IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

March 2, 2009

Anne Stramel, Manager
Hawthorne Inn
1500 1St Ave
Coralville, IA 52241-1192

RE: Recertification Monitoring Evaluation Report, Hawthorne Inn, Iowa City, IA

Dear Ms. Stramel:

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 recertification process entails other requirements that are not yet completed. Upon receipt of the State Fire Marshall's approval the standard certificate will be issued.

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:

Anne Stramel, Manager
Hawthorne Inn
1500 1st Avenue North
Coralville, IA 52241-1192

Date of Monitoring Visit:

January 27, 2009

Monitor(s):

Stephanie Cummins, 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 Hawthorne Inn on January 27, 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 a Dementia Specific Program by definition but may have tenants without cognitive disorder.

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):	5
Current number of tenants without cognitive disorder:	15
Total Population:	20

***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 13 tenants was held. The tenants report no concerns with housekeeping or maintenance. Two tenants indicate the laundry is in the dryer too long and the clothing gets wrinkled. They also state there is too much time between washing and drying. Tenants describe staff as nice, good, excellent and state staff meet their needs; however, more staff assistance is needed for serving the breakfast meal. Tenants state staff respond appropriately to requests for assistance and staff are respectful. They described the food as good, they have a choice of entrees and the temperature of the food is appropriate. Staff will warm the food upon request. Tenants report there are sufficient activities and they can choose if they want to participate. They receive an activity calendar and the activities are listed on the board. They enjoy Bingo, exercises and participate in individual activities. Tenants report they feel safe and have routine fire drills. They indicate staff know what to do during fire drills. Tenants make their own decisions and describe the nurse as great. They are satisfied living at the program and would recommend it to others.

Program History – There have been no substantiated Regulatory Insufficiencies this certification period.

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

A. 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: Current January 2009 MARs were reviewed. The table includes medications that were either not given to the tenant, not documented as being given or staff did not provide documentation as it pertains to refusals. A medication pass was observed and appropriate medication protocol was followed.

Tenant #1	Right Hand Splint-Assist tenant to remove splint for a few minutes each day to open and close fingers.	On 1-24-09 and 1-25-09 at 12:00 p.m. it was not documented as completed or not completed.
Tenant #2	Flunisolide, .025% spray, use two sprays in each nare, once daily.	1-2-09 at 8:00 a.m., a refusal noted; however, there was no documentation pertaining to the refusal.
Tenant #2	Apply Aquaphillic Ointment topically, every bedtime. May keep at bedside and self apply.	1-13-09; refusal noted; however, there was no documentation pertaining to the refusal.
Tenant #2	Apply Aquaphillic Ointment Topically every bedtime. May keep at bedside and self apply	1-15-09 at 8:00 p.m. it was not documented as given or was not given.
Tenant #4	Metoprolol, 25 mg, take one tablet by mouth twice daily.	1-2-09 at 8:00 p.m. it was not documented as given or was not given.
Tenant #4	Nitrofurantoin (BID), 100 mg, take one capsule by mouth every 12 hrs for 14 days.	1-2-09 at 8:00 p.m. it was not documented as given or was not given.
Tenant #4	Acetaminophen, 500 mg caplet, take two tablets by mouth, three times daily.	1-2-09 at 4:00 p.m. and 8:00 p.m. it was not documented as given or was not given.
Tenant #4	Oyster Shell Calc 500 W/D, take one tablet, by mouth, three times daily.	1-2-09 at 4:00 p.m. and 8:00 p.m. it was not documented as given or was not given.
Tenant #4	Oxybutynin, 5 mg tablet, take one tablet by mouth at bedtime.	1-2-09 at 8:00 p.m. was not documented as given or was not given.
Tenant #5	Apply Zinc oxide 20% ointment, topically, three times per week on Monday, Wednesday and Friday.	1-2-09, 1-5-09, 1-7-09, 1-9-09, 1-12-09, 1-14-09, 1-16-09, 1-19-09, 1-21-09, 1-23-09 and 1-26-09 at 8:00 p.m. there was no documentation pertaining to the refusal.

- Regulatory Insufficiency: The program did not consistently provide the administration of medications 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).

B. 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 files #1, #2 and #3 were reviewed. Physician orders were consistently documented with a signature and date; however, were not consistently documented with the time.

- 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. (25.40(4))

C. Transportation – When the program provides transportation services directly or under contract with the program, the services shall be provided as required. [321 IAC 25.38]

Monitoring Observation: The program has a mini van used for transportation. The mini van did not have a first aid kit in the vehicle, at the time of the recertification visit.

- Regulatory Insufficiency: The program did not consistently provide a first aid kit in the vehicle. (25.38(7))

Dated this 2nd day of March, 2009.