personal and health related cares. Latest service plan was completed 5-1-08. The program did not update the service plan with a change in health status.

Tenant #4, a 90 year old, was admitted on 11-17-08 and has diagnoses of: Cellulitis, Fainting Syncope, Gout, Hyperkalemia, HTN, Macular Degeneration and Trans Ischemic

Attack (TIA). The program completed an initial service plan on 10-27-08 but did not complete a service plan within 30-days of admission.

- Regulatory Insufficiency: The program did not consistently ensure that all persons who develop the plan and the tenant or tenant's legal representative shall sign the plan. (25.28(2))

- Regulatory Insufficiency: The program did consistently update the service plan within 30-days of admission and as needed with a change in health status. (25.28(3))

Dated this 25th day of February, 2009